

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-167</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/10/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FARM SCHOOL ROAD HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>23 OLD FARM SCHOOL ROAD ASHEVILLE, NC 28805</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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on April 10, 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><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></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 complete fire and disaster drills quarterly on each shift. The findings are:</p> <p>Review on 4/2/19 of fire and disaster drill documentation for April 2018 through March 2019 revealed: -No fire or disaster drills were conducted on 3rd shift for the third quarter of 2018 (July 2018-September 2018).</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>-No disaster drill was conducted on third shift for the fourth quarter of 2018 (October 2018-December 2018).</p> <p>Interview on 4/2/19 with the Assistant Qualified Professional/Team Coordinator:</p> <ul style="list-style-type: none"> <li>-The facility had two 12 hour shifts, 7:00AM-7:00PM and 7:00PM-7:00AM.</li> <li>-She was responsible for oversight of all fire and disaster drills.</li> <li>-When she reviewed the drills she had looked at whether drills were done in the AM or PM, not necessarily at the specific time of day.</li> <li>-She had not identified the drills that had been missed.</li> </ul>	V 114		