

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/10/2018
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NAME OF PROVIDER OR SUPPLIER PATRIOTS	STREET ADDRESS, CITY, STATE, ZIP CODE 1208-L EAST HUDSON BOULEVARD GASTONIA, NC 28054
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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	INITIAL COMMENTS An annual survey was completed on 8/10/18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	<p>DHSR - Mental Health</p> <p>AUG 23 2018</p> <p>Lic. & Cert. Section</p>	
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. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to fire and disaster drills were held at least quarterly and shall be repeated for each shift. The findings are: Interview on 8/9/18 with the Chief Operating Officer (COO) revealed: -have three shifts for drills; -first shift is 9am-4pm; -second shift is 4pm-12am; -third shift is 12am-9am.	V 114		

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

Rhonda Williams
1154/850P

Chief Operating Officer

(X6) DATE

8-21-2018

ITE FORM

21U911

If continuation sheet 1 of 5

Plan of Correction

V114 27G.0207 Emergency Plans and Supplies

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.

Plan of Correction:

Fire and Disaster Procedures are located in the 24 facility. The Group Home manager has received proper training on these procedures and has informed and trained Group Home staff of the same. This procedure and all contact information is posted within the Group Home.

A Disaster Drill Report has been created and distributed to the Group Home staff as well as posted to reference. This report displays a schedule of drills and information regarding the requirements and times of each drill. The following information has been added to the drill schedule to be in compliance with rule V114:

- A quarterly Fire and Disaster Drill Schedule has been created to ensure that each drill is conducted for each shift every quarter.
- The time frame for each shift is also notated within the schedule so that staff understands the window of time for each drill to be completed.
- Group Home Manager has been trained on the requirements of disaster drills and required documentation that is to be completed.

The Fire and Disaster Drills reports will be check Quarterly by a Qualified Professional to ensure Staff is conducting the drills to ensure that we are in compliance with the Rule V114.

V118 27G .0209 (c) Medication Requirements

c) Medication Requirements: Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.

Plan of Correction

Client #1: The Physician order has been obtained for the Vitamin D and has been placed with the MAR on site.

Client #2: The Physician order has been obtained for the foot powder and has been placed with the MAR on site.

MAR audits will be conducted by Group Home Manager and Residential QP will be notified of results immediately. The Group Home Manager has been informed and given a copy of Rule V118 27F. 0209 in its entirety, to ensure we are in total compliance with the Rule listed above.

It is a requirement that all new prescriptions picked up by The Group Home Manager must be accompanied by a Physician order from the Pharmacy for all electronic orders and special mail order medications or a Copy made of the actual Physician order give to Staff at the end of an appointment. No medication can be added to the clients MAR or administered without the physician order. All new order will be reviewed by QP, and the QP must update the new MAR with new medication and instruction directly from the Physician order/prescriptions.

V131 G.S. 131E-256 (D2) HCPR -Prior Employment Verification

(D2) Before Hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.

Plan of Correction

Opportunity Awaits, Inc. was using a 3rd party for HCPR prior to 12/15/2017. All personnel files have been updated with a HCPR from the DHSR website. Now all HCPR are pulled from this site to ensure that we are in total compliance with Rule V131 regarding Health Care Registry Checks. Effective August 10, 2018 at the recommendation of DHSR we will pull Health Care Registry checks from DHSR website to ensure compliance of the rule V131.

OPPORTUNITY AWAITS, INC.

Fire and Natural Disaster Drill Schedule

Patriots and Buckingham Group Homes

January	February	March	April	May	June
9am-4pm	4pm-12am	12am-9am	9am-4pm	4pm-12am	12am-9am
Buckingham (fire) 1 st shift	Buckingham (fire) 2 nd Shift	Buckingham (fire) 3 rd Shift	Buckingham (fire) 1 st shift	Buckingham (fire) 2 nd Shift	Buckingham (fire) 3 rd Shift
Buckingham (ND) 1 st shift	Buckingham (ND) 2 nd Shift	Buckingham (ND) 3 rd Shift	Buckingham (ND) 1 st shift	Buckingham (ND) 2 nd Shift	Buckingham (ND) 3 rd Shift
Patriot (Fire) 1 st Shift	Patriot (Fire) 2 ND Shift	Patriot (Fire) 3 rd Shift	Patriot (Fire) 1 st Shift	Patriot (Fire) 2 nd Shift	Patriot (Fire) 3 rd Shift
Patriot (ND) 1 st Shift	Patriot (ND) 2 ND Shift	Patriot (ND) 3 RD Shift	Patriot (ND) 1 st Shift	Patriot (ND) 2 nd Shift	Patriot (ND) 3 rd Shift

