

PRINTED: 05/14/2018  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL023-203	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  D. WING: _____	(X3) DATE SURVEY COMPLETED  R 05/01/2018
NAME OF PROVIDER OR SUPPLIER  ANN'S HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 423 MILSAP ROAD SHELBY, NC 28150		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS  An annual and follow up survey was completed on May 1, 2018. Doficiencies were cited.  This facility is llcensed for the following service catogory: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.	V 000		
V 114	27G .0207 Emergency Plans and Supples  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wido 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 facillty 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.  This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to hold fire drills on each shift at loast quarterly. The findings are:  Interview on 4/30/18 with the Qualifiod Professional (QP) revealed the facility operated the following shifts: -1st shift: 8:30AM to 3:00PM -2nd shift: 3:00PM to 9:00PM -3rd shift: 9:00PM to 8:00AM	V 114		

**RECEIVED**  
By MH Lic & Cert Section at 1:56 pm, May 25, 2018

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

*[Handwritten Signature]*  
TITLES

(X6) r



## Plan of Correction

### **27G. 0207 Emergency Supplies and Supplies**

A new form has been created to check all necessary drills documents performed by house manager. Qualified Professional monitored and review drills are completed each month for each shift.

Qualified professional will audit monthly to assure all appropriate signatures and current documents needed to maintain consistency for fire drills and disaster drills. QP will discuss with consumers to see their knowledge of drills are performed correctly. A form is created to address consumers knowledge of procedures and reviewed if consumer is unclear of procedures.

Implemented by 6/1/2018

### **10 A NCAC 27G. .0209 Medication Requirements:**

A new In-Services form is created to document the individual's medication for updates. The attending staff will have a list of medication with any updates signed by the prescriber if a copy of the prescription is not available for each medication visit for consumers who take medications.

Medications will be monitored and properly recorded on MAR sheet by QP and reviewed by Pharmacist monthly (med review).

Qualified professional will audit clients chart on a monthly basis to assure all appropriate signatures and maintain current documents.

### **Pharmacist / Med Review**

MT Street Pharmacy at 709 W Mt Street Kings MT NC 28086 phone number 704-739-7225 will be supporting Self Determination with quarterly reviews(1month) accuracy of medication prescriptions to ensure that all medication dispense and prescribed match.

# The UPS Store

1137 E. Marion Street  
Shelby NC 28150  
704-471-0222 Tel  
704-471-0307 Fax  
store3123@theupsstore.com  
theupsstorelocal.com/3123

## Fax

To Dolly VanDerSuer  
Company DHSR  
Fax number 1-919-715-8078  
Date 5/25/18  
Job number \_\_\_\_\_

From Anne Seffries/Self Directed  
Phone number 980-297-8904  
Fax number \_\_\_\_\_  
Total pages 3

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