

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL024-108</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/06/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ENZOR HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6089 HINSON'S CROSSROADS FAIR BLUFF, NC 28439</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 survey was completed on December 6, 2019. A deficiency was 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.  This Rule is not met as evidenced by: Based on record review and interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:  Review on 12/05/19 of facility records from 10/1/18 - 9/30/19 revealed: - 1st quarter (10/01/18- 12/31/18): No disaster drills documented on the 1st shift. - 2nd quarter (1/01/19- 3/30/19): No fire drills	V 114	All Staff and Program Manager will be re-in-service on the policy according to Division of Health Service Regulation of how to complete a fire drill. All Drills will monitored by Qualified Professional monthly and Community Innovations' Quality Management Department quarterly to ensure the safety and the well-being of all individuals.	2/17/2020

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

*W. [Signature]* , QP 2/17/2020

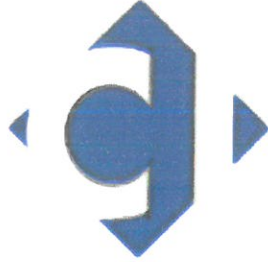
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL024-108</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/06/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ENZOR HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6089 HINSON'S CROSSROADS FAIR BLUFF, NC 28439</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	<p>Continued From page 1</p> <p>documented on the weekend shift.</p> <ul style="list-style-type: none"> <li>- 2nd quarter (1/01/19- 3/30/19): No disaster drills documented on the weekend shift.</li> <li>- 3rd quarter (4/01/19- 6/30/19): No fire drills documented on the weekend shift.</li> <li>- 3rd quarter (4/01/19- 6/30/19): No disaster drills documented on the weekend shift</li> <li>- 4th quarter (7/01/19- 9/30/19): No fire drills documented on 2nd shift.</li> <li>- 4th quarter (7/01/19- 9/30/19): No disaster drills documented on 2nd shift.</li> </ul> <p>Interview on 12/05/19 the Program Manager stated:</p> <ul style="list-style-type: none"> <li>- 1st shift was 7:30am- 4pm.</li> <li>- 2nd shift was 4pm- 8pm.</li> <li>- 3rd shift was 8pm- 8am.</li> <li>- Weekend shifts were 8am - 8pm and 8pm - 8am.</li> </ul>	V 114		
-------	---	-------	--	--



**COMMUNITY  
INNOVATIONS, INC.**

Whiteville Office  
80 Alliance Drive  
Whiteville, NC 28472  
910-642-5697

[www.communityinnovations.com](http://www.communityinnovations.com)

February 24, 2020

Ryan Meredith  
Facility Compliance Consultant 1  
Mental Health Licensure & Certification Section

RE: Annual Survey Completed December 6, 2019  
Enzor House, 6089 Hinson's Crossroads, Fair Bluff, NC 28439  
MHL#024-108  
E-mail Address: [mbryant@communityinnovations.com](mailto:mbryant@communityinnovations.com)

Dear Mr. Meredith

Please find attached Plan of Correction for Annual Survey for Enzor House completed on December 6, 2019.

If you have questions regarding this, please do not hesitate to contact Melissa Bryant, Regional Director at 910-642-5697.

Sincerely

Melissa Bryant  
Regional Director

DHSR - Mental Health

FEB 27 2020

Lic. & Cert. Section



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

December 19, 2019

Melissa Bryant, Regional Director  
Community Innovations, Inc.  
80 Alliance Drive  
Whiteville, NC 28472

**DHSR - Mental Health**

**FEB 27 2020**

Re: Annual Survey Completed December 6, 2019  
Enzor House, 6089 Hinson's Crossroads, Fair Bluff, NC 28439  
MHL# 024-108  
E-mail Address: [mbryant@communityinnovations.com](mailto:mbryant@communityinnovations.com)

**Lic. & Cert. Section**

Dear Ms. Bryant:

Thank you for the cooperation and courtesy extended during the annual survey completed December 6, 2019.

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**

- Standard level deficiency.

**Time Frames for Compliance**

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is February 4, 2020.

**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.***

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

**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.ncdhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078


AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

December 19, 2019  
Melissa Bryant  
Community Innovations, Inc.

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 Gloria Locklear at 910-214-0350.

Sincerely,

A handwritten signature in black ink, appearing to read "Ryan Meredith", with a stylized flourish extending to the right.

Ryan Meredith  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO  
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO  
DHSRreports@eastpointe.net  
Pam Pridgen, Administrative Assistant