

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/04/2020
--	---	--	--

NAME OF PROVIDER OR SUPPLIER PARK LANE	STREET ADDRESS, CITY, STATE, ZIP CODE 505 SOUTH MAIN STREET NEWTON, NC 28658
---	--

(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 March 4, 2020. 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 Rule not met as evidenced by facility failed to ensure disaster drills were held at least quarterly on each shift. No documentation of third shift disaster drill conducted during fourth quarter ; October through December.	
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	In the future Home Manager will ensure all required disaster drills are completed and turned in timely. In Monthly Safety Meetings,	
	This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure disaster drills were held at least quarterly on each shift. The findings are: Review on 3/3/20 of fire and disaster drills from July 2019 through December 2019 revealed: -no documentation of third shift disaster drill conducted during the fourth quarter (October-December).			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Mary E. Costner

TITLE

Administrator

(X6) DATE

3/17/20

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2020
--	---	---	--

NAME OF PROVIDER OR SUPPLIER PARK LANE	STREET ADDRESS, CITY, STATE, ZIP CODE 505 SOUTH MAIN STREET NEWTON, NC 28658
---	--

(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 Interview on 3/3/20 with the House Manager revealed: -she remembered doing a third shift disaster drill in December as she worked that shift. -she must have documented the incorrect date and time.	V 114	Committee will review to ensure completion. Administrator will complete Training In-Service with all Home Managers and send upon completion.	
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain hot water temperatures between 100 - 116 degrees Fahrenheit. The findings are: Observation on 2/26/20 at approximately 10:25 a.m.-of-hot-water-temperatures-revealed: -the large restroom at the end of the hallway registered 120 degrees Fahrenheit. -the kitchen sink registered 124 degrees Fahrenheit. Interview on 3/4/20 with the Administrator revealed: -the hot water in the kitchen and bathroom did tend to fluctuate. -she would have maintenance fix the problem.	V 752	V 752 Rule is not met as evidenced by hot water temperature reading in the large hall bathroom registered at 120 and kitchen sink registered at 124. Readings need to be between 100-16. Home Manager contacted Plumber to adjust water Temperature under house. Administrator will forward invoice upon receiving.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/04/2020
--	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PARK LANE

505 SOUTH MAIN STREET
NEWTON, NC 28658

(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
			Readings fluctuate in this home; employees will ensure to run the hot water longer in order to ensure temperature is not registering high and if so Plumber will be contacted. Administrator will complete Training In-Service with all homes in regards to taking hot water temperatures.	



March 17, 2020

Sally Thayer, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

RE: Park Lane, Annual Survey
505 South Main Street
Newton NC 28658
MHL-018-037

Dear Ms. Thayer,

Please find the attached plan of correction for the deficiencies cited in your recent survey of Park Lane, located at 505 South Main Street, Newton, NC, 28658. We thank you and your staff for your continued dedication to quality services. Please do not hesitate to call if you have any questions regarding the plan of correction.

Regards,

Mary E. Costner, Administrator

Mary E. Costner
Administrator
RHA Health Services
1564-D Union Road
Gastonia NC 28054
704-864-3450