

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/14/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G344	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/12/2019
NAME OF PROVIDER OR SUPPLIER NEW STOCK ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 122 WOODLAND HILLS ROAD ASHEVILLE, NC 28804		
(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) COMPLETION DATE	
W 000	INITIAL COMMENTS	W 000			
W 440	<p>Complaint Intake #NC146807</p> <p>EVACUATION DRILLS CFR(s): 483.470(i)(1)</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>This STANDARD is not met as evidenced by: Based on review of records and interview, the facility failed to show evidence quarterly fire drills were conducted with the scheduled number of personnel relative to third shift. The finding is:</p> <p>Review of the facility fire drill reports from 2/18 through 1/19 revealed four 3rd shift fire drills were conducted as follows: 3/30/18 at 5:45 AM with 2 staff assisting; 6/19/18 at 11:07 PM with 3 staff assisting; 9/1/18 at 2:33 AM with 2 staff assisting and 12/4/18 at 11:05 PM with 2 staff assisting.</p> <p>Interview with direct care staff on 2/11/18 revealed that a client was discharged from the group home during May 2018. Since May 2018, the client census had remained at five clients. The staff person also indicated that since May 2018 the 3rd shift personnel had been reduced from 2 staff to 1 staff. Interview with a 3rd shift staff person on 2/12/19 revealed she had been involved with 3rd shift fire drills since May 2018. She indicated that she has never completed a fire drill alone and stated that at least one additional staff member comes to the home to assist with the drill. The staff person indicated that the staff who come in to assist, will help with evacuating clients and with assuring clients remain outside until the drill is completed.</p>	W 440			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 440	Continued From page 1 Interview with the facility clinical director on 2/12/19 confirmed that 3rd shift staffing was reduced to 1 staff person in May 2018. The facility clinical director further confirmed the facility should have been conducting 3rd shift fire drills with one staff person, and not two or three. Therefore, the facility failed to assure quarterly fire drills were conducted for 3rd shift with the scheduled number of personnel for 3 of 4 quarters.	W 440			