

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL044-036</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/14/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HAYWOOD COUNTY GROUP HOME #4</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>185 FARLEY STREET WAYNESVILLE, NC 28786</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 6/14/19. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Individuals of al Disability Groups/Intellectual 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 conduct fire and disaster drills quarterly on each shift. The findings are:</p> <p>Review of the Fire and Disaster Drills for July 2018-March 2019 revealed: -No first shift fire or disaster drill was conducted for the quarter of October - December 2018. -No first or second shift fire and disaster drill was</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>conducted for the quarter of January 2019 - March 2019.</p> <p>Interviews on 6/14/19 with the clients revealed drills were conducted at the facility.</p> <p>Interview on 6/14/19 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>-The facility had 2 shifts, 12am-12pm and 12pm-12am.</li> <li>-The facility had some staff transition last year and the first shift drills were missed.</li> <li>-A new coordinator started in the home and was unsure what the schedule was for the drills.</li> <li>-The drills are now being conducted according to the schedule.</li> </ul>	V 114		