

SCT FID-96017

PRINTED: 10/18/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-876	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/16/2019
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NAME OF PROVIDER OR SUPPLIER MAHOGANY	STREET ADDRESS, CITY, STATE, ZIP CODE 6852 MAHOGANY ROAD FAYETTEVILLE, NC 28314
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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
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V 000 INITIAL COMMENTS

An annual and follow up survey was completed on October 16, 2019. Deficiencies were cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.

V 000

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.

V 114

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure disaster drills were held quarterly and repeated on each shift. The findings are:

Review on 10/16/19 of facility records from January 2019 thru September 2019 revealed:

- No disaster drills documented on 3rd shift from January 2019 thru August 2019.
- No disaster drills documented on 2nd shift from July 2019 thru September 2019.

DHSR-Mental Health
NOV 0 5 2019
Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE _____ (X6) DATE 10/30/19

Division of Health Service Regulation

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V 114	Continued From page 1 Interview on 10/16/19 the Group Home Manager stated: - 1st shift was from 7am to 3pm. - 2nd shift was from 3pm to 11pm. - 3rd shift was from 11pm to 7am. - She understood disaster drills had to be completed quarterly and repeated on each shift.	V 114		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

October 21, 2019

Jessie James, President/CEO
United Residential Services of North Carolina, Inc.
P.O. Box 25928
Fayetteville, NC 28314

Re: Annual and Follow Up Survey completed October 16, 2019
Mahogany, 6852 Mahogany Road, Fayetteville, NC 28314
MHL # 026-876
E-mail Address: unitedresidentialservicesinc@yahoo.com

Dear Mr. James:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed October 16, 2019.

As a result of the follow up survey, it was determined that the deficiency is now in compliance, which is reflected on the enclosed Revisit Report. A deficiency was cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- A standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is December 15, 2019.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

October 21, 2019

Jessie James

United Residential Services of North Carolina, Inc.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Wendy Boone, Team Leader at (252)568-2744.

Sincerely,



Keith Hughes
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
_DHSR_Letters@sandhillscenter.org
Pam Pridgen, Administrative Assistant