

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601257	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/22/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HINDS' FEET FARM-PUDDIN'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 14645 BLACK FARMS ROAD HUNTERSVILLE, NC 28078
--	---

(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 5-22-19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults Whose Primary Diagnosis is a Developmental Disability.</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 interview the facility failed to ensure that fire and disaster drill were conducted at least quarterly on each shift. The findings are:</p> <p>Review on 5-22-19 of fire drills for 12 months revealed: -The facility ran two shifts. -No documentation of fire drills having been</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: MHL0601257	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/22/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HINDS' FEET FARM-PUDDIN'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 14645 BLACK FARMS ROAD HUNTERSVILLE, NC 28078
--	---

(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>done for the 2nd and 3rd quarter of 2018.</p> <p>No documentation of a second shift fire drill for the 4th quarter of 2018.</p> <p>Review on 5-22-19 of disaster drills for the past 12 months revealed:</p> <ul style="list-style-type: none"> -No documentation of disaster drill being completed for the 2nd and 3rd quarter of 2018. -No documentation of 2nd shift disaster drills being completed for the 4th quarter of 2018. <p>Interview on 5-22-19 with the administrator revealed:</p> <ul style="list-style-type: none"> -They had recently had to let someone go and that person was in charge of fire and disaster drills. -They don't know if the person just didn't document the drills or took the documentation with her. -They are now back on track and will have all the documentation going forward. 	V 114		