

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl-059036</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/25/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEBO SUPERVISED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2121 OLD HWY #10 EAST</b> <b>NEBO, NC 28761</b>
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(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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on October 25, 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		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></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 conduct fire and disaster drills quarterly on each shift and failed to ensure evacuation routes were posted. The findings are:</p> <p>Observation on 10/25/18 at 10:55am during the facility tour revealed that no evacuation routes were posted in the facility.</p> <p>Review on 10/25/18 of the fire and disaster drills</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 114	Continued From page 1  for the facility revealed: -No second shift fire drill for the first quarter of 2018. -No first shift disaster drill for the second quarter of 2018.  Interview on 10/25/18 with the owner revealed: -The facility had 2 shifts and staff should be aware of the time frames for all drills. -She would now implement a schedule for drills to ensure they were all completed. -She did not know that evacuation routes were required to be posted for view in the facility.	V 114		
V 291	27G .5603 Supervised Living - Operations  10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.	V 291		

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V 291	<p>Continued From page 2</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain a capacity of no more than six clients with mental illness or developmental disabilities. The findings are:</p> <p>Observation on 10/15/18 at 10:30am revealed 7 clients being served on that date. Additionally, 5 clients were also on site who were residents of the sister facility. Three staff were present.</p> <p>Review on 10/15/18 of the license for the facility revealed that on October 1, 2018 the facility capacity had been reduced from 9 to 6.</p> <p>Interview on 10/15/18 with the Owner revealed: -When the facility requested the reduction in capacity he had been told the process would take 2-3 weeks. He stated that it took one week. He stated that he was quickly trying to find alternative placements for their clients. They were unable to move all clients before the license changed. -One last client was moving on 10/16/18.</p> <p>Interview on 10/25/18 with the Owner #2 revealed: -They had combined clients of this facility with their sister facility at the location of the sister facility. -They had staffing issues at one time. She also</p>	V 291		

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V 291	Continued From page 3  stated that the sister location had more room and activities that they all could participate in. -They felt that the clients enjoyed being with the clients of the sister facility. -They had stopped combining the homes during the course of the survey. -They now had staff for each facility. -They were in the process of lowering the capacity to 4 for each facility.	V 291		