Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED							
		_										
MHL0601328			B. WING		R 05/23/2018							
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STA	TE, ZIP CODE								
HOPEWAY 1717 SHARON ROAD WEST												
	CHARLOTTE, NC 28210											
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE							
V 000	INITIAL COMMENTS		V 000									
	An annual and follow on 5/23/18. A deficien	up survey was completed acy was cited.										
		d for the following service 27G. 5600A Supervised Mental Illness.										
V 114	V 114 27G .0207 Emergency Plans and Supplies											
	10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.											
	facility failed to ensure facility were held at le repeated for each shift Interviews on 5/23/18 Technician and the No 12 hour shifts.	iew and interviews, the e disaster drills in a 24-hour ast quarterly and were ft. The findings are: with the Behavioral Health urse revealed they worked										
	Interviews on 5/23/18 -admitted to the facilit	with client #1 revealed: y 9 days ago;										

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

MALE OF PROVIDER OR SUPPLIER **STREET ADDRESS, CITY, STATE, 2P CODE** **HOPEWAY** 1775 SHARON ROAD WEST CHARLOTTE, NC 28210 **PROVIDER'S PLAN OF CORRECTION PLAN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1717 SHARON ROAD WEST CHARLOTTE, NC 28210 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 114 Continued From page 1 -not participated in a disaster drill yet. Interview on 5/23/18 with client #3 revealed: -been at the facility for 31 days; -not participated in a disaster drill yet. Review on 5/23/18 of the facility fire and disaster drill documentation revealed: -shifts were changed from three shifts (first, second and third) within 24 hours to 2 shifts(day and night) within 24 hours on 10/1/17; -no night shift disaster drills were conducted from 10/1/17-12/31/17; -no night shift disaster drills were conducted from 11/118-5/23/18. Interview on 5/23/18 with Administration revealed the night shift disaster drills were missed. This deficiency constitutes a re-cited deficiency							R					
HOPEWAY (X4) ID PREFIX TAG (X5) USUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (AT 10 Continued From page 1 -not participated in a disaster drill yet. Interview on 5/23/18 with client #3 revealed: -been at the facility for 31 days; -not participated in a disaster drill yet. Review on 5/23/18 of the facility fire and disaster drill documentation revealed: -shifts were changed from three shifts (first, second and third) within 24 hours to 2 shifts(day and night) within 24 hours to 10/1/17; -no night shift disaster drills were conducted from 10/1/17-12/31/17; -no night shift disaster drills were conducted from 11/1/18-5/23/18. Interview on 5/23/18 with Administration revealed the night shift disaster drills were missed. This deficiency constitutes a re-cited deficiency	MHL0601328			B. WING	B. WING							
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