


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-103</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/12/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIVERVIEW GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>421 RIVERVIEW DRIVE ASHEVILLE, NC 28806</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 was completed on 4/12/19. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Individuals with Mental Illness.	V 000		6-11-19
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 interviews, the facility failed to hold disaster drills on each shift at least quarterly. The findings are:  Review on 4/11/19 of fire and disaster drills from May 2018-April 2019 revealed: -No documentation of disaster drills conducted on 1st or 3rd shifts for September-November 2018.  Interview on 4/11/19 with the Administrator	V 114		

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

TITLE

(X6) DATE

STATE FORM

6899

EXEG11

If continuation sheet 1 of 2

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V 114	Continued From page 1  revealed: -They have a master schedule for fire and disaster drills to which the house manager or lead staff refer. The house manager went out on medical leave about that time. -Some of the disaster drills were not conducted according to the schedule.	V 114		



April 24, 2019

Cathy Samford  
Facility Compliance Consultant  
Mental Health Licensure & Certification Section  
NC Division of Health Service Regulation

Dear Cathy,

Please find the enclosed Plan of Correction for the Riverview Group Home with RHA Health Services.

If you have any questions feel free to contact me at [john.carithers@rhanet.org](mailto:john.carithers@rhanet.org) or call me at 828-817-9565.

As always, thank you for your help,

A handwritten signature in black ink that reads "John Carithers". The signature is written in a cursive, flowing style.

John Carithers, MS/QP  
Administrator

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Hendersonville/Fletcher Office  
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Fletcher, NC 28732