July	August	Sept.	Oct.	Nov.	Dec.
9am-4pm	4pm-12am	12am-9am	9am-4pm	4pm-12am	12am-9am
Buckingham (fire) 1 st shift	Buckingham (fire) 2 nd Shift	Buckingham (fire) 3 rd Shift	Buckingham (fire) 1 st shift	Buckingham (fire) 2 nd Shift	Buckingham (fire) 3 rd Shift
Buckingham (ND) 1 st shift	Buckingham (ND) 2 nd Shift	Buckingham (ND) 3 rd Shift	Buckingham (ND) 1 st shift	Buckingham (ND) 2 nd Shift	Buckingham (ND) 3 rd Shift
Patriot (Fire) 1 st Shift	Patriot (Fire) 2 nd Shift	Patriot (Fire) 3 rd Shift	Patriot (Fire) 1 st Shift	Patriot (Fire) 2 nd Shift	Patriot (Fire) 3 rd Shift
Patriot (ND) 1 st Shift	Patriot (ND) 2 nd Shift	Patriot (ND) 3 rd Shift	Patriot (ND) 1 st Shift	Patriot (ND) 2 nd Shift	Patriot (ND) 3 rd Shift

OPPORTUNITY AWAITS, INC. FIRE DRILL RECORD

Residential

Location: Patriots/Buckingham – Please Circle Date: _____

Staff in Charge: _____ Time: _____

1. Fire drill must be conducted monthly.
2. Residential - Must be done 1 time per quarter per shift (1st/ 2nd and 3rd shift) Overnight (between 12:00 am & 6:00am).
3. Fire drills must be held at various times of day night.
4. Location of imaginary fire must periodically change.
5. Route of exit must periodically change.
6. **Evacuation must occur within 2.5 minutes. If not it must be repeated!!!**
7. Designated meeting place is located: Parking Lot/ Near the Dumpster.

8. List the names of the persons , including staff, involved with the drill: CLIENTS:

MS/AB/MB/FC/JC

9. STAFF: 

10. LENGTH OF EVACUATION: _____

11. WERE SMOKE DETECTORS AND FIRE ALARM CHECKED FOR PROPER OPERATION?

_____ YES _____ NO

12. LOCATION OF IMAGINARY FIRE WAS: RESTROOM 1/RESTROOM 2/
KITCHEN/PANTRY/MEDICAL RECORDS CLOSET/LIVING ROOM AREA/ BEDROOM
1/BEDROOM 2/BEDROOM 3 /DECK/ STORAGE ROOM/WASHROOM/BEDROOM CLOSET
1/BEDROOM CLOSET 2/BEDROOM CLOSET 3. Other

13. EXIT ROUTE USED WAS: HALLWAY EXIT FRONT DOOR I/HALLWAY EXIT DECK DOOR
II. OTHER

14. LIST PROBLEMS ENCOUNTERED, IF ANY

15. SIGNATURE OF PERSON CONDUCTING DRILLS:

16. Client Support - _____

- ALL BLANKS ON THIS FOR MUST BE COMPLETED.

