

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	INITIAL COMMENTS  An annual survey was completed on 6/14/19. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Individuals of al Disability Groups/Intellectual Developmental Disability.	V 000	<ul style="list-style-type: none"> <li>All staff in the home will be provided with an In-Service Training to review the requirements for completing fire and disaster drills on a quarterly basis, for each shift. Training will review which forms to use to complete the drill, and how to fill out the form. Group Home Coordinators are responsible for scheduling staff to complete drills during each shift and providing oversight that drills have been completed.</li> </ul> <p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">JUL 09 2019</p> <p style="text-align: center;">Lic. &amp; Cert. Section</p>	6/26/2019
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use.  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:  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	V 114		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Kathemio Higgs*

TITLE

*Director of Services*

(X6) DATE

*7-1-10*

STATE FORM

6899

QUPV11

If continuation sheet 1 of 2

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**HAYWOOD COUNTY GROUP HOME #4**

**185 FARLEY STREET  
WAYNESVILLE, NC 28786**

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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		

## The Arc of Haywood County

## IN-SERVICE TRAINING FORM

TRAINER: Katie Higgs, DOS/QP DATE: 6/26/19

1. Purpose of training: To review best practices and address concerns discovered during the Recertification Survey completed June 14, 2019. The survey was required for continued participation in the Medicaid program, and training was required as a means of addressing deficiencies cited during the survey.

- **Emergency Plans and Supplies** – Staff are responsible for ensuring that fire and disaster drills are held at least quarterly and are conducted for each shift. Drills shall be conducted under conditions that simulate fire and disaster emergencies. A list of completed drills shall be documented on Appendix 67 – *Emergency Drill Summary*. A detailed report of how each drill was conducted and the results shall be documented on Appendix 68 – *Fire/Disaster Drill Report* and must include:

- Staff involved in the drill
- Individuals present during the drill
- What type of drill was conducted (fire or disaster, be specific if disaster)
- Description of how the drill went, including the reaction of individuals involved and any problems/concerns that arose during drill
- Review and signature of person conducting drill, Director of Services, Safety Office, and Coordinator of program

The standard level deficiency and plan of correction was reviewed with all staff present and explained thoroughly. Each staff was given an opportunity to engage in training and ask any questions regarding information presented. Knowledge and implementation of the requirements will be monitored on an on-going basis by the Direct Support Professional Supervisors, Group Home Coordinator, and Director of Services (Qualified Professional).

Signature & Dates:

Morgan Witte  
Employee

6/26/19  
Date

Ashleigh Young  
Employee

6-26-19  
Date

Alisa King  
Employee

6/26/19  
Date

S Fedro  
Employee

6-26-19  
Date

Mavis Lee Cook, Jr  
Employee

6-26-19  
Date

# Fire / Disaster Drill Report

Appendix 68

Rev: 02/19

Group Home \_\_\_\_\_

<b>Date of Drill:</b>	<b>Time of Drill:</b>	<b>Type of Drill (Check):</b> <input type="checkbox"/> Fire <input type="checkbox"/> Disaster	
<b>Staff on Duty:</b>			
<b>Others Present:</b>			
<b>How/Where Alarm Activated or Type of Disaster:</b>			
<b>Medical Emergency</b>	<input type="checkbox"/>	<b>Fire</b>	<input type="checkbox"/>
<b>Bomb Threat</b>	<input type="checkbox"/>	<b>Intruder</b>	<input type="checkbox"/>
<b>Power Out</b>	<input type="checkbox"/>	<b>Flood</b>	<input type="checkbox"/>
<b>Tornado</b>	<input type="checkbox"/>	<b>Hurricane</b>	<input type="checkbox"/>
<b>Landslide</b>	<input type="checkbox"/>	<b>Explosion</b>	<input type="checkbox"/>
<b>Snowstorm</b>	<input type="checkbox"/>	<b>Heat/Cooling Failure</b>	<input type="checkbox"/>
<b>Location of Rally Point</b> (the rally point must be away from the home and clear of the driveway, traffic and emergency personnel):			
<b>Description of Drill</b> (Please note response to drill, time it took to evacuate or respond to drill, the number of clients that did and did not respond, if everyone made it to the correct rally point, any problems with the drill, and any other useful information – <i>Specific details regarding any individuals response to the drill should be written in the individuals progress notes and in the staff log.</i> ):			

\_\_\_\_\_  
**Signature of Staff Conducting Drill**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Director of Services**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Safety Officer/Executive Director**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Coordinator**

\_\_\_\_\_  
**Date**

## Emergency Drill Summary

Group Home			Year		
Quarter	Shift Circle Shift Completed		Type of Drill	Date and Time of Drill	Coordinator/ QP Check
<b><u>First Qtr:</u></b> January February March	First Shift	12m-12n	Fire		
	First Shift	12m-12n	Disaster		
	Second Shift	12n-12m	Fire		
	Second Shift	12n-12m	Disaster		
<b><u>Second Qtr:</u></b> April May June	First Shift	12m-12n	Fire		
	First Shift	12m-12n	Disaster		
	Second Shift	12n-12m	Fire		
	Second Shift	12n-12m	Disaster		
<b><u>Third Qtr:</u></b> July August September	First Shift	12m-12n	Fire		
	First Shift	12m-12n	Disaster		
	Second Shift	12n-12m	Fire		
	Second Shift	12n-12m	Disaster		
<b><u>Fourth Qtr:</u></b> October November December	First Shift	12m-12n	Fire		
	First Shift	12m-12n	Disaster		
	Second Shift	12n-12m	Fire		
	Second Shift	12n-12m	Disaster		