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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			3) DATE SURVEY COMPLETED		
		MHL026-462	B. WING		F 11/2	R 16/ 2018		
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
CHESTNUT HILLS GROUP HOME 709 EDGEHILL ROAD FAYETTEVILLE, NC 28314								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE		
V 000	V 000 INITIAL COMMENTS							
	on November 26, 2 This facility is licens category: 10A NCA	w up survey was completed 018. Deficiencies were cited. sed for the following service C 27G .5600C Supervised h Developmental Disabilities.						
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114					
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved be authority. (b) The plan shall be and evacuation pro posted in the facility (c) Fire and disaste shall be held at leas repeated for each se under conditions the	n for each facility and plan shall be developed and by the appropriate local e made available to all staff cedures and routes shall be of the developed and routes shall be of the developed at simulate fire emergencies. In the development of						
	interviews, the facili disaster drills were that simulated fire a quarterly during the are:	et as evidenced by: views, observations, and ity failed to ensure fire and conducted under conditions and disaster emergencies 3rd (night) shift. The findings						
	(QP) stated:	s for fire and disaster drills: 1st						

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		F	,
		MHL026-462	B. WING			6/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CHESTNUT HILLS GROUP HOME 709 EDGEHILL ROAD FAYETTEVILLE, NC 28314						
(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 SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 114	shift = 8 am - 4 pm 3rd shift = 12 am - 8 -Staff shifts varied a -There was only 1 s shift starting at 10 p Review on 11/20/18 disaster drills from -The 3rd shift fire d 11/24/17 at 8am, 2/ 10 pm, and 8/27/18 -The fire drill docum was only 3rd shift fi simulated a fire em staff was on duty de -Fire drills on the 3r 2/24/18, and 5/26/1 evacuation time of fire drill documente 10 minutes to evac -Disaster drills for the documented on 12/ 9/28/18. All disaster have been done at -There were no 3rd documented in 12 re disaster while only 3rd shift. Observations on 11 4:20 pm revealed: -Home was a split I bedrooms upstairs downstairs. The kin were located on the -The stairs were located on the	g 2nd shift = 4 pm - 12 am; and am. according to client needs. staff on duty at night on the 3rd om and ending at 8 am. 3 of the facility's fire and 10/1/17 - 9/30/18 revealed: rills were documented on 24/18 at 10:05 pm, 5/26/18 at at 10 pm. hented by Staff #8 on 8/27/18 re drill in 12 months that ergency to occur while only 1 uring the 3rd shift. d shift documented 11/24/17, 8 were done by 2 staff with an 2-4 minutes documented. The d on 8/27/18 by Staff #8 took uate all 5 clients. he night shift were (28/17, 3/28/18, 6/29/18, and er drills were documented to 10pm by 2 staff. shift disaster drills months that simulated a 1 staff was on duty during the /19/18 between 4:05 pm and evel floor plan with 2 client and 3 client bedrooms chen, living, and dining areas a ground level. cated near the center of the	V 114			

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ZOIW11 If continuation sheet 2 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(3) DATE SURVEY COMPLETED		
		MHL026-462	B. WING		F 11/2			
NAME OF F				·				
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 709 EDGEHILL ROAD							
CHESIN	UT HILLS GROUP HO	PAYETTE	VILLE, NC 2	28314				
(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 APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE		
V 114	Continued From pa	ge 2	V 114					
	floor (upstairs)Clients #1, #2, and #4 had bed rooms downstairs.							
	-Fire and disaster of shift designatedSometimes staff from assist the night staft-off-lift there were a fire when she was the destimate it to take hall of the clientsTypically they would because he require blind, and his room -Client #4 was diffic	emergency during the night only staff on duty she would her 8-10 minutes to evacuate d get client #5 up and out first d physical assistance, was						

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