OPPORTUNITY AWAITS, INC. NATURAL DISASTER DRILL RECORD

RESIDENTIAL

Location: Patriots/Buckingham – Please Circle Date: _____

PLEASE CIRCLE

TYPE : Tornado/Hurricane/Severe Storm/Flooding, Other: _____

Staff in Charge: _____ Time: _____

1. Drills must be conducted monthly.
2. Residential - Must be done 1 time per quarter per shift (1st/ 2nd and 3rd shift) Overnight (between 12:00 am & 6:00am).
3. Drills must be held at various times of day night.
4. Location of imaginary natural disasters must periodically change.
5. Route of exit must periodically change.
6. **Evacuation must occur within 2.5 minutes. If not it must be repeated!!!**
7. Designated meeting place is located: Please Circle - Hallway/Bathtub/Local Church/Local YMCA/Local Fire Dept/ Parking Lot/Other: _____
8. Circle the names of the persons , including staff, involved with the drill: CLIENTS:
MS/AB/MB/FC/JC

9. STAFF: 


10. LENGTH OF EVACUATION: _____

11. EXIT ROUTE USED WAS: HALLWAY EXIT FRONT DOOR I/HALLWAY EXIT DECK DOOR II. WINDOW, OTHER: _____

12. LIST PROBLEMS ENCOUNTERED, IF ANY: _____

13. SIGNATURE OF PERSON CONDUCTING DRILLS:

- ALL BLANKS ON THIS FOR MUST BE COMPLETED.

03/07/2018 5:41 PM FAX 7047355972

Keever Pharmacy

102 Doctors Park
Lincolnton, NC 28092-4406
Phone: (704) 735-9072
Fax: (704) 735-5972
DEA: BK7037713
Email: info@keeverpharmacy.com
Pharmacist: Michael Reimhart
http://www.keeverpharmacy.com/

KEEVER PHARMACY

Transfer To

MEDICAL CENTER PHARMACY

515 Cox Rd
Gastonia, NC 28054-0628
Phone: (704) 867-5143
Fax: (704) 864-1499

DEA:

Pharmacist: allison allison

Prescribed NDC: 84009310531

Dispensed NDC: 84009310531

Transferred On: 3/7/2018

0011/0011

Rx Information

Rx Number: 7044942
Prescribed Drug: Vitamin D3 1000 Iu Softgel 250 N
Dispensed Drug: Vitamin D3 1000 Iu Softgel 250 N
Qty Prescribed: 30.00000
Original Refills: 11
Refills Remaining: REFILL (11) TIMES AT 30 UNTIL 02/08/2019
Qty Remaining: 330.000000

Date Written: 02/08/2018

Expiration Date: 02/08/2019

DAW: 0

Directions: TAKE 1 CAPSULE BY MOUTH DAILY

Diagnosis:

ICD9 Code:

Fill History:

Refill Number	Date	NDC	Quantity
0	02/09/2018	84009310531	30.00000

Comments:

Patient Information:



Third Party Information:

Keever Loyalty

Group #:

Cardholder ID:

Cardholder:

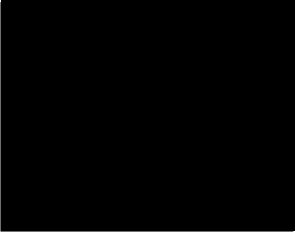
Relation Code:

BIN: 014798

PCN: RXLOCAL

Expiration Date:

Prescriber Information:



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Printed On: 03/07/2018



FAXED 3-29-18

PLEASE FAX TO 855-556-0551 P-855-507-2560

Patient's Name: [REDACTED]	Prescriber's Name: Dr. Mark Miscoch
Street Address: [REDACTED]	NPI: 188167818
City, State ZIP: [REDACTED]	DEA: BM5328629
Date of Birth: [REDACTED]	Street Address: 2391 Court Drive #100
Contact Numbers: [REDACTED]	City, State ZIP: Gastonia, NC 28054
Patient Allergies: NKA	Office #: 704-867-7388
ICD-10: B35.1	Fax #: 704-865-8999

Prescriber's Signature: X [Signature]

Date: 3/29/18

PLEASE INCLUDE THE FOLLOWING WITH PRESCRIPTION: CURRENT INSURANCE & MEDICATIONS • ALLERGIES • ADDITIONAL CONTACT INFORMATION

Please use one to four of the medications listed below compounded together to cover the patient's infection based on included cultures and/or pharmacist recommendation.

