| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL053-076 | A. BUILDING: _____ B. WING _____ | R 08/12/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| I INNOVATIONS, INC - 5023 VALLEY VIEW | 5023 VALLEY VIEW SANFORD, NC 27330 |

| (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<br><br>An annual and follow-up survey was completed on August 12, 2019. There was a deficiency cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness | V 000 | | |
| V 114 | 27G .0207 Emergency Plans and Supplies<br><br>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES<br>(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.<br>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.<br>(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.<br>(d) Each facility shall have basic first aid supplies accessible for use.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to conduct fire and disaster drills on each shift at least quarterly. The findings are:<br><br>Review on 8/9/19 of the facility's fire and disaster drills record revealed:<br>-Fire drills were conducted on the following dates and shifts:<br>-1/16/19, 3/9/19, 5/10/19, 7/11/19, 8/5/19 - | V 114 | To bring this deficiency back into compliance Staff will maintain each fire and ~~dis~~ disaster drill documentation at the individual home rather than storing them at the main office, this should | 12/30/20 |

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

Jawanna Mclean — Program Manager — 12/30

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| V 114 | Continued From page 1<br>2nd shift<br>-Disaster drills were conducted on the following dates and shifts:<br>-2/11/19, 4/5/19, 6/17/19, 8/5/19 - 2nd shift<br>-No fire and disaster drills conducted on 1st and 3rd shift.<br>-Fire and disaster drills were not conducted on each shift at least quarterly.<br><br>Interview on 8/12/19 with the President revealed: | V 114 | ensure that these documents are available for state and any other surveyor. | |

# NC Division of Health Service Regulation

# Mental Health Licensure and Certification Section

<< Search for public records of another facility

## Facility

### I Innovations, Inc. - 5023 Valley View

5023 Valley View Drive
Sanford
27331
Lee County

| Program code | Services | Age | Facility Type | Disability Category |
|---|---|---|---|---|
| 27G.5600C | Supervised Living DD Adult | A | RESIDENTL | MD |

| Inspection Type | Document Type | Inspection Date | Pages |
|---|---|---|---|
| MHLCS Complaint | ~~Plan of Correction~~ | 6/29/2020 | 6 |
| MHLCS Complaint | ~~Statement of Deficiency~~ | 6/29/2020 | 6 |
| MHLCS Annual and Follow-up | Statement of Deficiency | 8/12/2019 | 2 |
| MHLCS Complaint and Follow-up | Statement of Deficiency | 3/4/2019 | 43 |
| MHLCS Annual | Plan of Correction | 8/1/2018 | 4 |
| MHLCS Annual | Statement of Deficiency | 8/1/2018 | 3 |

This page was last modified on April 13, 2018.

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