

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-908	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/05/2019
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NAME OF PROVIDER OR SUPPLIER PINEY GROVE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4016 PINEY GROVE CHARLOTTE, NC 28212
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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>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 305019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults Whose Primary Diagnosis is a Developmental Disability.</p>	V 000		
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 interviews the facility failed to ensure that fire and disaster drills were run quarterly on each shift. The findings are:</p> <p>Interview on 3-5-19 with the director revealed: -The facility had three shifts. -1st shift was 6 am-9 am, 2nd shift was 2 pm-11 or 12 pm, and third shift was 11pm-7 or 8 am.</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>Review on 3-5-19 of fire drills revealed: -Fire drill report had the shifts listed as: 1st was 6 am-2 pm, 2nd was 2 pm-11 pm, 3rd was 11 pm -6 am No 3rd shift drill the third of 2018-2019 -No 1st or 3rd shift drill the fourth quarter of 2018-2019</p> <p>Review on 3-5-19 of disaster drill revealed: -Disaster drill report had the shifts listed as 1st shift was 9 am-3 pm, 2nd shift was 3 pm-9 pm, and third was 9 pm-9 am -No 1st or third shift drill the fourth quarter of 2018-2019.</p> <p>Interview on 3-5-19 with the Qualified professional revealed: -They knew that one drill was missing. -She could see that some of the others were conducted on the wrong shift. -She would make sure to correct the problem</p> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 114		