Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED. MHL012-137 B. WING 11/19/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 109 PARKER LANE PARK PLACE MORGANTON, NC 28655 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PRFFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on 11/19/19. A RECEIVED deficiency was cited. DEC 16 2019 This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential **DHSR-MH Licensure Sect** Treatment for Children or Adolescents. V 114 27G .0207 Emergency Plans and Supplies V 114 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 Fire and Disaster Drill forms have been 12/17/2019 under conditions that simulate fire emergencies. updated for staff to better understand the (d) Each facility shall have basic first aid supplies shift they are completing a drill on. House accessible for use. lead will review the new forms at the next staff meeting and discuss the need to ensure that a drill of each type is completed for every shift. The Safety Coordinator will maintain and update the monthly fire and This Rule is not met as evidenced by: disaster drill checklist for each shift. If there Based on record review and interviews, the is missing documentation for a shift in the facility failed to hold fire and disaster drills on each shift at least quarterly. The findings are: 2nd month of the quarter, Safety Coordinator will determine when the Review on 11/14/19 of fire and disaster drills from needed drill type will occur and verify within October 2018- October 2019 revealed: 7 calendar days of it's completion. If one -No documentation of fire drills having been has not been completed, Safety conducted during: Coordinator will inform the House Lead to --1st shift from November 2018 through January instruct staff to complete the missing drill 2019. on the next shift Division of Health Service Regulation LABORATORY DIRECTOR OR PROVIDER/SURPLIER REPRESENTATIVE'S SIG

STATE FOR

TITLE

(X6) DATE

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: ___ 11/19/2019 B. WING _ MHL012-137 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 109 PARKER LANE PARK PLACE MORGANTON, NC 28655 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 114 Continued From page 1 V 114 -No documentation of disaster drills having been conducted on: --3rd shift from November 2018 through January --1st shift from May 2019 through July 2019. --1st shift from August 2019 through October 2019. Interview on 11/15/19 with the Qualified Professional (QP) revealed: -Began as Home Manager QP in June 2017. -"Not sure how we missed fire drills-we do them all the time."

Division of Health Service Regulation STATE FORM