

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/11/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PITT COUNTY GROUP HOME #5	STREET ADDRESS, CITY, STATE, ZIP CODE 2240 EDGEWATER DRIVE WINTERVILLE, NC 28590
--	--

(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 April 11, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.</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 reviews and interviews the facility failed to ensure fire and disaster drills were conducted under conditions that simulated emergencies. The findings are:</p> <p>Review on 4/10/19 and 4/11/19 of facility fire and disaster drill records for May 2018 - March 2019 revealed: - 12 of 12 documented fire drills were held between 7:30 am and 6:45 pm.</p>	V 114		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/11/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PITT COUNTY GROUP HOME #5	STREET ADDRESS, CITY, STATE, ZIP CODE 2240 EDGEWATER DRIVE WINTERVILLE, NC 28590
--	--

(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 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> - 10 of 12 documented tornado drills were held between 7:25 am and 8:15 pm; times on 2 of 12 tornado drills were documented with no notation of morning or evening (12/15/18 3:52, and 6/24/18 7:35). - No fire or tornado drills were documented as held during overnight or sleep hours. <p>During interview on 4/10/19 the Lead Teacher/Parent stated:</p> <ul style="list-style-type: none"> - The facility operated on a 5 days on/5 days off schedule, staff were at the facility 3:00 pm - 8:30 am. - Staff usually went to their room between 10:30 pm and 11:00 pm, but were available to respond should there be a need. <p>During interview on 4/10/19 client #2 stated:</p> <ul style="list-style-type: none"> - Fire and tornado drills were held at the facility. - Clients went outside for fire drills and to the bathroom for tornado drills. - Drills were not held during overnight/sleeping hours. <p>During interview on 4/11/19 staff #1 stated:</p> <ul style="list-style-type: none"> - Fire and tornado drills were held monthly. - He tried to do drills on all shifts "because a fire can break out at any time." <p>During interview on 4/11/19 staff #3 stated:</p> <ul style="list-style-type: none"> - She usually worked 12:00 pm - 8:00 pm. - She had conducted one drill since she began working at the facility; the overnight staff usually held the drills. - Fire and tornado drills were done monthly. <p>During interviews on 4/10/19 and 4/11/19 the Executive Director/Qualified Professional stated she understood the requirement for drills to be completed under conditions that simulate</p>	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/11/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PITT COUNTY GROUP HOME #5	STREET ADDRESS, CITY, STATE, ZIP CODE 2240 EDGEWATER DRIVE WINTERVILLE, NC 28590
--	--

(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 114	Continued From page 2 emergencies, including at different times of the day, including during sleep hours.	V 114		