

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL095-049	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2019
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NAME OF PROVIDER OR SUPPLIER RAY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 6837 OLD US HIGHWAY 421 DEEP GAP, NC 28618
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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 survey was completed on May 20, 2019. Deficiencies were 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>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 fire and disaster drills were repeated for each shift on a quarterly basis. The findings are:</p> <p>Review on 5/17/19 of the fire and disaster drill log revealed: -There was no documentation of a fire drill and a disaster drill conducted on 2nd shift for the 2nd quarter of 2018 or 2nd quarter of 2019</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 (April-June).</p> <p>Interview on 5/16/19 with Client #1 revealed: -Fire drills were practiced every month and usually at night; -The meeting place was on the front porch "months ago" but now they all met in the front yard and away from the house; -Disaster drills such as tornado drills were practiced every month.</p> <p>Interview on 5/16/19 with Client #2 revealed: -Fire drills were run "once in a while" and the meeting place was outside and on the porch; -When they ran tornado drills, they "ran and hid;"</p> <p>Interview on 5/16/19 with Client #4 revealed: -They had fire drills, but he did not know when they were done; -He initially stated the meeting place was on the porch and then stated the front yard, but he did not know.</p> <p>Interview on 5/16/19 with Staff #1 revealed: -He started work at the facility approximately 4 months ago; -Fire drills were practiced monthly and he understood they were to be done on every shift; -The meeting place for clients and staff during fire drills was in the front yard near the large tree; -He had not conducted any disaster drills yet but understood they were to be practiced on every shift.</p> <p>Interviews on 5/16/19 and 5/20/19 with the Group Home Manager revealed: 5/16/19-Fire and disaster drills were conducted at least once a quarter and on every shift; -There were 3 shifts at the facility which were: -1st shift from 7:00 am to 3:00 pm;</p>	V 114		

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V 114	Continued From page 2 -2nd shift from 3:00 pm- 11:00 pm; -3rd shift from 11:00 pm to 7:00 am; -She did not know why Clients #1, #2 and #4 would have said the meeting place for the fire drill was the porch because that was too close to the home; -The meeting place was in the front yard; 5/20/19-She was surprised there was not a 2nd shift fire and disaster drill completed for the 2nd quarter; -She stated the drill documentation may have been misfiled.	V 114		
V 753	27G .0304(b)(5) Indoor Lighting 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (5) All indoor areas to which clients have routine access shall be well-lighted. Lighting shall be adequate to permit occupants to comfortably engage in normal and appropriate daily activities such as reading, writing, working, sewing and grooming. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the dining room where clients ate their meals was well-lit. The findings are: Observations made on 5/16/19 at approximately 10:45 am and on 5/17/19 at 4:30 pm revealed: -The lighting over the dining room table was	V 753		

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V 753	<p>Continued From page 3</p> <p>significantly dim with low visibility; -On 5/17/19, Client #1 checked the light bulbs and found one light bulb out of 6-7 bulbs not lit as he began to sit at the table to eat his snack.</p> <p>Interviews on 5/16/19 with the Qualified Professional (QP) and Group Home Manager (GHM) revealed: -They both acknowledged the low lighting of the dining room light fixture despite each of their attempts to turn the light up from a dimmer switch; -Clients #1-#4 ate their meals at the dining table.</p> <p>Interview on 5/20/19 with the Human Resources Coordinator (HRC), QP and GHM revealed: -The HRC stated he facility's maintenance staff was available and could correct the dining room lighting so this area was well-lit.</p>	V 753		