

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-166</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/04/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PINEBROOK DRIVE GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5215 PINEBROOK DRIVE CHARLOTTE, NC 28208</b>
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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 June 4, 2019. A deficiency was 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 interview and record review, the facility failed to complete fire and disaster drills at least quarterly and repeated for each shift, affecting 3 of 3 audited clients (Clients #1, #2, and #3). The findings are:</p> <p>Review on 6/4/19 of the facility's Fire and Disaster Drill Log revealed: -Form indicating 1st shift ran from 6am-2pm, 2nd</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>shift ran from 2pm-11pm, and 3rd shift ran from 11pm-6am; -No 1st shift fire and disaster drills were completed for 1st and 2nd Quarter, 2019.</p> <p>Interview on 6/3/19 with the Manager revealed: -Will make sure all first shift drills are held moving forward.</p> <p>Interview on 6/3/19 with the Director of Residential Services revealed: -First shift runs from 6am-2pm; -It was an error that there are missing first shift drills, but they will be held in the future.</p>	V 114		