Division of Health Service Regulation

PRINTED: 09/10/2018 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		MHL063-087	B. WING		09/06/2018
NAME OF F	PROVIDER OF SUPPLIER	STREET ADI	ORESS, CITY, S	FATE, ZIP CODE	
YADKIN I	PLACE	360 YADK			1
	4		RN PINES, NO		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROIDEFICIENCY)	D BE COMPLETE
∨ 000	INITIAL COMMEN	rs	V 000		<u>i</u>
	on 9/6/18. The com (intake #NC001421 This facility is licen:	aplaint survey was completed aplaint was unsubstantiated (187). Deficiencies were cited. (186) sed for the following service (187). Second Supervised the Mental Illness.			
V 114	27G .0207 Emerge	ency Plans and Supplies	V 114		
	AND SUPPLIES  (a) A written fire pla area-wide disaster shall be approved authority.  (b) The plan shall the and evacuation proposted in the facility  (c) Fire and disaster shall be held at lead repeated for each aunder conditions the	er drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted nat simulate fire emergencies. all have basic first <sub>l</sub> aid supplies		DHSR-Men OCT 0 Lic. & Cert	9 2018 .
Division of h	Based on record refacility failed to conunder conditions to least quarterly and findings are:		V114	Freda Kletsch, COO met with developed a Fire/Disaster Drill Scheo Yadkin Place to cover September - De 2018. See attached copy. Director will fire and disaster drills monthly to ensure	cember monitor

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:		A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL063-087	B. WING		09/06/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	
	D. 105	360 YADK	IN ROAD		
YADKIN	PLACE	SOUTHER	RN PINES, N	C 28387	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
V 114	shift for second quel-There were no fire shift for first quarter Record review on drill log revealed the 1-8/13/18-1st shift 1-7/24/18-1st shift 1-6/15/18-3rd shift 1-3/31/18-2nd shift 1-1/16/18-2nd shift 1-1/16/18-2nd shift 1-1/15/17-1st shift 1-1/15/17-1st shift 1-1/15/17-1st shift 1-1/16/18-2nd shift for second shift for first quel and shift for first quel There were no did 3rd shift for the follower with the revealed:  Group Home state He was not aware and disaster drills	e drills completed during 2nd arter of 2018. e drills completed during 3rd er of 2018. g/6/18 of the facility s disaster ne following:  It to saster drills completed during and quarter of 2018. saster drills completed during uarter of 2018. saster drills completed during uarter of 2018. saster drills completed during uarter of 2017. Group Home Director on 9/6/18 ff worked three separate shifts. e staff were no doing the fire and afficied to conduct fire and		are being completed as listed per s Freda Kletsch, COO and staff on 10/4/18 and discussed schedu and disaster drills.	met with Ongoing

Division of Health Service Regulation

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(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL063-087 09/06/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **360 YADKIN ROAD** YADKIN PLACE SOUTHERN PINES, NC 28387 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) Continued From page 2 V 114 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 752: 27G .0304(b)(4) Hot Water Temperatures V 752 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. In areas of the facility where clients are (4)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 On 9/21/18 began checking the water V752 9/21/18 temperature and initialing beside date to verify between 100-116 degrees Fahrenheit. The that temperature is between 100-116 degrees. findings are: Paraprofessional staff will check on each Friday evening and Director will check the following Observation of the facility on 9/5/18 at 2:15 PM Monday. If there is a time that paraprofessionals revealed: get a water temperature number out of the range, they will notify Director that same day. Director -Bathroom #1 water temperature was 125 will check water temperatures and ensure all degrees Fahrenheit. faucets are within the correct range before -Bathroom #2 water temperature was 125 10/4/18 leaving the group home. Staffing was held on degrees Fahrenheit. 10/4/18 to discuss water temperature and quidelines to follow and schedule for weekly Ongoing checks. See attached training schedule for staff. Interview on 9/5/18 with the Group Home Director revealed: A hot water heater was just recently installed in the group home.

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL063-087 ;	B. WING		09/0	6/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
YADKIN	PLACE		(IN ROAD RN PINES, NO	28387		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 752	Continued From pa	age 3	V 752			
	bathrooms.  -He had checked the kitchen and staff are and staff are a constant and staff are a constant and staff are a confirmed the confirme	the bathrooms closer to the ter. facility failed to maintain the erature between 100-116				
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Division of Health Service Regulation

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Schiere: Leadler Staff Meeter Baller Bulls  Lernender Healt Here E Diparter Dulls  Lernender Halloween Part  Lernender Grand Halloween Part  Lernender Grands  ATTENDANCE  New Signature Print Name Work Site Proston/Supervisor Hourly  Jakkin PP		Dirte of Training: 16/4/8		Tisno: <u>950</u>	-11.80	
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		Yangang Sport 10,7.15				

Fire/Disaster Drill-Yadkin Sept-Dec 2018

9/22/18-Fire Drill-2:30a (3<sup>rd</sup>) 9/26/18-Disaster Drill-2:6:00am (3<sup>rd</sup>)

10/12/18-Fire Drill-10:00pm (2<sup>nd</sup>) 10/14/18-Disaster Drill-11:00pm (2<sup>nd</sup>)

11/5/18-Fire Drill-18-8:10am (1<sup>st</sup>) 11/9/18-Disaster Drill-11:30am (1<sup>st</sup>)



MyTAhome.com

October 8, 2018

## BY REGULAR MAIL & TELEFAX (919-715-8078)

Mental Health Licensure and Certification Section North Carolina Department of Health and Human Services 2718 Main Service Center Raleigh, NC 27699-2718

Re:

Provider Name: Yadkin Place Provider ID #: MHL063-087

Survey Date: 9/6/18

## Dear Sir/Madam:

Enclosed please find our Plan of Correction in connection with the Department's Annual and Complaint survey completed on September 6, 2018. The original Plan of Correction is being sent to you by regular mail.

Please contact me if you need further information.

Yours truly,

Freda Kletsch, COO

Inedakletick, Coo

FK:tf Enclosures

## FAX COVER SHEET

TA MR

Therapeutic Alternatives, Inc. 962 S. Fayetteville Street Asheboro, NC 27203 (336) 626-1700 Office (336) 625-2767 Fax

Send To: Mental Health Licensure &	From: Freda Kletsch, COO		
Certification Section/NCDHHS Attention: Danalouise Reeves, Administrative	Date: 10/8/18		
Specialist 1 Office Location: Raleigh, NC	Office Location: Asheboro, NC		
FAX Number: 919-715-8078	Phone Number: (336) 626-1700		
Lingent			
<ul><li>O Urgent</li><li>O Reply ASAP</li></ul>	DHSR-Mental Health		
O Please comment	007.0.0000		
o Please review	OCT 0 9 2018		
X For your information	Lic. & Cert. Section		
Total Pages including cover sheet:7			
Comments:			
Re: Provider Name: Yadkin Place			
Provider ID#: MHL063-087			
Survey Date: 9/6/18			
Plan of Correction attached. Original to follow by regular mail.			
IF BOX IS MARKED, the individual obtaining this document from the fax machine is requested to sign and return this cover sheet to the fax number indicated above.			
Signature: Co	nfidentiality Notice		

The documents accompanying this cover sheet may contain confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately to arrange for the return of these documents.