

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-350</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/03/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KELLY STREET HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5300 KELLY STREET CHARLOTTE, NC 28205</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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on June 3, 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	<p style="text-align: center;"><b>DHSR - Mental Health</b></p> <p style="text-align: center;"><b>JUN 11 2019</b></p> <p style="text-align: center;"><b>Lic. &amp; Cert. Section</b></p>	
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></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 6/3/19 of the facility's Fire and Disaster Drill Log revealed: -Form indicating 1st shift ran from 6am-2pm, 2nd</p>	V 114		<p>The Kelly St. group home will show evidence that quarterly fire/disaster drills were conducted for each shift as evidenced through drills being held at least quarterly for each shift. QIDP and Program Coordinator will retrain Direct Support Professionals (DSPs) on guidelines pertaining to running fire/ disaster drills on each shift quarterly by June 29th, 2019. Program Coordinator will review monthly reports to ensure drills are completed each shift within the quarter.</p>

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

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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 from July, 2018 through June, 2019.</p> <p>Interview on 6/3/19 with the Manager revealed: -Had never completed a fire drill during 1st shift but will start completing drills on first shift immediately.</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 no drills were held during first shift from July, 2018 through June, 2019, but they will be held in the future.</p>	V 114		