PRINTED: 08/25/2021 FORM APPROVED

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHI 082-014			08/18/2021		
					00/10/2021		
	THOUSE	1470 MA	PLE GROVE C	HURCH ROAD			
		DUNN, N	C 28334				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC)	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
∨ 000	INITIAL COMMENTS		V 000				
	An annual survey was completed on August 18, 2021. A deficiency was cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults whose Primary Diagnosis is Substance Abuse Dependency.						
V 114	27G .0207 Emergency Plans and Supplies		V 114				
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved b authority. (b) The plan shall b and evacuation pro posted in the facility (c) Fire and disaste shall be held at lease repeated for each s under conditions th	207 EMERGENCY PLANS in for each facility and plan shall be developed and by the appropriate local e made available to all staff cedures and routes shall be /. in drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies					
	failed to have fire a quarterly and repea findings are: Review on 8/18/21 6/30/21 revealed:	et as evidenced by: view and interviews the facility nd disaster drills held at least ited on each shift. The of facility records from 7/1/20 - 21 - 6/30/21): No fire drills					
	documented on 5th						

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IT OF DEFICIENCIES OF CORRECTION	egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
MHL082-014		B. WING		08/18/2021				
T HOUSE			CHURCH ROAD					
(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE			
 3rd quarter (10/01 drills documented of Interview on 8/18/2 He had only been 1 month. He had completed There were diagra points labeled in car reviewed the exit st Interview on 8/18/2 He had only been 2 weeks. He had not comple Staff had pointed and there were diagra points. Interview on 8/18/2 Manager stated: There were 3 shift weekend shifts. Fire and disaster 	 I/20 - 12/31/20): No disaster on 5th shift. 1 client #1 stated: with facility for approximately d a fire drill. ams in the rooms with exit use of fire and staff had trategies with him. 1 client #2 stated: with facility for approximately leted a fire drill or disaster yet. out exit areas upon admission grams in rooms with exit 1 the Residential Clinical ts Monday - Friday and 2 drills rotated between all 5 		DEFICIENCY)					
	PROVIDER OR SUPPLIER T HOUSE SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa - 3rd quarter (10/01 drills documented of Interview on 8/18/2 - He had only been 1 month. - He had completed - There were diagra points labeled in ca reviewed the exit si Interview on 8/18/2 - He had not compl - Staff had pointed and there were diagra points. Interview on 8/18/2 - He had not compl - Staff had pointed and there were diagra points. Interview on 8/18/2 Manager stated: - There were 3 shift weekend shifts. - Fire and disaster	MHL082-014 PROVIDER OR SUPPLIER STREET A THOUSE 1470 MA DUNN, N DUNN, N SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 - 3rd quarter (10/01/20 - 12/31/20): No disaster drills documented on 5th shift. Interview on 8/18/21 client #1 stated: - He had only been with facility for approximately 1 month. - He had completed a fire drill. - There were diagrams in the rooms with exit points labeled in case of fire and staff had reviewed the exit strategies with him. Interview on 8/18/21 client #2 stated: - He had only been with facility for approximately 2 weeks. - He had not completed a fire drill or disaster yet. - Staff had pointed out exit areas upon admission and there were diagrams in rooms with exit points. Interview on 8/18/21 the Residential Clinical Manager stated: - There were 3 shifts Monday - Friday and 2	MHL082-014 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST T HOUSE 1470 MAPLE GROVE OD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 1 V 114 - 3rd quarter (10/01/20 - 12/31/20): No disaster drills documented on 5th shift. V 114 Interview on 8/18/21 client #1 stated: - He had only been with facility for approximately 1 month. V 114 - There were diagrams in the rooms with exit points labeled in case of fire and staff had reviewed the exit strategies with him. Interview on 8/18/21 client #2 stated: - He had only been with facility for approximately 2 weeks. - He had not completed a fire drill or disaster yet. Staff had pointed out exit areas upon admission and there were diagrams in rooms with exit points. Interview on 8/18/21 the Residential Clinical Manager stated: - There were 3 shifts Monday - Friday and 2 weekend shifts. - There were 3 shifts Monday - Friday and 2 weekend shifts. - Fire and disaster drills rotated between all 5	MHL082-014 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE T HOUSE 1470 MAPLE GROVE CHURCH ROAD DUNN, NC 28334 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO) Continued From page 1 V 114 V 114 - 3rd quarter (10/01/20 - 12/31/20): No disaster drills documented on 5th shift. V 114 Interview on 8/18/21 client #1 stated: - He had only been with facility for approximately 1 month. V 114 - There were diagrams in the rooms with exit points labeled in case of fire and staff had reviewed the exit strategies with him. Interview on 8/18/21 client #2 stated: - He had only been with facility for approximately 2 weeks. - He had not completed a fire drill or disaster yet. - Staff had pointed out exit areas upon admission and there were diagrams in rooms with exit points. Interview on 8/18/21 the Residential Clinical Manager stated: - There were 3 shifts Monday - Friday and 2 weekend shifts. - Fire and disaster drills rotated between all 5 -	MHL082-014 B. WING 08/ PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1470 MAPLE GROVE CHURCH ROAD 08/ THOUSE 1470 MAPLE GROVE CHURCH ROAD DUNN, NC 28334 08/ SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION SHOLD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION SHOLD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 1 V 114 - - - - - 3rd quarter (10/01/20 - 12/31/20): No disaster drills documented on 5th shift. V 114 - 3rd quarter (10/01/20 - 12/31/20): No disaster drills documented on 5th shift. V 114 - He had only been with facility for approximately 1 month. - - He had completed a fire drill. - There were diagrams in the rooms with exit points labeled in case of fire and staff had reviewed the exit strategies with him. - - Interview on 8/18/21 client #2 stated: - - - - - He had not completed a fire drill or disaster yet. - Staff had pointed out exit areas upon admission and there were diagrams in rooms with exit points. - - Interview on 8/18/21 the Residential Clinical Manager stated: - - - - - There were 3 shifts			

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