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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL041-837	B. WING		10/0		
		WITILU41-037			10/0	2/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE			
BISBEE PLACE 4821 BISBEE DRIVE GREENSBORO, NC 27407							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COI		(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	on 10/2/18. A defice This facility is licens category: 10A NCA Treatment Staff Sec	w up survey was completed iency was cited. sed for the following service C 27G .1700 Residential cure for Children and					
V 114	Adolescents.	ncy Plans and Sunnlies	V 114				
V 11-7	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.		V 114				
	failed to ensure fire at least quarterly an The findings are: Review on 10/1/18 from 10/14/17 - 9/3. No documentat shift during the 2nd	view and interview, the facility and disaster drills were held not repeated for each shift. of the facility's fire drill log					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
			A. BUILDING:		R			
MHL041-837		MHL041-837	B. WING		10/02/2018			
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE				
BISBEE PLACE 4821 BISBEE DRIVE								
GREENSBORO, NC 27407								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE		
V 114	Continued From page 1		V 114					
	shift during the 3rd 2018	quarter (July - September) of						
	from 10/10/17 - 8/2 - No documentated 1st or 2nd shift during December) of 2017 - No documentated 3rd shift during the of 2018 - There was documentation, it we was time the drill we want on 8/26/18, the time was and on 8/26/18, the pm) was listed Interview on 10/1/18 Professional reveal - Fire and disasted weekly and on each - She would beging closely to ensure the linterview on 10/1/18 Interview on 10/1/18 The second of the weekly and on each - She would beging closely to ensure the linterview on 10/1/18 The second of the weekly and on each - During the weekly and	tion a disaster drill was held on ng the 4th quarter (October - tion a disaster drill was held on 3rd quarter (July - September) umentation drills were held on 6/18; however, based on the ras difficult to determine the was conducted, i.e,. on as either 2:20 am or 7:20 am at time noted was 10 (no am or 8 with the Qualified ed: er drills were held at least						

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STATE FORM 6899 QNJT11 If continuation sheet 2 of 3

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MHL041-837 B. WING R 10/02/201 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4821 BISBEE DRIVE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MHL041-837 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4821 BISBEF DRIVE						R		
4821 BISREE DRIVE			MHL041-837	B. WING		10/02/2018		
BISBEE DRIVE 4821 BISBEE DRIVE	NAME OF PF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
GREENSBORO, NC 27407	BISBEE P	E PLACE			27407			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	PREFIX	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	.D BE	(X5) COMPLETE DATE	
V 114 Continued From page 2 disaster drills were held as required and staff completed the drill logs correctly. V 114 V 114 V 114		disaster drills were	held as required and staff	V 114	DEFICIENCY)			

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