

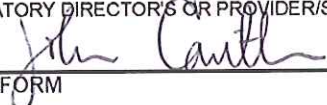
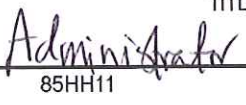
Division of Health Service Regulation

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-067 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 03/13/2019 |
|--|---|---|---|

| | |
|--|---|
| NAME OF PROVIDER OR SUPPLIER HILLPARK GROUP HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 175 ELSON AVENUE HENDERSONVILLE, NC 28739 |
|--|---|

| (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 3/13/19. 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 | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>RECEIVED</p> <p><small>By DHSR - Mental Health Lic. & Cert. Section at 9:44 am, May 21, 2019</small></p> </div> | |
| 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 3/13/19 of fire and disaster drills from March 2018-February 2019 revealed: -No documentation of fire drill having been conducted during: --1st shift from September 2018 through</p> | V 114 | <p>The Administrator will in-service all Home Managers on the Fire Drill Schedules and holding Fire and Disaster Drills on each shift quarterly. The Administrator and Safety Chairperson will monitor on a monthly basis to ensure Fire /Disaster Drills are completed per the Fire Drill Schedule. In the future the Administrator will ensure Fire and Disaster Drills are completed at least quarterly for each shift.</p> | 04/11/2019 |

| | | |
|--|--|-----------|
| Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|  |  | 5/20/19 |

Division of Health Service Regulation

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-067 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 03/13/2019 |
|--|--|---|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER HILLPARK GROUP HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 175 ELSON AVENUE HENDERSONVILLE, NC 28739 |
|---|---|

| (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> <p>November 2018. -No documentation of disaster drill having been conducted during: --1st shift from September 2018 through November 2018. --1st shift from December 2018 through February 2019.</p> <p>Interview on 3/13/19 with the House Manager revealed: -They had a master schedule for fire and disaster drills to which the house managers refer. She would remind staff usually the first week of each month that the drills were to be conducted and on what shift. -The administrator also sent reminder emails not to forget to run drills. -The 1st shift staff believed they had conducted the drills in October 2018 and January 2019 but those drill sheets could not be located.</p> <p>This deficiency constitutes a recite deficiency and must be corrected within 30 days.</p> | V 114 | | |