

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL044-035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/14/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HAYWOOD COUNTY GROUP HOME #2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>226 SOLITARY MEADOW CIRCLE 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	INITIAL COMMENTS  An annual survey was completed on 1/14/19. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Individuals of all Disability Groups/Intellectual Development Disability.	V 000	<ul style="list-style-type: none"> <li>All staff in the home will be provided with an In-Service Training to review the requirements for completing fire and disaster drills on a quarterly basis, for each shift. Training will review which forms to use to complete the drill, and how to fill out the form. Group Home Coordinators are responsible for scheduling staff to complete drills during each shift and providing oversight that drills have been completed.</li> </ul> <p style="text-align: center; color: blue; font-weight: bold;">DHSR - Mental Health</p> <p style="text-align: center; color: red; font-weight: bold;">FEB 01 2019</p> <p style="text-align: center; color: blue; font-weight: bold;">Lic. &amp; Cert. Section</p>	1.16.19 & 1.22.19
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 review and interview the facility failed to conduct fire and disaster drills quarterly on each shift. The findings are:  Review on 1/14/19 of the facility disaster and fire drills revealed: -No documentation of a second shift fire or disaster drill for the 4th quarter 10/2018-12/2018.	V 114		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Katherine Hayes*

TITLE

*Director of Services*

(X6) DATE

*1-28-19*

Division of Health Service Regulation

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V 114	<p>Continued From page 1</p> <p>Interveiw on 1/14/19 with Client #1 revealed: -The facility conducted drills.</p> <p>Interview on 1/14/19 with the Program Coordinator revealed: -The facility had 2 shifts. -She did not realize the second shift drills for the 4th quarter were not completed. -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: -She was not aware the second shift drills were missed for the last quarter of 2018.</p>	V 114		



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

January 18, 2019

Steve Brown, Executive Director
The ARC of Haywood County, Inc.
407 Welch Street
Waynesville, NC 28786

DHSR - Mental Health

JAN 01 2019

Lic. & Cert. Section

Re: Annual Survey completed 1/14/19
Haywood County Group Home #2, 226 Solitary Meadow Circle, Waynesville, NC 28786
MHL # 044-035
E-mail Address: sbrown@arcofhaywood.org; khiggs@arcofhaywood.org

Dear Mr. Brown:

Thank you for the cooperation and courtesy extended during the annual survey completed 1/14/19.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiency must be corrected within 60 days from the exit of the survey, which is 3/15/19.

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
Indicate what measures will be put in place to prevent the problem from occurring again.
Indicate who will monitor the situation to ensure it will not occur again.
Indicate how often the monitoring will take place.
Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

January 19, 2019  
Steve Brown, Executive Director  
The ARC of Haywood County, Inc.

NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Robin Sulfridge, Branch Manager at 336-861-7342.

Sincerely,

*Sherry Waters*

Sherry Waters  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: Brian Ingraham, Director, Vaya Health, LME/MCO  
Patty Wilson, Quality Management Director, Vaya Health, LME/MCO  
File