Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING MHL041-837 10/02/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4821 BISBEE DRIVE **BISBEE PLACE** GREENSBORO, NC 27407 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed RECEIVED on 10/2/18. A deficiency was cited. By DHSR - Mental Health Lic. & Cert. Section at 8:09 am, Oct 22, 2018 This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents. V 114 27G .0207 Emergency Plans and Supplies V 114 Pursuant to 10A NCAC 27G .0207 10A NCAC 27G .0207 EMERGENCY PLANS EMERGENCY PLANS AND SUPPLIES (c) AND SUPPLIES Fire and disaster drills in a 24-hour (a) A written fire plan for each facility and area-wide disaster plan shall be developed and facility shall be held at least quarterly shall be approved by the appropriate local and shall be repeated for each shift. authority. Drills shall be conducted under 12/1/18 (b) The plan shall be made available to all staff conditions that simulate fire and evacuation procedures and routes shall be emergencies. Here, the director and posted in the facility. (c) Fire and disaster drills in a 24-hour facility the qualified professional will retrain all shall be held at least quarterly and shall be staff members on how to properly repeated for each shift. Drills shall be conducted document fire and disaster drills on a under conditions that simulate fire emergencies. quarterly basis. The training will (d) Each facility shall have basic first aid supplies include staff members demonstrating accessible for use. how both fire & disaster drills shall be completed and documented for all shifts. This mean a minimum of 6 drills This Rule is not met as evidenced by: per quarter for 3 shifts, of which 3 will Based on record review and interview, the facility be fire and 3 will be for disaster drills. failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift. To make fire & disaster drills easier to The findings are: track, the director and the qualified professional will create a new form Review on 10/1/18 of the facility's fire drill log and/or simplifying the existing form to from 10/14/17 - 9/3/18 revealed: No documentation a fire drill was held on 3rd minimize documentation errors. shift during the 2nd quarter (April - June) of 2018 No documentation a fire drill was held on 3rd Division of Health Service Regulation

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

rector

(X6) DATE

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_ R MHL041-837 B. WING 10/02/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4821 BISBEE DRIVE **BISBEE PLACE** GREENSBORO, NC 27407 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 114 Continued From page 1 V 114 shift during the 3rd quarter (July - September) of 2018 Review on 10/1/18 of the facility's disaster drill log from 10/10/17 - 8/2618 revealed: No documentation a disaster drill was held on 1st or 2nd shift during the 4th quarter (October -December) of 2017 No documentation a disaster drill was held on 3rd shift during the 3rd quarter (July - September) of 2018 There was documentation drills were held on 8/18/18 and on 8/26/18; however, based on the documentation, it was difficult to determine the exact time the drill was conducted, i.e., on 816/18, the time was either 2:20 am or 7:20 am and on 8/26/18, the time noted was 10 (no am or pm) was listed Interview on 10/1/18 with the Qualified Professional revealed: Fire and disaster drills were held at least weekly and on each shift She would begin reviewing the drill logs more closely to ensure the drills were held as required. Interview on 10/1/18 with the Executive Director revealed: During the week, staff worked the following shifts: 1st shift (7 am until 3 pm); 2nd shift (3 pm until 11 pm) and 3rd shift (11 pm until 7 am.) On the weekends, staff worked 12 hour shifts He felt certain staff were conducting the drills as required; however, based on their failure to properly document the times the drills were held. it made it difficult to determine if all the the shifts had been covered He would address the issue with his staff immediately and would ensure that fire and

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PRINTED: 10/03/2018 FORM APPROVED

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ R B. WING MHL041-837 10/02/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4821 BISBEE DRIVE BISBEE PLACE** GREENSBORO, NC 27407 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** TAG TAG DEFICIENCY) V 114 Continued From page 2 V 114 disaster drills were held as required and staff completed the drill logs correctly.

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