

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL075-022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/05/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PENIEL #2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2960 PENIEL ROAD TRYON, NC 28782</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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 3/5/19. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Intellectual and Developmental Disabilities.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></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 hold disaster drills on each shift at least quarterly. The findings are:</p> <p>Review on 3/4/19 of fire and disaster drills from January 2019-February 2018 revealed: -Documentation of disaster drill were conducted on 2nd shift for November 2018, 2nd shift for December 2018 and 2nd shift for January 2019.</p>	V 114	<p>DHSR - Mental Health</p> <p>MAR 25 2019</p> <p>Lic. &amp; Cert. Section</p>	

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

*[Handwritten Signature]*

TITLE

*[Handwritten Title: BSQP]*

(X6) DATE

*[Handwritten Date: 3/12/19]*

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER  
**PENIEL #2**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**2960 PENIEL ROAD  
TRYON, NC 28782**

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V 114

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No 1st or 3rd shift drill was conducted during that quarter.

Interview on 3/4/19 with the Qualified Professional revealed:

- They have a master schedule for fire and disaster drills to which the house manager or lead staff refer to. They were to write the date and shift that the drills were to be conducted.
- The shift staff were supposed to follow the date and shift as noted on the fire drill form.
- Some of the disaster drills were not conducted according to the schedule.

V 114

V114  
Peniel Two lead staff will maintain and follow the Fire and Disaster Drills schedule.  
She will assign Fire + Disaster Drills according to the schedule.  
Once complete, the lead staff will verify that both drills were conducted as scheduled by placing drill forms in the Emergency Safety Policies/Drills Book.  
The Supervisors PP will review drills at least quarterly & ensure schedule is followed.  
-Coral W. Z. B. S. P.