Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED						
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED						
		MHL0601078	B. WING		R 08/23/2018						
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE							
THE NORLAND HOUSE											
CHARLOTTE, NC 28212											
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE						
V 000	INITIAL COMMENTS		V 000								
	An annual and follow up survey was completed on August 23, 2018. A deficiency was cited.										
		d for the following service 27G .1700 Residential re for Children or									
V 114	V 114 27G .0207 Emergency Plans and Supplies		V 114								
	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.										
	failed to ensure fire a at least quarterly and The findings are:	nd record review, the facility nd disaster drills were held repeated for each shift.									
	log revealed: -No 2nd shift fire drill December), 2017;	the Fire and Disaster Drill for 3rd quarter (October -									

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED						
AND LAN OF GONNEOTION			A. BUILDING: _								
		MHL0601078	B. WING		R 08/23/2018						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
THE NORLAND HOUSE  1019 NORLAND ROAD  CHARLOTTE NO. 28242											
CHARLOTTE, NC 28212											
(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 (X5)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  DEFICIENCY)  (X5)		COMPLETE					
V 114	Continued From page 1		V 114								
V 114	March), 2018; -No 1st shift disaster - March), 2048; -No 3rd shift disaster June), 2018.  Interview on 8/23/18 of Professional revealed -1st shift runs from 7a from 3pm - 11pm, and 7am on weekdays an -Recently revised the schedule and develop included specific date were being conducted	drill for 1st quarter (January drill for 2nd quarter (April - with the Qualified d: am - 3pm, 2nd shift runs d 3rd shift runs from 11pm - d 11pm - 11am on weekend; fire and disaster drill bed a new schedule which and shift to ensure the drills d properly. itutes a re-cited deficiency	V 114								

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