Gram-positive	Gram-negative	Anaerobic	Atypical	Antifungal
Linezolid 7.5%	Tobramycin 3.75%	Meropenem 12.5%	Doxycycline 2.5%	Voriconazole 2.5%
Vancomycin 12.5%	Streptomycin 12.5%	Metronidazole 6.25%	Azithromycin 6.25%	Ketoconazole 1.25%
Cefepime 12.5%	Meropenem 12.5%	Ertapenem 6.25%	Mupirocin 1.7%	Clotrimazole 0.13%
Mupirocin 1.6%	Ceftazidime 12.5%	Mupirocin 1.7%	Moxifloxacin 2.5%	Ketoconazole 2.5%
Doxycycline 2.5%	Gentamicin 1.25%	Clindamycin 3.75%	Fidexomicin 1.25%	Itraconazole 2.5%
Ciprofloxacin 3.38%	Aztreonam 12.5%	Linezolid 7.5%	Rifampin 7.5%	Posaconazole 3.75%
Ceftriaxone 12.5%	Colistimeth 1.875%	Piperacillin/tazobactam 42.18%, 5.27%		Fluconazole 2.5%
Cefprozil 6.25%	Neomycin 6.25%	Imipenem/cilastatin 6.25%, 6.25%		

DIRECTIONS: Apply 8 grams to affected area twice daily as directed DISPENSE 480 GRAMS FOR 30 DAY SUPPLY

IF MEDICATION ABOVE NOT COVERED OR NOT DESIRED BY PATIENT, PHARMACY CAN DISPENSE

Please use one to four of the medications listed below compounded together to cover the patient's infection based on included cultures and/or pharmacist recommendation.

Gram-positive	Gram-negative	Anaerobic	Atypical	Antifungal
Doxycycline 2.5%	Streptomycin 4%	Meropenem 4%	Doxycycline 2.5%	Ketoconazole 2.5%
Vancomycin 4%	Tobramycin 2.5%	Clindamycin 1.2%	Azithromycin 6.25%	Voriconazole 0.8%
Mupirocin 1.6%	Mupirocin 1.7%	Imipenem/cilastatin 4%, 4%	Ciprofloxacin 2.5%	Ketoconazole 1.25%

DIRECTIONS: Apply 1 container (25 grams) to affected area twice daily as directed DISPENSE 1500 GRAMS FOR 30 DAY SUPPLY

IF MEDICATION ABOVE NOT COVERED OR NOT DESIRED BY PATIENT, PHARMACY CAN DISPENSE

Please use one to four of the medications listed below to cover the patient's infection based on included cultures and/or pharmacist recommendation (The dose noted is the total daily dose) (Please use CMPD and/or CA medication)

Gram-positive	Gram-negative	Anaerobic/Atypical	Antifungal	Other (CA)
Cefepime 250mg	Ciprofloxacin 750mg	Doxycycline 100mg	Itraconazole 100mg	Amphotericin b 50mg vial
Doxycycline 100mg	Neomycin 500mg	Clindamycin 300mg	Ketoconazole 100mg	Voriconazole 200mg vial
Vancomycin 50mg	Gentamicin 20mg	Mupirocin 30mg	Clotrimazole 10mg	Meropenem 1g vial
Mupirocin 38mg	Cefuroxime 250mg	Azithromycin 250mg	Clotrimazole 30mg	Colistimeth 150mg vial

DIRECTIONS: Apply to affected area daily as directed DISPENSE QUANTITY SUFFICIENT TO PROVIDE 30 DAY SUPPLY

APPLICATION METHOD: Foot Bath Spray Irrigation Saturated Gauze Application Ointment Powder Other

CULTURES INCLUDED

Additional Patient Information to be considered for treatment: bid

QUANTITY TO DISPENSE: _____ DAYS (30 DAY SUPPLY UNLESS OTHERWISE INDICATED HERE)

REFILLS 1 2 3 PRN

As always, the FDA does not review any compounded medication for safety or efficacy. Doxycycline noted above is indicative of Doxycycline Hyclate. "CMPD" INDICATES A MEDICATION THAT HAS BEEN COMPOUNDED BY THE PHARMACY. THIS PRESCRIPTION CAN BE FILLED AT THE PHARMACY OF YOUR CHOICE.

