

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601313	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2019
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NAME OF PROVIDER OR SUPPLIER FARM POND GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4933 FARM POND LANE CHARLOTTE, NC 28212
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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 5-31-19. Deficiencies were cited.</p> <p>This facility is licensed for 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 complete fire and disaster drills and least quarterly on each shift. The findings are:</p> <p>Review on 5-30-19 and 5-31-19 of Fire and disaster drills for 2019 and 2nd, 3rd, and 4th quarter of 2018 revealed: -Shifts were identified on drill log as follows: 1st shift was 8 am -4pm, 2nd shift was 4pm -12pm, 3rd shift was 12pm-8 am.</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> <ul style="list-style-type: none"> -No 3rd shift fire drill completed for the 1st quarter of 2019. -No 1st shift fire drill for completed the 2nd quarter of 2018. -No 1st shift disaster drill completed for the 4th quarter of 2018. -No 1st shift disaster drill completed for the 3rd quarter of 2018 <p>Interview on 5-31-19 with client #1 revealed:</p> <ul style="list-style-type: none"> -They did have fire drills and they went outside. -They went into the hallway for tornado drills. <p>Interview on 5-31-19 with client #2 revealed:</p> <ul style="list-style-type: none"> -He knew they had fire drills. <p>Interview on 5-31-19 with the Team lead revealed:</p> <ul style="list-style-type: none"> -They were doing the fire drills and she would remind her staff to document and to make sure to follow the schedule so that drills would be completed on each shift. 	V 114		