

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-461</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R 07/10/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SLHC RESIDENTIAL PROGRAM FOR WOMEN AND CH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1952 SPRING DRIVE GARNER, NC 27529</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 and follow up survey was completed on July 10, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .4100 Residential Recovery Programs For Individuals With Substance Abuse Disorder &amp; Their Children.</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 at least quarterly for each shift. The findings are:</p> <p>During an interview on 7/10/19, the Administrative Assistance reported the staff schedule used for fire and disaster drills was 1st shift: 6:00am - 6:00pm and 2nd shift: 6:00pm - 6:00am</p>	V 114	<p>DHSR-Mental Health</p> <p>JUL 26 2019</p> <p>Lic. &amp; Cert. Section</p>	

*Frank Allen, CHS*

*Quality Mgr*

*7/24/2019*

Division of Health Service Regulation  
Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S  
SIGNATURE *Kawr Allen, CHPS*

TITLE  
*Quality mgr*

(X6) DATE  
*7/24/2019*

STATE FORM

6899

GOZK11

If continuation sheet 1 of 4

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V 114	<p>Continued From page 1</p> <p>Review of fire drills between January, 2019 - June, 2019 revealed:</p> <ul style="list-style-type: none"> <li>- 1/25/19 no specific time noted but checked in box for 5:00pm - 9:pm</li> <li>- 3/24/19 checked in box for 5:00pm - 9:pm</li> <li>- 6/28/19 checked in box for 8:00am - 5:00pm</li> </ul> <p>Review of disaster drills between January, 2019 - June, 2019 revealed:</p> <ul style="list-style-type: none"> <li>- 1/18/19 checked in box for 8:00am - 5:00pm (Actual Medical)</li> <li>- 1/20/19 checked in box for 8:00am - 5:00pm (Ice Storm)</li> <li>- 6/20/19 6:15pm (Power Failure)</li> <li>- 6/29/19 checked in box for 5:00pm - 7:00pm (Power Failure)</li> <li>- 6/30/19 4:35am (Actual Medical)</li> </ul> <p>During an interview on 7/10/19, the Director reported:</p> <ul style="list-style-type: none"> <li>- the facility had almost closed down the last half of 2018 and they had discharged all their clients by July, 2018. Circumstances changed and they were able to remain open. They began admitting clients again in December, 2018. Because of this, there were no drills between July - December, 2018. She thought they had been running the drills as required.</li> </ul>	V 114	<p>The Health and Safety Rep along with the Client Care Coordinator has developed a quarterly calendar to indicate what drills will be conducted and on what identified shift. The Previous Drill Form has been discontinued and the new form now contains a question of time and not check boxes with a range of time. This Form will be used to document all drills/ live incidents moving forward. All residential staff will receive training on the new form 7/29/19 in the Monthly residential staff meeting. The Health and Safety committee will review the drills to ensure that the program is in compliance. <i>This review will take place quarterly.</i></p>	7/29/2019

Division of Health Service Regulation

V 752	27G .0304(b)(4) Hot Water Temperatures  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are	V 752		
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V 752	<p>Continued From page 2</p> <p>exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews the facility failed to ensure the water temperatures were maintained between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observation on 7/9/19 between 2:00pm and 2:30pm revealed:</p> <ul style="list-style-type: none"> <li>- Apartment # 1956:</li> <li>- Kitchen -122 degrees Fahrenheit (F)</li> <li>- Downstairs Bathroom - 120 degrees</li> </ul> <p>F</p> <ul style="list-style-type: none"> <li>- Upstairs Bathroom -120 degrees F-</li> </ul> <p>Apartment # 1848:</p> <ul style="list-style-type: none"> <li>- Kitchen -120 degrees F</li> <li>- Downstairs Bathroom - 125 degrees</li> </ul> <p>F</p> <ul style="list-style-type: none"> <li>- Upstairs Bathroom - 120 degrees F</li> <li>- Apartment # 1958</li> <li>- Kitchen - 96 degrees</li> <li>- Downstairs Bathroom - 96 degrees F</li> <li>- Upstairs Bathroom - 94 degrees F</li> </ul> <p>Observation on 7/10/19 between approximately 9:30am - 10:30am revealed:</p> <ul style="list-style-type: none"> <li>- Apartment # 116B:</li> <li>- Kitchen - 122 degrees F- Bathroom - 122 degrees F - Apartment # 118D:</li> <li>-Kitchen - 118 degrees</li> <li>-Bathroom - 120 degrees</li> </ul> <p>During interview on 7/10/19 the Client Care Supervisor stated the apartments are very old she has submitted some maintenance request previously to adjust water temperatures and will submitted them again.</p>	V 752	<p>The flowing units were noted to have deficiencies with water temperature in the kitchen and bathrooms 1956, 1848, 1958, 116B, 118D: The Client Care Coordinator submitted work request to the property management on 7/10/19 to have the temperatures adjusted on the hot water heater tanks. On 7/17/19 the above listed units were re-checked and the following maintenance request are still pending repair. The Client Care Coordinator and the Director will continue to follow up until all temperatures read within the approved range.</p> <p>The residential staff will check the water temperatures monthly and log all results, all temperature readings identified as too low or too high will be reported to the Director, and work order requests will be submitted to the property management for correction.</p>	7/31/2019