

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-087	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/06/2018
NAME OF PROVIDER OR SUPPLIER YADKIN PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 360 YADKIN ROAD SOUTHERN PINES, NC 28387		
(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 complaint survey was completed on 9/6/18. The complaint was unsubstantiated (intake #NC00142187). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
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 record reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are: Record review on 9/6/18 of the facility's fire drill log revealed the following: -8/13/18- 1st shift -7/24/18- 3rd shift	V 114		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-087	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/06/2018
NAME OF PROVIDER OR SUPPLIER YADKIN PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 360 YADKIN ROAD SOUTHERN PINES, NC 28387		
(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 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> -6/13/18- 3rd shift -5/23/18-1st shift -4/22/18-1st shift -3/31/18-2nd shift -2/18/18-1st shift -1/25/18-1st shift -12/17-3rd shift (no specific day) -11/25/17- 1st shift -10/10/17-2nd shift -10/1/17- 2nd shift -There were no fire drills completed during 2nd shift for second quarter of 2018. -There were no fire drills completed during 3rd shift for first quarter of 2018. <p>Record review on 9/6/18 of the facility's disaster drill log revealed the following:</p> <ul style="list-style-type: none"> -8/13/18- 1st shift -7/24/18- 1st shift -6/15/18- 3rd shift -4/22/18-1st shift -3/31/18-2nd shift -2/18/18-1st shift -1/16/18-2nd shift -12/28/17-2nd shift -11/15/17- 1st shift -10/23/17-1st shift -There were no disaster drills completed during 2nd shift for second quarter of 2018. -There were no disaster drills completed during 3rd shift for first quarter of 2018. -There were no disaster drills completed during 3rd shift for the fourth quarter of 2017. <p>Interview with the Group Home Director on 9/6/18 revealed:</p> <ul style="list-style-type: none"> -Group Home staff worked three separate shifts. -He was not aware staff were no doing the fire and disaster drills on all three shifts. -He confirmed staff failed to conduct fire and 	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-087	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/06/2018
NAME OF PROVIDER OR SUPPLIER YADKIN PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 360 YADKIN ROAD SOUTHERN PINES, NC 28387		
(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 114	Continued From page 2 disaster drills under conditions that simulate emergencies. Interview with the Chief Operating Officer on 9/6/18 confirmed: -Staff failed to conduct fire and disaster drills under conditions that simulate emergencies.	V 114		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit. The findings are: Observation of the facility on 9/5/18 at 2:15 PM revealed : -Bathroom #1 water temperature was 125 degrees Fahrenheit. -Bathroom #2 water temperature was 125 degrees Fahrenheit. Interview on 9/5/18 with the Group Home Director revealed: -A hot water heater was just recently installed in the group home.	V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-087	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/06/2018
NAME OF PROVIDER OR SUPPLIER YADKIN PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 360 YADKIN ROAD SOUTHERN PINES, NC 28387		
(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 752	Continued From page 3 -The hot water heater was closer to both bathrooms. -He had checked the water temperature in the kitchen and staff area. -The temperature in those areas were about 100 degrees. -He forgot to check the bathrooms closer to the new hot water heater. -He confirmed the facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit.	V 752		