VERSION: 030117



NORTH CAROLINA
Nurse Aide I Registry
Medication Aide Registry
Health Care Personnel Registry

Verification of Listing/Search Results:

The Nurse Aide I Registry listing for the following individual has expired:

Name: [REDACTED]
Social Security Number: [REDACTED]
Nurse Aide I Listing Number: [REDACTED]
Original Test Date: 05/13/2014
Listing Expiration Date: 05/31/2016

The requested individual is not listed as a North Carolina Medication Aide on the North Carolina Medication Aide Registry. This verification does not apply to Medication Aides working in Adult Care Homes. Employers of Medication Aides working in Adult Care Homes must verify listing at <https://mate.dhhs.state.nc.us/>.

Name: [REDACTED]
Social Security Number: [REDACTED]

The requested individual is not listed on the Health Care Personnel Registry.

Name: [REDACTED]
Social Security Number: [REDACTED]

The listing verification is completed. Please record confirmation number **426600652W** in your business files to validate this inquiry which was made on 08/15/2018.

Note: If there are pending investigations or substantiated findings noted above, detailed information, including evidence summary, hearing, or rebuttal statement, may only be obtained

by calling 919-855-3969 Monday through Friday from 8:00 a.m. to 3:00 p.m. and speaking with a registry representative.

(To print this verification, please click on the Print button in your browser.)

[Return to Home Page](#)

[Verify More Listings](#)

Opportunity Awaits, Inc.



OPPORTUNITY AWAITS, INC.

Everyone Deserves an Opportunity

FIRE EVACUATION DRILL

&

NATURAL DISASTER PLAN

Emergency Response Plan

In a continuing effort to, promote and ensure the safety and well-being of consumers entrusted to Opportunity Awaits, Inc. This document addresses every level of emergency situations from missing persons to natural disasters (tornadoes, hurricanes, floods, winter storms, etc.). This plan will be made available to all staff; and evacuation procedures/routes will be posted within the facility. Included in this document are:

- A Mission and Philosophy Statement
- Protocol for removing consumers from danger in an orderly, calm and expeditiously manner.
- A means of communicating to the general public and specific families' information regarding the time, location, and destination of the evacuees.
- A safe harbor for primary and secondary partnerships
- A list of items a first aid emergency evacuation kit must contain.
- A directory of local agencies that are prepared to assist with programs when needed.
- A guide to keeping all information current and compliant with state licensing guidelines.
- Emergency contact information forms for consumers and staff that are to be updated quarterly.

MISSION STATEMENT

Opportunity Awaits, Inc. is committed to the enhancement of support services to communities and families regardless of race, color, creed, gender, gender identity or expression, sexual orientation, natural origin, genetics, age or disability. We focus on growth while meeting individual developmental milestones. We work together to bridge the gap between therapeutic relationships and community integration. We are faith based and strive for a comprehensive environment.

PHILOSOPHY STATEMENT

Opportunity Awaits, Inc., provides creative opportunities and support to individuals with Intellectual and Developmental Disabilities (I/DD). Our services accentuate positive growth and the development of adaptive living skills to help an individual live life to their fullest potential. Our passion to our consumers is evident by our focus on excellence in an environment of integrity dedication, and teamwork.

FIRE AND NATURAL DISASTER PLAN

Upon warning of a disaster, the Lead Staff will ensure that:

1. There is sufficient non-perishable food to last for the duration of the expected disaster plus one (1) day.
2. There is sufficient water to last for the duration of the expected disaster plus one day.
3. There are at least two flashlights with enough batteries to last for the duration of the expected disaster plus (1) day. (Batteries are not to be stored in flashlights).
4. There is at least one battery operated weather radio available to monitor weather conditions with extra batteries.
5. There are sufficient blankets and warm clothes to insure the safety and relative comfort of the participants during a prolonged power outage due to a disaster.
6. Staff on duty (and expected on duty) will have no less than ½ tank of gas in his/her vehicle.
7. There is at least 1 first aid kit present
8. There is a folder containing emergency/medical information for staff and consumers.

Policies and Procedures regarding plans for fire and natural disasters are as follows:

FIRE:

In case of fire, the lead staff will immediately call 911 while initiating the evacuation process. If there is time, and if it is deemed safe, consumer records should be retrieved and kept by the staff until they can be safely transferred to local agencies. Prescribe routes and locations of fire extinguishers will be posted and pre-approved during the fire inspection required for licensure, and Opportunity Awaits, Inc., staff will be trained of all processes, including proper usage of fire extinguishers.

