

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL051-216</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/18/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RBC HEALTH CARE SOLUTIONS, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1335 LASSISTER ROAD FOUR OAKS, NC 27524</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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 2/18/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></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: Based on record reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies. The findings are:</p> <p>Review on 2/15/19 of the facility's fire drill log revealed the following: -6/22/18-3rd shift -1/8/18-1st shift -There were no fire drills conducted during the</p>	V 114		

Division of Health Service Regulation  
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>3rd and 4th quarter of 2018.</p> <p>Review on 2/15/19 of the facility's disaster drill log revealed the following: -There was no documentation staff conducted any disaster drills in 2018.</p> <p>Interview with client #1 on 2/15/19 revealed: -She was admitted to the home in November 2018. -Staff had not conducted any fire and disaster drills with them.</p> <p>Interview with client #2 on 2/15/19 revealed: -She was not sure if staff had conducted any fire and disaster drills with them.</p> <p>Interview with client #3 on 2/15/19 revealed: -Staff had conducted fire and disaster drills with them in the past. -She thought staff had not conducted a drill in over a year.</p> <p>Interview with the Support Staff on 2/15/19 and 2/18/19 revealed: -They did not work three separate shifts in the home. -Staff #1 would sometimes work one continuous shift. -The Operations Manager would also work several hours in the home. -He thought staff conducted several drills in 2018. -He talked to the Operations Manager about the documented drills. -He could not find the remaining documented fire and disaster drills for 2018. -He confirmed staff failed to conduct fire and disaster drills under conditions that simulate emergencies.</p>	V 114		