

DHSR - Mental Health

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ OCI 312018 B. WING _____ Lic. & Cert. Section	(X3) DATE SURVEY COMPLETED 10/19/2018
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NAME OF PROVIDER OR SUPPLIER GREENBRIAR-J	STREET ADDRESS, CITY, STATE, ZIP CODE 211 GREENBRIAR DRIVE JACKSONVILLE, NC 28540
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on October 19, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.</p>	V 000	<p>(#1) V114 Emergency Supplies Plans and Supplies</p> <p>Disaster Drills</p> <p>1. As evidenced from the review on 10/19/2018, it was determined that Greenbriar Residential did fail to hold disaster drills at least quarterly for each shift. After meeting with Manager of facility, the following steps have been implemented as of 10/20/3/2018:</p>	10/20/18 <i>Cw</i>
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 review and interview the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>During interview on 10/19/18 the Residential Manager stated the facility operated 3 shifts: 1st 7:00 am - 3:00 pm; 2nd 3:00 pm - 11:00 pm, and 3rd 11:00 pm - 7:00 am, with an additional staff person working 3:00 pm - 7:00 pm on Mondays.</p>	V 114	<p>Vice President did meet and explain to Program Manager on 10/20/2018 how the schedules are to be conducted quarterly for Drills. It was determined that the Manager did not have the correct grid to chart drills in a manner that all shifts are to follow.</p> <p>a. A scheduled calendar has been provided to follow; to ensure that all drills are held at least quarterly for each shift.</p> <p>b. The Program manager will review the safety drills monthly to ensure that drills are being conducted as scheduled. Program Manager will continue and follow up with discussing safety drills in monthly staff meetings.</p> <p>c. The QP will follow up with checking the safety manuals quarterly.</p> <p>First target date for all drills to be completed for the first quarter (October - December) and to be reviewed by Safety Committee in January 2019.</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Cecilia Miller Vice President @ 10/26/2018</i>	TITLE	(X6) DATE
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NAME OF PROVIDER OR SUPPLIER GREENBRIAR-J		STREET ADDRESS, CITY, STATE, ZIP CODE 211 GREENBRIAR DRIVE JACKSONVILLE, NC 28540		
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V 114	Continued From page 1 Review on 10/19/18 of the facility's fire and disaster drill documentation revealed: - No fire drill documented for the 1st or 3rd shifts for the third quarter (July - September) 2018. - No fire drill documented for the 3rd shift for the first quarter (January - March) 2018. -No fire drill documented for the 1st and 2nd shifts for the fourth quarter (October - December) 2017. - No disaster drill documented for the 3rd shift for the fourth quarter (October - December) 2017. During separate interviews on 10/19/18 clients #1, #2, and #3 stated fire and disaster drills were held at the facility. During interview on 10/19/18 the Residential Manager stated fire and disaster drills were scheduled monthly. During interview on 10/19/18 the Vice President stated she would ensure a new fire and disaster drill grid was provided to the facility to ensure drills were held as required.	V 114		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interviews the facility was not maintained in a safe manner. The	V 736		

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V 736	Continued From page 2 findings are: Observation on 10/19/18 between approximately 9:30 am and 12:00 pm a smoke detector was beeping at regular intervals. During a tour of the facility, it was determined the smoke detector in client #3's bedroom was not functioning properly. During interview on 10/19/18 the Residential Manager stated a contractor used a power saw inside the facility recently and the saw set the smoke detector off. She would try to reset the smoke detector. During interview on 10/19/18 the Vice President stated she would make sure new batteries were installed in the smoke detector.	V 736	(#2) V736 Facility and Ground maintenance Smoke detector Chirping CRS will ensure that Program Manager(s) follow the protocol of ensuring that all smoke detectors have a function detector without the chirping of a weak battery. The Vice President explained to Program Manager, when the detector chirps, it is not wiring it is the needed for a change in battery due to low voltage. Program Manager did replace the batter on 10/20/2018 and after replacement of the battery, there was not chirping to hear. Program Manager has been made aware of the needed to take actions when needed. Program Manager did understand the need to stay on top of this issue at all times and to make sure that batteries are in stock at all times. Program Manager will have on stock a pack of Voltage batteries in the event there is chirping from any smoke detector in the home. During Monthly checks, batteries will be checked and stocked at all times.	10/20/18 <i>ca</i>
V 784	27G .0304(d)(12) Therapeutic and Habilitative Areas 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (12) The area in which therapeutic and habilitative activities are routinely conducted shall be separate from sleeping area(s). This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure the areas in which therapeutic and habilitative services were routinely conducted	V 784		

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V 784	<p>Continued From page 3</p> <p>were separate from sleeping areas for 1 of 3 audited clients. The findings are:</p> <p>Observation of the facility at approximately 11:45 am revealed:</p> <ul style="list-style-type: none"> - Three bedrooms, one for each client residing in the facility. - Client #1's bedroom contained disassembled bedroom furniture. - The floor covering in client #1's bedroom had been removed, with the concrete slab exposed. - A sleeper sofa in the den area used by the clients for leisure activities. - Client #1's "special blanket," pillow, and some clothing items were stored neatly in the facility garage that was not used for automobile storage. <p>During interview on 10/19/18 client #1 stated that he slept on the sofa and was comfortable doing so; no one bothered him while he slept.</p> <p>During interview on 10/19/18 the Residential Manager stated there were issues with the house foundation and moisture had wicked through the concrete into the carpet in client #1's bedroom. A contractor had removed the carpet and the concrete left exposed to "dry out." Client #1 was temporarily sleeping on the pull-out sofa in the den until his bedroom flooring replaced. She spoke to the landlord that morning and the new flooring had been ordered, but she wasn't certain when it would be installed. The staff person who worked the overnight shift was awake.</p> <p>During interview on 10/19/18 the Vice President stated new flooring had been ordered for client #1's bedroom and would be installed as soon as it was delivered.</p>	V 784	<p>(#3) V784 Therapeutic and Habilitative Area</p> <p>Vice President met with Manager on 10/20/2018 and discussed the flooring in the consumers bedroom. Vice President informed at any time there is a need for a consumer to be out of their room for repairs, the office is to be informed. Vice President was aware of the issue with the floor with the moisture coming in from the past hurricane but was not aware that he was to be out of his room over-night. It was evident and clear that he was out of his room for 2 days. Vice President informed Program Manager to contact Landlord and informed them of the urgency of the floor being completed and not wait on them to call her. Program Manager was instructed to call on 10/20/2018. Program Manger informed Vice President the contacts were made and scheduled for Monday 10/22/2018. The Landlord did send the flooring company out on 10/22/2018 because the order had been received 3 days prior. The plan set and will be abided by the program manager, in the event there is a need for repair to cause the loss of personal space, Program Manager will contact office for hotel arrangements until the repair is completed. The consumer was placed back into his personal space on 10/22/2018. Program Manager make sure monthly residential checks are conducted and work orders are put in, in a timely manner for any needs and reported to office for assistance.</p>	<p>10/22/18 <i>(Signature)</i></p>