

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL044-035</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>01/14/2019</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HAYWOOD COUNTY GROUP HOME #2</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>226 SOLITARY MEADOW CIRCLE<br/>WAYNESVILLE, NC 28786</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>INITIAL COMMENTS</p> <p>An annual survey was completed on 1/14/19. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Individuals of all Disability Groups/Intellectual Development Disability.</p>  | V 000         |   |                    |
| 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:<br/>Based on record review and interview the facility failed to conduct fire and disaster drills quarterly on each shift. The findings are:</p> <p>Review on 1/14/19 of the facility disaster and fire drills revealed:<br/>-No documentation of a second shift fire or disaster drill for the 4th quarter 10/2018-12/2018.</p> | V 114         |   |                    |

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| Division of Health Service Regulation<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| V 114              | <p>Continued From page 1</p> <p>Interview on 1/14/19 with Client #1 revealed:<br/>-The facility conducted drills.</p> <p>Interview on 1/14/19 with the Program Coordinator revealed:<br/>-The facility had 2 shifts.<br/>-She did not realize the second shift drills for the 4th quarter were not completed.<br/>-The facility lost 2 staff during the month of December 2018 and the drills were missed.</p> <p>Interview on 1/14/19 with the Qualified Professional revealed:<br/>-She was not aware the second shift drills were missed for the last quarter of 2018.</p> | V 114         |   |                    |