

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601296</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/03/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BASS LANE GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>622 BASS LANE</b> <b>CHARLOTTE, NC 28270</b>
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(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	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on 7/3/18. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Developmentally Disabled Adults.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on interviews, the facility failed to ensure emergency drills were conducted quarterly and repeated for every shift. The findings are:</p> <p>Review on 7/2/18 of Client #1's record revealed: - Diagnosis of Cerebral Palsy, Mild Mental Retardation, Attention Deficit Disorder and Depression</p> <p>Review on 7/2/18 of Client #2's record revealed: - Diagnosis of Cerebral Palsy and Seizure</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <p>Disorder</p> <p>Review on 7/2/18 of the emergency drills log revealed documentation of fire and disaster drills completed quarterly on each shift</p> <p>Interview on 7/2/18 with Client #1 revealed: - "That's one thing we don't do (fire drills)...we're supposed to but we stopped doing it." - He has not done a tornado drill</p> <p>Interview on 7/2/18 with Client #2 revealed: - He has not done a fire or tornado drill and has not talked about what to do in case of a fire or tornado - He did not know what to do if there was a fire or tornado</p> <p>Interview on 7/2/18 wit Staff #1 revealed: - He had been working in the facility approximately 1-2 months - He did not know how often the emergency drills should be completed - He had not had an emergency drill since working in the facility</p> <p>Interview on 7/2/18 with Staff #2 revealed: - She has been working in the facility since 2009 and the team lead since 2015. - Fire drills were done once a month. "I yell out fire and we go out the front." - I tell them to stay away from windows (for tornado)</p> <p>Interview on 7/2/18 with The Qualified Professional revealed: - The Team Lead was in charge of making sure drills were done, but he was pretty sure they were being done - He observed a fire drill a few months ago on 1st</p>	V 114		

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V 114	Continued From page 2  shift	V 114		