

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL045-128</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/07/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SILVER RIDGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>183 OLD TURNPIKE ROAD, BUILDING A MILLS RIVER, NC 28759</b>		
(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 and follow-up was completed on 2/7/19. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Individuals of all Disability Groups/ Substance Abuse.	V 000	<b>DHSR - Mental Health</b>  <b>FEB 25 2019</b>	
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 2/7/19 of the fire and disaster drills for April 2018 through December 2018 revealed: -No documentation of a 3rd shift fire drill in the second quarter -No documentation of a 2nd shift fire drill in the	V 114	<b>Lic. &amp; Cert. Section</b>  A new plan and paper work have been put in place for Fire and Disaster drills. This plan will be monitored monthly by Regional Maintenance and Silver Ridge staff to ensure that all Drills are conducted on all shifts (1st, 2nd and 3rd ) quarterly, meeting state requirements. Client participation will also be a focus area as these drills are conducted. Fire and Disaster plans are in place for all staff to review so drills are conducted properly. These books have been approved by local authorities.	

Division of Health Service Regulation

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

*[Signature]*

TITLE

*Executive Director*

(X6) DATE

*2/11/19*

STATE FORM

5892

QBXF11

If continuation sheet 1 of 2

Division of Health Service Regulation

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V 114	<p>Continued From page 1</p> <p>fourth quarter</p> <p>-No documentation of 1st, 2nd, or 3rd shift disaster drills for any of the quarters.</p> <p>Interview on 2/7/19 with the Director of Maintenance revealed:</p> <p>-The facility had 3 shifts</p> <p>-He was not aware disaster drills were required as well and should be rotated on each shift</p> <p>-Paper drills had been performed as part of their corporate compliance</p> <p>-He would ensure both fire and disaster drills were completed with a rotation of each shift and with client participation.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL045-128	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/7/2019
NAME OF FACILITY SILVER RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 183 OLD TURNPIKE ROAD, BUILDING A MILLS RIVER, NC 28759	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0118	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 27G.0209 (C)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	02/07/2019	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Sally Thayer, MSW</i>	DATE 2/7/19
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON  
1/11/2018

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

☐ YES ☐ NO



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

February 13, 2019

Jessie Alexander, Program Director  
Twelve Oaks, LLC  
183 Old Turnpike Road  
Mills River, NC 28759

Re: Annual and Follow-up Survey completed February 7, 2019  
Silver Ridge, 183 Old Turnpike Road, Building A, Mills River, NC 28759  
MHL #045-128  
E-mail Address: [jalexander@pyramidhc.com](mailto:jalexander@pyramidhc.com)

Dear Ms. Alexander:

Thank you for the cooperation and courtesy extended during the annual and follow-up survey completed February 7, 2019.

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**

- Re-cited 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 9, 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.

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.

**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](http://www.ncdhhs.gov/dhsr) • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

February 13, 2019

Twelve Oaks, LLC

Jessie Alexander, Program Director

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 Ms. Robin Sulfridge, Branch Manager, at 336-861-7342.

Sincerely,

A handwritten signature in cursive script that reads "Sally Thayer, MSW". The signature is written in black ink and is positioned above the typed name and title.

Sally Thayer, MSW

Facility Compliance Consultant I

Mental Health Licensure & Certification Section

Cc: file