

PRINTED: 09/10/2018
FORM APPROVED

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	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 9/6/18. The complaint was unsubstantiated (intake #NC00142187). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000			
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>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:</p> <p>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</p>	V 114	<p>DHSR-Mental Health</p> <p>OCT 09 2018</p> <p>Lic. & Cert. Section</p> <p>Freda Kletsch, COO met with [REDACTED] and developed a Fire/Disaster Drill Schedule for Yadkin Place to cover September - December 2018. See attached copy. Director will monitor fire and disaster drills monthly to ensure they</p>	9/19/18	

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

5HSO11

If continuation sheet 1 of 4

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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	are being completed as listed per schedule. Freda Kletsch, COO and [REDACTED] met with staff on 10/4/18 and discussed schedule for fire and disaster drills.	Ongoing

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[illegible]

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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			

8. ~~Subject Outline~~ (attach separate sheet if more space needed)

Reviewed Jim & Diaster Jails
 Discussed Halloween Party
 Review of water temp. Guidelines
 Review of Staff Goals

ATTENDANCE

Name	Signature	Print Name	Work Site	Position/Supervisor	Hourly
			Yadkin	PP	
			Yadkin	PP	
		n Yadkin	PP		
		o ladko	PP		
		Yadkin	Director		
		T A	Jedla		
			, COO, PP		

Fire/Disaster Drill-Yadkin Sept-Dec 2018

9/22/18-Fire Drill-[REDACTED]-2:30a (3rd)

9/26/18-Disaster Drill-[REDACTED]-6:00am (3rd)

10/12/18-Fire Drill-[REDACTED]-10:00pm (2nd)

10/14/18-Disaster Drill-[REDACTED]-11:00pm (2nd)

11/5/18-Fire Drill-[REDACTED]-8:10am (1st)

11/9/18-Disaster Drill-[REDACTED]-11:30am (1st)

12/19/18-Fire Drill-[REDACTED]-6:30pm (2nd)

12/30/18-Disaster Drill-[REDACTED]-11:00pm (2nd)



therapeutic alternatives, inc.

MyTAhome.com

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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

FK:tf
Enclosures

FAX COVER SHEET

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

Send To: Mental Health Licensure & Certification Section/NCDHHS	From: Freda Kletsch, COO
Attention: Danalouise Reeves, Administrative Specialist 1	Date: 10/8/18
Office Location: Raleigh, NC	Office Location: Asheboro, NC
FAX Number: 919-715-8078	Phone Number: (336) 626-1700

- ☐ Urgent
- ☐ Reply ASAP
- ☐ Please comment
- ☐ Please review
- ☒ For your information

DHSR-Mental Health

OCT 09 2018

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:

Confidentiality Notice

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