Day Support Facility will conduct fire drills on a monthly basis or anytime a new consumer is admitted to the facility, in order to plan and practice the exit routes, and evacuation times. Residential will conduct fire drills one per shift per quarter, in order to plan and practice the exit routes and evacuation times. Smoke detectors and fire alarm systems will be used regularly in fire drills. Reports of any problems that occurred during the drills will be documented, with a plan of correction. Fire Department and Emergency contact numbers are to be posted near the phone.

1. Lead Support Staff will alert all consumers, evacuate, and gather in a designated outside area. Following the fire evacuation plan posted in the facility. The lead staff will determine if refuge at out nearest recovery center at St. Stephens AME Zion Church.

4 | Opportunity Awaits, Inc.

2. Lead Support Staff and consumers will exit site and meet at the designated location for safety (the sidewalk section across the parking lot, near dumpster, etc).
3. Staff will wait with consumers until appropriate authorities arrive.

FLOOD, CHEMICAL SPILL:

Lead Staff will be notified by Television, emergency crew, or other means when a flood is pending or a chemical spill occurs. The staff will notify the Residential Director/Qualified Professional as soon as possible and arrangements will be made for temporary shelter. The QP will notify the consumer's legal guardian/Care Coordinator. The consumer's records are to be removed, and delivered to the main office as soon as possible (Residential).

TORNADO, HURRICANE, SEVERE STORM:

During severe storms or watch, staff will monitor radio or TV for further advisory. If the site is damaged in any way, contact the Program Director/Residential Director (Residential) as soon as possible. The Program Director/Residential Director will ensure the Care Coordinator and legal guardian is contacted so that temporary arrangements can be made.

1. Tornado/Hurricane: If a warning is issued for the area, all persons will take shelter in interior bathroom, hallway or closet away from windows and doorways.
2. Lead support Staff will monitor weather using portable TV and Radio. The Lead Staff and Program director (Day Support)/Residential Director (Group Home) will provide support during this period to maintain consumer and staff safety.
3. Severe Storm: Lead Staff will check all windows to maintain safety. Will direct all consumers to remain away from window. In presence of strong winds, staff may relocate to the hallway or other safe areas in the building until storm passes. Avoid going to the lowest floor because severe storms often causes flooding.
4. If there is a power outage. Staff will contact the Program Director (Day Supports)/Residential Director (Group Homes) to secure a generator to power facility if necessary, due to extended repairs by the power company.

SNOW & ICE:

If there is a threat of a severe snow or ice storm, the facility will follow Gaston County School's closing schedules.

MEDICAL EMERGENCIES:

Keep calm. Your response can be contagious, and consumers are best served in an emergency by an individual who is reassuring to them. Work as quickly as possible if the situation allows. If you encounter a life threatening situation, take action first, report later. For example, if a consumer swallows a possible poisonous substance, don't call the Program Director first; call POISON Control and follow their directions immediately. Use common knowledge. If a routine procedure is obviously wrong for handling a situation, then for whatever it takes to protect and assist the consumers.

Emergency phone numbers for fire, police, and ambulance services shall be posted around the facility.

1. When a medical emergency occurs, designate staff member to remain with consumer and provide immediate first aid.
2. A second staff member should be instructed to dial 911 to summon an ambulance and remain on the phone until EMS arrives.
3. When calling 911 be prepared to give the 911 operator the following information clearly and concisely:
 - a. Who you are
 - b. Your location
 - c. Telephone number
 - d. Who you are calling about
 - e. The nature of the emergency
 - f. Pertinent medical history (i.e seizure disorder etc.)

Do not hang up after giving the operator the information requested. If unable to stay on the line advise the operator and keep the telephone connection so that updated information can be provided as needed.

