

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-462	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/26/2018
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NAME OF PROVIDER OR SUPPLIER CHESTNUT HILLS GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 709 EDGEHILL ROAD FAYETTEVILLE, NC 28314
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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	INITIAL COMMENTS An annual and follow up survey was completed on November 26, 2018. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to ensure fire and disaster drills were conducted under conditions that simulated fire and disaster emergencies quarterly during the 3rd (night) shift. The findings are: Interview on 11/20/18 the Qualified Professional (QP) stated: -There were 3 shifts for fire and disaster drills: 1st	V 114		

DHSR - Mental Health
DEC 17 2018
Lic. & Cert. Section

See provider response for this Plan of Correction on Page 2.

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jessica Dugan</i>	TITLE <i>Senior Quality Assurance Coordinator</i>	(X6) DATE <i>12/14/18</i>
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STATE FORM 6899 ZOIW11 If continuation sheet 1 of 3

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V 114	<p>Continued From page 2</p> <p>floor (upstairs). -Clients #1, #2, and #4 had bed rooms downstairs.</p> <p>Telephone interview on 11/21/18 Staff #8 stated: -Fire and disaster drills were done monthly with a shift designated. -Sometimes staff from the evening shift would assist the night staff to hold the drills. -If there were a fire emergency during the night when she was the only staff on duty she would estimate it to take her 8-10 minutes to evacuate all of the clients. -Typically they would get client #5 up and out first because he required physical assistance, was blind, and his room was upstairs. -Client #4 was difficult to arouse if asleep. -The gate at the top of the stairs was for client #5's safety.</p>	V 114		

Fire Drills 2019

1/03/19 @ 8:00am	exit the front door
2/13/19 @ 4:30pm	exit the backdoor
3/13/19 @ 1:00am	exit the downstairs door
4/11/19 @ 9:00am	exit the downstairs door
5/17/19 @ 5:00pm	exit the backdoor
6/11/19 @ 4:00am	exit the front door
7/11/19 @ 8:00am	exit the front door
8/01/19 @ 8:00pm	exit the backdoor
9/13/19 @ 2:00am	exit the downstairs door
10/05/19 @ 10:00am	exit the downstairs door
11/06/19 @ 10:00pm	exit the backdoor
12/10/19 @ 3:00am	exit the front door

Weather/Disaster Drills 2019

1/25/19 @ 8am
2/26/19 @ 7pm
3/27/19 @ 12:30am

4/24/19 @ 9am
5/30/19 @ 6pm
6/27/19 @ 1am

7/23/19 @ 8:30am
8/20/19 @ 7pm
9/27/19 @ 2am

10/26/19 @ 11am
11/16/19 @ 8pm
12/18/19 @ 3am



2019 Chestnut Hills Fire & Disaster Drill Log

(Attach plan here, copy of evacuation/safety plan, routes, safe area and crisis plan)

Date (mm/dd/yr)	Drill F=Fire D=Disaster	Shift	Start Time	End Time	Total Evacuation Time	Staff Present	Participants Present	Comments (Fire Drill – please specify the exit route)