

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL073-035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER MOREHEAD STREET GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 26 MOREHEAD STREET ROXBORO, NC 27573		
(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 August 26, 2021. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</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 review and interview the facility failed to conduct disaster drills on every shift at least quarterly. The findings are:</p> <p>Review on 8/26/21 of the facility's disaster drills record revealed: -8/28/20- 2nd shift. -9/12/20- 3rd shift. -10/17/20- 1st shift. -11/21/20- 2nd shift.</p>	V 114	<p>V 114- Program Coordinators will be trained by the Director of Services on emergency plans and supplies regarding fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Program Coordinators will train new direct support staff at orientation on requirements of emergency plans and preparedness as it pertains to the facility they are working. The fire and disaster drills will be held at least quarterly by direct support staff and monitored and signed monthly by Program Coordinators.</p>	9/30/21
			<p><i>Mer Day Clinical Director</i></p>	8/31/21

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

TITLE

(X6) DATE

Division of Health Service Regulation

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V 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> -12/30/20- 3rd shift. -1/15/21- 1st shift. -2/16/21- 2nd shift. -3/15/21- 1st shift. -4/21/21- 2nd shift. -5/19/21- 1st shift. -6/18/21- 1st shift. -7/7/21- 2nd shift. -8/7/21- 2nd shift. -There were no disaster drills for the first and second quarter of 2021. <p>Interview on 8/26/21 with the Services Director revealed:</p> <ul style="list-style-type: none"> -First shift was from 7:00 am to 3:00 pm. Second shift was from 3:00 pm to 1:00 pm. Third shift was from 11:00 pm to 7:00 am. -She was not aware that no disaster drills had been conducted for the third shift in 2021. -She confirmed that disaster drills were not being properly conducted quarterly and for each shift. 	V 114		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

August 30, 2021

Melissa Day, Clinical Director
Person County Group Homes, Inc.
PO Box 721
Roxboro, NC 27573

Re: Annual Survey completed August 26, 2021
Morehead Street Group Home, 26 Morehead Street, Roxboro, NC 27573
MHL # 073-035
E-mail Address: Melissa.day@pcghinc.org

Dear Ms. Day:

Thank you for the cooperation and courtesy extended during the Annual survey completed August 26, 2021.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 10/25/21

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

August 30, 2021
Morehead Street Group Home
Melissa Day

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown, Team Leader at 919-855-3822.

Sincerely,



Edgar Garrido, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org
Pam Pridgen, Administrative Assistant
File