

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1055-067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2021
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NAME OF PROVIDER OR SUPPLIER BESSEMER HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 202 MASSAPOAG ROAD LINCOLNTON, NC 28092
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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>An annual survey was completed on 08/03/21. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</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 reviews and interviews, the facility failed to ensure that fire and disaster drills were conducted quarterly on each of three shifts. The findings are as follows:</p> <p>Interview on 08/02/21 with Staff #1 revealed that the facility has 3 shifts that include 7:00am-3:00pm (1st shift), 3:00pm-10:00pm (2nd shift), and 10:00pm-7:00am (3rd shift).</p>	V 114		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl055-067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2021
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NAME OF PROVIDER OR SUPPLIER BESSEMER HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 202 MASSAPOAG ROAD LINCOLNTON, NC 28092
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V 114	<p>Continued From page 1</p> <p>Record reviews on 08/02/21 and 08/03/21 of fire drill logs from July 2020 to June 2021 revealed there was no documentation that a fire drill was completed during the quarter of October 2020 - December 2020 on 2nd shift.</p> <p>Record reviews on 08/02/21 and 08/03/21 of disaster drill logs from July 2020 to June 2021 revealed there was no documentation that disaster drills were completed during the quarters of October 2020 - December 2020 and April 2021-June 2021 on 2nd shift.</p> <p>Interview on 08/03/21 with the Qualified Professional (QP) revealed: -the QP was aware that fire and disaster drills were required to be completed on each shift every quarter; -fire and disaster drills were supposed to be conducted at the beginning of the month and rotated for each shift; -the fire and disaster drill schedule was hanging in the laundry room.</p> <p>Interview on 08/03/21 with the Administrator revealed: -the Administrator was aware that the fire and disaster drills were required to be completed on each shift every quarter; -"they (missing documentation for fire and disaster drills) are probably here somewhere but we've got piles of stuff we haven't gone through".</p>	V 114		