		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL051-173		B. WING		R <b>03/06/2020</b>		
NAME OF F	PROVIDER OR SUPPLIER		DAM ROAD	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-S	V 000			
	on 3/6/20. Deficiend	sed for the following service C 27G .1700 Residential				
V 114	10A NCAC 27G .02 AND SUPPLIES (a) A written fire pla area-wide disaster   shall be approved be authority. (b) The plan shall be and evacuation pro- posted in the facility (c) Fire and disaste shall be held at leas repeated for each se under conditions the (d) Each facility shall accessible for use.	r drills in a 24-hour facility st quarterly and shall be hift. Drills shall be conducted at simulate fire emergencies. ill have basic first aid supplies	V 114			
	facility failed to condunder conditions the findings are:	views and interviews, the duct fire and disaster drills at simulate emergencies. The				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION	) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BOILDING.		R	
MHL051-173		B. WING		03/06/2020	
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SAVIN GRACE II	562 OLD I SELMA, N	DAM ROAD IC 27576			
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRED TO THE APPROPRIED TO THE A	D BE	(X5) COMPLETE DATE
for the 3rd quarter of 20 Review on 3/5/20 of the revealed the following: -1/16/20-2nd shift -12/17/19-2nd shift -11/6/19-3rd shift -10/19/19-1st shift -9/27/19-2nd shift -6/27/19-3rd shift -5/7/19-2nd shift -5/7/19-2nd shift -4/20/10-1st shift -There were no disaste 1st and 3rd shift for the -There was no disaster 3rd shift for the 2nd qualitative with client #1 -Staff conducted a fire of	conducted during 3rd shift 019. e facility's disaster drill log er drills conducted during and quarter of 2019. er drills conducted during arter of 2019. on 3/6/20 revealed:	V 114	DEFICIENCY)		

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AND DI AN OF CORRECTION \ \ \ IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		B. WING			R 03/06/2020	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SAVIN G	RACE II	562 OLD I SELMA, N	DAM ROAD IC 27576			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 2	V 114			
V 296	Interview with the Qualified Professional on 3/5/20 revealed:  -The group home had three eight hour shifts during the week.  -Staff worked two twelve hour shifts on the weekends.  -There are normally no staff or clients at the home on 1st shift during the week.  -She confirmed staff failed to conduct fire and disaster drills under conditions that simulate emergencies.  Interview with the Licensee on 3/5/20 confirmed:  -Staff failed to conduct fire and disaster drills under conditions that simulate emergencies.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.		V 296			
	telephone or page. able to reach the fatimes. (b) The minimum required when child present and awake (1) two direct one, two, three or for five, six, seven adolescents; and	essional shall be available by A direct care staff shall be cility within 30 minutes at all number of direct care staff lren or adolescents are is as follows: care staff shall be present for our children or adolescents; ct care staff shall be present or eight children or				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL051-173		B. WING		R <b>03/06/2020</b>	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SAVIN G	RACE II	562 OLD I	DAM ROAD			
OAVIII O	INACE II	SELMA, N	IC 27576			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETE DATE
V 296	ÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL AG REGULATORY OR LSC IDENTIFYING INFORMATION)		V 296			
	This Rule is not met as evidenced by: Based on observation, record review and interviews the facility failed to ensure minimum staffing requirements were met by direct care staff when children or adolescents are present and awake affecting one of four current clients (#4). The findings are:					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
MHL051-173		B. WING			R <b>03/06/2020</b>	
	PROVIDER OR SUPPLIER		DAM ROAD	TATE, ZIP CODE		
SAVIN G	RACE II		NC 27576			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 296	Continued From pa	ge 4	V 296			
	Observation of the AM revealed: -The Qualified Profehome alone with clinical Review of facility re -The group home with Residential Treatments	facility at approximately 10:50 essional was at the group ent #4.  cords on 3/5/20 revealed: vas licensed as a 1700 ent Staff Secure for Children e license capacity was for four				
	Review on 3/5/20 of client #4's record revealed: -Admission date of 3/4/20Diagnoses of Attention Deficit Hyperactivity Disorder and Anxiety DisorderShe is 14 years oldThere was no documentation that client #4 could be supervised by one staff.  Interview with the Qualified Professional on 3/5/20 revealed: -She did not realize there was supposed to be two staff at the home with one clientShe thought if there was only one client, only one staff could be presentStaff and clients normally are not at the home during 1st shiftClient #4 just came to the home yesterday as an emergency placementShe was at home with client #4 because they are trying to get her enrolled in schoolShe confirmed the facility failed to ensure minimum staffing requirements were met by direct care staff when children or adolescents are present and awake.  Interview with the Licensee on 3/6/20 confirmed: -The facility failed to ensure minimum staffing requirements were met by direct care staff when children or adolescents are present and awake.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE COMP	(X3) DATE SURVEY COMPLETED	
					R		
MHL051-173		B. WING		03/0	03/06/2020		
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
SAVIN G	SAVIN GRACE II 562 OLD DAM ROAD SELMA, NC 27576						
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