

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-160	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/22/2021
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NAME OF PROVIDER OR SUPPLIER AMAT GROUP HOMES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 906 EAST PROSPECT AVENUE RAEFORD, NC 28376
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(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	<p>INITIAL COMMENTS</p> <p>A limited follow up survey for the Type A1 was completed on 7/22/21. This was a limited follow up survey, only 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0205 (c-d) Assessment and Treatment/Habilitation or Service Plan (V112), 10A NCAC 27G .0207 Emergency Plans and Supplies (V114), 10A NCAC 27G .0209(f) Medication Requirements-Review (V121), 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366), 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V364), 10A NCAC 27G .0303 (c) Facility and Grounds Maintenance (V736) were reviewed for compliance. The following were brought back to compliance: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0205 (c-d) Assessment and Treatment/Habilitation or Service Plan (V112), 10A NCAC 27G .0209(f) Medication Requirements-Review (V121), 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366), 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V364), 10A NCAC 27G .0303 (c) Facility and Grounds Maintenance (V736). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to conduct fire and disaster drills on every shift at least quarterly. The findings are:</p> <p>Review on 7/21/21 of the facility's fire drills record revealed: -4/12/21- 1st shift (10:22 am.) -5/17/21- 1st shift (9:30 am.) -6/21/21- 1st shift (12:15 pm.) -7/10/21- 1st shift (12:30 pm.) -There were no fire drill performed on the second quarter of 2021 for 2nd and 3rd shifts.</p> <p>Review on 7/21/21 of the facility's disaster drills record revealed: -4/12/21- 2nd shift (4:00 pm.) -5/18/21- 1st shift (9:30 am.) -6/23/21- 1st shift (12:15 pm.) -7/12/21- 1st shift (12:30 pm.) - There were no disaster drills performed on the second quarter of 2021 for 3rd shift.</p>	V 114	<p>Based on record review and interview the facility failed to conduct fire and disaster drills on every shift at least quarterly. Op will ensure that staff document appropriately for each shift.</p>	
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V 114	<p>Continued From page 2</p> <p>Interview on 7/21/21 and 7/22/21 with the Administrator/Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Facility operated under three shifts. First shift was from 7am-3pm. Second shift was from 3pm-11pm. Third shift was from 11pm-7am. -She had trained all her staff on fire and disaster drills. -She was aware that a drill needed to be made for each shift and on each quarter. -She believed that staff had made a mistake regarding timeframe on one one of the fire drills. She believed that staff had marked "pm" when she should have marked "am." -She confirmed that fire drills were not conducted quarterly and on each shift. -She confirmed that disaster drills were not conducted quarterly and on each shift. -She would review fire and disaster drills with her staff again. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL047-160	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/22/2021
NAME OF FACILITY AMAT GROUP HOMES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 906 EAST PROSPECT AVENUE RAEFORD, NC 28376

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix <u>V0109</u>	<u>Correction</u>	ID Prefix <u>V0112</u>	<u>Correction</u>	ID Prefix <u>V0121</u>	<u>Correction</u>
Reg. # <u>27G .0203</u>	<u>Completed</u>	Reg. # <u>27G .0205 (C-D)</u>	<u>Completed</u>	Reg. # <u>27G .0209 (F)</u>	<u>Completed</u>
LSC _____	<u>07/22/2021</u>	LSC _____	<u>07/22/2021</u>	LSC _____	<u>07/22/2021</u>
ID Prefix <u>V0366</u>	<u>Correction</u>	ID Prefix <u>V0367</u>	<u>Correction</u>	ID Prefix <u>V0736</u>	<u>Correction</u>
Reg. # <u>27G .0603</u>	<u>Completed</u>	Reg. # <u>27G .0604</u>	<u>Completed</u>	Reg. # <u>27G .0303(c)</u>	<u>Completed</u>
LSC _____	<u>07/22/2021</u>	LSC _____	<u>07/22/2021</u>	LSC _____	<u>07/22/2021</u>
ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>
Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>
LSC _____		LSC _____		LSC _____	
ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>
Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>
LSC _____		LSC _____		LSC _____	
ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>
Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR 	DATE 7/22/21
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 5/21/2021	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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