

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-173	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/06/2019
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NAME OF PROVIDER OR SUPPLIER SAVIN GRACE II	STREET ADDRESS, CITY, STATE, ZIP CODE 562 OLD DAM ROAD SELMA, NC 27576
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, follow-up and complaint survey was completed on February 6, 2019. Part of the complaint was substantiated (intake #NC00147729). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">FEB 22 2019</p> <p style="text-align: center;">Lic. & Cert. Section</p>	
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: Based on record review and interview the facility failed to conduct disaster drills on every shift at least quarterly. The findings are:</p> <p>Review on 2/6/19 of the facility's disaster drills record revealed: -1/27/19- 1st shift.</p>	V 114		

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

[Handwritten Signature]

TITLE

[Handwritten Title]

(X6) DATE

Division of Health Service Regulation

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V 114	<p>Continued From page 1</p> <p>-12/5/18- 3rd shift. -11/10/18- 1st shift. -10/8/18- 1st shift. -9/24/18- 3rd shift. -9/20/18- 3rd shift. -8/30/18- 2nd shift. -8/8/18- 2nd shift. -7/28/18- 1st shift. -6/24/18- 2nd shift. -5/11/18- 2nd shift. -5/8/18- 1st shift. -5/6/18- 2nd shift. -5/5/18- 1st shift. -4/23/18- 2nd shift. -4/21/18- 1st shift. -4/18/18- 2nd shift. -4/2/18- 2nd shift. -3/22/18- 2nd shift.</p> <p>-For the second quarter of 2018, there were no disaster drills for 3rd shift. -For the fourth quarter of 2018, there were no disaster drills for 2nd shift.</p> <p>Interview on 2/6/19 with the CEO revealed: -Fire and disaster drills had been done at the house, but she thought staff in charge had completed them for each shift. -She confirmed disaster drills had not been performed on every shift at least quarterly.</p>	V 114		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p>	V 736	<p>Savin Grace, CEO implemented and agency wide policy that fire and disaster drills will be completed as required 3 per shift per quarter. The CEO will review the fire and disaster logs on a monthly basis to ensure that all fire and disaster drills have been completed and fire and disaster drills form is completed and filed in the fire/disaster log book.</p>	

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V 736	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 2/6/19 at about 10:25 a.m. of bedroom located in the middle of the hall of the house revealed: -Dresser's top drawer was broken. -Dresser's middle drawer was broken. -Night table had broken drawers.</p> <p>Observation on 2/6/19 of bedroom located adjacent to the living area revealed: -Two night tables with broken drawers. -Closet doors were missing pull handles and were not able to stay placed in their rails.</p> <p>Observation on 2/6/19 of the living area revealed: -recliner sofa was broken and unable to be placed back to non-reclining position.</p> <p>Interview on 2/6/19 with the CEO revealed: -She was unaware drawers from resident's rooms were broken. -She was unaware recliner sofa was not working properly. -Agency will obtain new dressers and night tables. -She would try to find a way to close the recliner to it's non-reclining position. -Treadmill at the front of the house was functional and being kept there so that residents could use it on days that were not favorable for walking due to weather. -She confirmed the facility failed to ensure facility</p>	V 736		

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V 736	Continued From page 3 grounds were maintained in a safe, clean, attractive and orderly manner. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736	Savin Grace CEO, completed an inhouse inspection of all facility equipment to include dresser drawers, pull handles, sofa and night tables as well as treadmill. Dresser draws that were in repair condition was repaired and those weren't able to be repaired was replaced with new dressers. The treadmill is in good working condition and for the use of our clients within the facility . Night tables as well as dressers have been replaced and or repaired to ensure the requirement is met. Please see photos attached.	





NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

February 11, 2019

Ms. Jacqueline Mitchell Bell
Savin Grace LLC
3400 Duveneck Drive
Raleigh, NC 27616

Re: Annual, Follow-up & Complaint Survey completed February 6, 2019
Savin Grace II, 562 Old Dam Road, Selma, NC 27576
MHL # 051-173
E-mail Address: s.grace4u@yahoo.com
Jacqui1718@yahoo.com
Intake #NC00147799

Dear Ms. Bell:

Thank you for the cooperation and courtesy extended during the Annual, Follow-up & Complaint survey completed February 6, 2019. Part of the complaint was substantiated.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

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 other tags cited are standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is March 8, 2019.
- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is April 7, 2019.

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.

MENTAL HEALTH LICENSURE & 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

February 11, 2019
Ms. Jacqueline Mitchell Bell
Savin Grace LLC

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 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 Bryson Brown, Team Leader at 919-855-3822.

Sincerely,



Edgar Garrido, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
File

Savin Grace, LLC
562 Old Dam Road
Selma, NC 27576
(919) 351-0465

February 22, 2019

NC Department of Health and Human Services
RE: Annual Follow-up & Complaint Survey Completed February 6, 2019
Savin Grace, LLC MHL- #051-173

As a result to the follow up survey completed on February 6, 2019, it was determined that some deficiencies were found. Savin Grace has taken the necessary steps to correct all deficiencies. Please see photos attached as well as explanation.

Thank you


Jacqueline Mitchell- Bell

DHSR - Mental Health

FEB 22 2019

Lic. & Cert. Section