Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: B. WING MHL018026 01/30/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 722 EIGHTH AVENUE S.W. CATAWBA COUNTY GROUP HOME #4 CONOVER, NC 28613 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on 1/30/19. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Intellectual and Developmental Disabilities. V 114 27G .0207 Emergency Plans and Supplies V 114 10A NCAC 27G .0207 EMERGENCY PLANS DHSR - Mental Health AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and FEB 2 2 2019 shall be approved by the appropriate local authority. Lic. & Cert. Section (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 interviews, the facility failed to hold fire and disaster drills on each shift at least quarterly. The findings are: Review on 1/30/19 of fire and disaster drills from January 2018-December 2018 revealed: -No documentation of fire drill having been conducted during: -- 2nd shift from October 2018 through December Division of Health Service Regulation

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

STATE FORM

200 Services Director

TITLE

(X6) DATE

If continuation sheet 1 of 2

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ B. WING_ MHL018026 01/30/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 722 EIGHTH AVENUE S.W. CATAWBA COUNTY GROUP HOME #4 CONOVER, NC 28613 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 114 Continued From page 1 V 114 2018 -No documentation of disaster drill having been conducted on: --1st or 2nd shift from January 2018 through March 2018. --3rd shift from April 2018 through June 2018 nor October 2018 through December 2018. Interview on 1/30/19 with the Group Home Manager revealed: -He had only been group home manager a few months. The facility had been without a manager for a while before he started so many things had piled up. -He was not aware of the rule requirements for fire and disaster drills. -He and the other group manager would create a master schedule so drills aren't forgotten.

Division of Health Service Regulation

Catawba Valley Behavioral Healthcare Residential Services

Fire and Emergency Preparedness Drill (Double Drill)

Group Home Name:

Year: 2019

Month/Week of	Type Of Drill	Date	Time AM/PM	#Staff	#Clients	Comments/Kind of drill evacuation, sit down decision, demonstration, acting out
January – week of 6 th	1st shift -fire					
7am-5pm						
January- week of 6th	1 st shift- utility loss	1				
7am-5pm				***************************************		
February – week of 3 rd	2 nd shift fire					
5pm-11pm						
			•			
February- week of 3 rd	2 nd shift utility loss			,		
5pm-11pm			A CONTRACTOR OF THE PARTY OF TH			
March – week of 3 rd	3 rd shift fire					
11pm-7am -	2	4/4				
March- week of 3 rd	3 rd shift utility loss					
11pm-7am					6)	
April – week of 7 th	1 st shift fire					
7am-5pm						8
April – week of 7 th	1 st shift Tornado					
7am-5pm				136		
May- week of 5 th	2 nd shift Fire					
5pm-11PM	5					

Month/Week	Type of Drill	Date	Time Am/PM	#staff	#clients	Comments/Kind of drill evacuation, sit down decision, demonstration, acting and
May- week of 5 th	3 rd shift Tornado					of many and a second a second and a second a
5pm-11PM						
June - week of 2 nd	3rd shift fire					
11pm-7am						
June- week of 2 nd	3 rd shift Tornado					
11pm-7am						
June- week of 16 th	1 st shift Bomb Threat					
7am-5pm						
July – week of 7th	1 st shift Fire					
7am-5pm				***		
July- week of 7 th	1 st shift Medical Emergency					
7am-5pm						
July- week of the 14 th	2 nd shift Bomb Threat					
5pm-11pm						
August- week of the 4 th	2 nd shift Fire					
5pm-11pm						
August- week of the 4 th	2 nd shift Medical Emergency					
5pm-11pm			***************************************			
August- week of the 18 th	3 rd shift Bomb Threat					
11pm-7am		-				

	11pm-7am	December-Week of the 1 st	11pm-7am	December- week of the 1 st	5pm-11pm	November- week of the 3 rd	5pm-11pm	November-week of the 3 rd	7am-5pm	October – week of the 6 th	7am-5pm	October- week of the 6 th	11pm-7am	September- week of the 1 st	11pm-7am	September-week of the 1 st	Month/Week
		3 rd shift Work Place Violence		3 rd shift Fire		2 nd shift Work Place Violence		2 nd shift Fire		1 st shift Work Place Violence		1 st shift Fire		3 rd Medical Emergency		3 rd shift Fire	Type of Drill
	and the second second																Date
***************************************											A. W. A. C.						Time Am/PM
									•								#staff
																	#clients
																	Comments/Kind of drill evacuation, sit down decision, demonstration, acting out

*Shift 1st Shift 7:00am-5:00pm 2nd Shift 5:00pm-11:00pm 3nd shift 11:00pm-7:00am



February 19, 2019

Dear Ms. Samford,

Please consider the plans of correction for the following deficiency:

• Deficiency #1 - 10A NCAC 27G .0205 Emergency Plans and Supplies

Deficiency #1 - 10A NCAC 27G .0205 Emergency Plans and Supplies

Review of drills from January 2018 - December 2018 revealed:

No documentation of fire drill having been conducted during - 2nd shift from October 2018 through December 2018.

No documentation of disaster drill having been conducted during - 1st and 2nd shift from January 2018 through March 2018.

No documentation of disaster drill having been conducted during - 3rd shift from October 2018 through December 2018.

The following correction has been implemented:

Starting February 2019 a new grid sheet has been developed and implemented to track all fire drills and disaster drills in each IDD Group Home. A copy of the new grid sheet has been included.

House Managers in-serviced all staff on the new grid sheet that clearly shows each shift and hours of each shift.

Group Home Manager and Program Director will monitor monthly drill sheets. Monitoring will take place monthly.

Respectively Submitted,

Kandí L. Dubuque

Catawba Valley Behavioral Healthcare

IDD Services Director

kdubuque@cvbh.org

828-695-2155

828-695-2155 (fax)

828-465-6130

828-465-0053 (fax)