

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-169	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2019
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NAME OF PROVIDER OR SUPPLIER REYNOLDS COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2 COMPTON DRIVE ASHEVILLE, NC 28806
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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 5/9/19. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</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 hold fire and disaster drills on each shift at least quarterly. The findings are:</p> <p>Review on 5/9/19 of fire and disaster drills from April 2018- March 2019 revealed: -No documentation of fire drills having been conducted during: --2nd or 3rd shifts from April 2018 through June</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>2018.</p> <p>--1st, 2nd or 3rd shifts from July 2018 through September 2018.</p> <p>-No documentation of disaster drill having been conducted on:</p> <p>--3rd shift from April 2018 through June 2018.</p> <p>--1st, 2nd or 3rd shifts from July 2018 through September 2018.</p> <p>Interview on 5/9/19 with the Cottage Supervisor revealed:</p> <p>-Disaster drills were conducted campus wide by the maintenance department but each cottage was responsible for recording it in their log books.</p> <p>-They transitioned their fire drill books and documentation in August or September last year and that quarter's documentation must have been misplaced.</p> <p>-Each cottage now had a Cottage Supervisor who was responsible for making sure fire drills were completed and documented.</p>	V 114		