

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL074-246</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/24/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PARADIGM VI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4558 REEDY BRANCH ROAD WINTERVILLE, NC 28590</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 July 24, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.</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 review and interview, the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>Review on 7/17/19 of the facility's fire and disaster drill documentation revealed: - No fire drill documented for 3rd shift for the 4th quarter (October - December) 2018. - No disaster drill documented for 1st shift for the</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 second quarter (April - June) 2019.</p> <p>During interview on 7/17/19 the House Manager stated:</p> <ul style="list-style-type: none"> <li>- The facility operated with three weekday shifts:               <ul style="list-style-type: none"> <li>- 1st 7:00 am - 3:00 pm</li> <li>- 2nd 3:00 pm - 11:00 pm</li> <li>- 3rd 11:00 pm - 7:00 am</li> </ul> </li> <li>- Weekend staff worked 12 hour shifts: 7:00 am - 7:00 pm, and 7:00 pm - 7:00 am.</li> <li>- Usually there was no one at the facility between 9:00 am and 3:00 pm during the week (Monday - Friday).</li> <li>- Fire and disaster drills were held monthly on all shifts.</li> <li>- If a client refused to participate in a drill, staff would document the refusal and report it to the Qualified Professional.</li> </ul>	V 114		