4. When emergency help has arrived, follow their instructions and notify the Program Director/Residential Director (Group Home). Arrangements should be made to have one staff member to accompany the consumer to the hospital. Be sure to take consumer's emergency medical record that may contain valuable health information. Contact should be made to the Consumer's emergency contact person/guardian/care coordinator.
5. If the primary physician is not involved in the immediate care of the consumer, advise him/her at the first opportunity.

MISSING PERSON:

Opportunity Awaits, Inc. assumes the responsibility of knowing the location of each person AT ALL TIMES. Opportunity Awaits, Inc., shall take immediate steps to locate anyone who is thought to be missing, eloped or lost. In the event that a person is missing, the staff responsible will notify the Program Director (Day Program)/Residential Director (Group home). If the person is not found in 20 minutes, 911 must be called, and additional staff will be called in to join the search, the guardian and area program LME's Care Coordinator will be notified. After the person is found and internal investigation will be conducted by Opportunity Awaits, Inc., in which an incident report will be completed.

NEAREST FACILITY FOR RECOVERY FOR:

Administration Office: 760-A N. New Hope Rd. • Gastonia, NC 28054

St. Stephens AME Zion Church

201 West Franklin Blvd

Gastonia, NC 28052

(704) 861-2005

HOSPITAL

CaraMont Regional Medical Center

2525 Court Drive

Gastonia, NC 28054

(704) 834-2000

FIRE DEPARTMENTS

Station #6

1335 East Ozark Ave.

Gastonia, NC 28052

(704) 866-6954

Station #4

900 Armstrong Park Road

Gastonia, NC 28054

(704) 869-1916

Disaster Kit for Administration office is located in the hall closet.

Residential Disaster Kits are located in the storage closet in the Group Home.

Emergency Contact Numbers

DISABILITY RIGHTS/COMPLAINTS:

Rhonda Kimble Williams, Chief Operating Officer, 704-810-9135(office)•704-747-7014(crisis line)

Disability Rights NC, 877-235-4210

TDD call from persons who are deaf or hearing impaired at (toll free) 1-888-268-5535

Fax Number is 1-919-856-2244

PARTNERS MCO

Administration: 704-884-2501
 Access Line: 888-235-4673
 Complaint: 877-864-1454 Option 3
 Provider Network: 704-884-2037

CRISIS ASSISTANCE MINISTRY HOTLINE # 1-800-424-3334

CRISIS ASSISTANCE MINISTRY: 704-867-8901
DUKE POWER: 800-769-3766
PNC GAS: 877-776-2427

Emergency

Police	911
Ambulance	911
Fire	911
Sheriff	911
Poison Control	1-800-222-1222
Suicide Hotline	1-800-SUICIDE 1-800-TALK

NON-EMERGENCY NUMBERS

Gaston County Sheriff	704-869-6880
Lincoln County Sheriff	704-732-9050
Cleveland County Sheriff	704-484-4888
Iredell County Sheriff	704-878-3180

City	Police	Fire
Belmont	704-825-3792	704-825-5586
Bessemer City	704-629-2235	704-929-5396
Cherryville	704-435-1717	704-435-1730
Dallas	704-922-6116	704-922-7736
Gastonia	704-866-6890	704-866-6740
Kings Mountain	704-734-0444	704-734-0555
Lincolnton	704-736-8900	704-736-8920
Mount Holly	704-827-4343	704-827-6611
Shelby	704-484-6845	704-484-4841
Stanley	704-263-4778	704-263-4777
Statesville	704-878-3583	704-878-3583

HEALTH DEPARTMENT

Gaston County	704-853-5000
Lincoln County	704-735-3001
Cleveland	704-484-5100
Iredell	704-878-5300

DEPARTMENT OF SOCIAL SERVICES

Gaston County	704-862-7500
Lincoln	704-732-0738
Cleveland	704-487-0661
Iredell	704-873-5637

Opportunity Awaits, Inc.
760-A North New Hope Road
Gastonia, NC 28052
(704) 810-9133
(704) 810-9134
(704) 810-9135 (fax)

DHSR - Mental Health

AUG 23 2018

Lic. & Cert. Section

FAX

To: Swan McMickle From: Rhonda Williams
Fax: 919-715-8078 Pages: 19
Phone: _____ Date: 8-22-18
Re: DHSR Annual Survey CC: _____

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