

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/18/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW POSSIBILITIES HOME FOR CHILDREN, L</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>813 TRAIL ONE BURLINGTON, NC 27215</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 18, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Level III.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></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 reviews and interviews, the facility failed to conduct fire drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are:</p> <p>Record review on 6/18/19 of the facility's fire drill log revealed the following: -6/13/19- 10:00 a.m., 1st shift. -2/20/19- 3:45 p.m., 2nd shift. -1/16/19- 6:30 a.m.; 3rd shift.</p>	V 114		

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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"> <li>-12/18/18- 6:00 a.m., 3rd shift.</li> <li>-11/15/18- 5:00 p.m., 2nd shift.</li> <li>-10/7/18- 4:25 p.m., 2nd shift.</li> <li>-9/27/18- 6:00 a.m., 3rd shift.</li> <li>-8/19/18- 3:45 p.m., 2nd shift.</li> <li>-For the third quarter of 2018, there were no fire drills for 1st shift.</li> <li>-For the fourth quarter of 2018, there were no fire drills for 1st shift.</li> <li>-For the first quarter of 2019, there were no fire drills for 1st shift.</li> </ul> <p>Interviews on 6/18/19 with clients #2 and #3 revealed:</p> <ul style="list-style-type: none"> <li>-Fire drills had been conducted at the center.</li> </ul> <p>Interview on 6/18/19 with client #3 revealed:</p> <ul style="list-style-type: none"> <li>-She had only been at the residence for about a week.</li> <li>-She had not experienced any fire drills yet.</li> </ul> <p>Interview on 6/18/19 with the Program Coordinator revealed:</p> <ul style="list-style-type: none"> <li>-Facility operated under three shifts.</li> <li>-First shift ran from 7:00 a.m. to 3:00 p.m.</li> <li>-Second shift ran from 3:00 p.m. to 11:00 p.m.</li> <li>-Third shift ran from 11:00 p.m. to 7:00 a.m.</li> <li>-She was unaware that there had been no fire drills conducted on the 1st shift.</li> <li>-She confirmed staff failed to conduct drills under conditions that simulate fire and disaster emergencies under each shift on each quarter.</li> </ul>	V 114		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly</p>	V 736		

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V 736	<p>Continued From page 2</p> <p>manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 6/18/19 at about 12:20 p.m. of the bedroom located on the left of the hallway revealed: -Paint was peeled/chipped off on wall near door. -Walls had writings and scratches made on several places.</p> <p>Observation on 6/18/19 at about 12:25 p.m. of the bedroom located on the right hand of the hallway revealed: -Wallpaper with picture of twin towers was peeling off on the bottom right side. -Large hole behind the door made by door nob.</p> <p>Interview on 6/18/19 with the Program Director revealed: -She was aware rooms needed to be repainted. -Facility had just started painting the bedrooms and had only completed one. -Hole on the wall was made by one of the residents as she slammed the door open. -Agency was responsible for maintaining and replacing items as they brake down as well as painting inside the home. -She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.</p>	V 736		