

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl075-013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <input type="text"/>  B. WING: <input type="text"/>	(X3) DATE SURVEY COMPLETED  <b>R 07/24/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>COOPERRIIS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>101 HEALING FARM LANE MILL SPRING, NC 28756</b>		
(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 and follow up survey was completed on 7/24/19. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Individuals with Mental Illness.	V 000	In order to ensure both the drills are completed and documented as required, the following actions will occur:  1. A special annual calendar will be created at the end of each calendar year with the drill schedule as well as responsible staff. This has been completed for the remainder of 2019. 2. A reminder will be sent by the Office Manager (or the Operations Director in their absence) to the responsible staff a week prior to the due date of the drill. This has occurred for the drill due in August 2019. 3. Drills will generally be scheduled the third week of the month to allow for additional time to accomplish the drill prior to month's end. 4. The Office Manager will ensure the drill and documentation is completed prior to the end of the month and if it is not, she will notify the Operations Director who will personally contact the staff responsible and ensure it's completed. 5. Documentation procedures will be reviewed as part of our safety training both at orientation and annually by the Operations Director and will be documented in the Human Resources file for each staff.	
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 interviews, the facility failed to hold fire and disaster drills on each shift at least quarterly. The findings are:  Review on 7/23/19 of fire and disaster drills from July 2018- June 2019 revealed: -No documentation of fire drills having been conducted during: --1st or 3rd shifts from October 2018 through December 2018.	V 114		

DHSR-Mental Health

AUG 27 2019

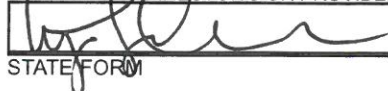
Lic. & Cert. Section

Division of Health Service Regulation

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

TITLE

(X6) DATE



Director of Quality & Outcomes

8.22.19

STATE FORM

6899

9GU611

If continuation sheet 1 of 2

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl075-013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <input type="text"/>  B. WING: <input type="text"/>		(X3) DATE SURVEY COMPLETED  <b>R 07/24/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>COOPERRIIS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>101 HEALING FARM LANE MILL SPRING, NC 28756</b>		
(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 114	Continued From page 1  -No documentation of disaster drills having been conducted on: --2nd shift from October 2018 through December 2018. --2nd or 3rd shifts from May 2019 through July 2019.  Interview on 7/24/19 with the Operations Director revealed: -The facility operated 3 shifts: 8a-5p, 4p-11p and 11p-8a. -Have a specific schedule for drills. -"All drills were definitely conducted. All staff know how to complete the drill forms." -"We need to do much better in documenting these drills."	V 114			



DHSR-Mental Health

AUG 27 2019

Lic. & Cert. Section

August 21, 2019

Cathy Samford  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section  
Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

Re: Annual Survey completed July 24, 2019 Cooper Riis, 101 Healing Farm Lane, Mill Spring, NC  
28756 MHL # 075-013

Dear Ms. Samford,

We received your Statement of Deficiency on August, 14 2019 and submit the enclosed Plan of Correction.

If possible, could future correspondence go directly to me? My contact information is below. I work with the team on all compliance and licensure matters.

Thank you for drawing our attention to this matter. I hope the responses are satisfactory. If any clarification is needed, I welcome your call or email. You can reach me at 828.899.7101 or [lisa.schactman@cooperriis.org](mailto:lisa.schactman@cooperriis.org).

Sincerely,

Lisa Schactman, PhD.  
Director of Quality and Outcomes  
CooperRiis

Enc.