

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-087	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/03/2021
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NAME OF PROVIDER OR SUPPLIER YADKIN PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 360 YADKIN ROAD SOUTHERN PINES, NC 28387
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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 and follow up survey was completed on September 3, 2021. Deficiencies were 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 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based</p>	V 107		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 107	<p>Continued From page 1</p> <p>upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of three audited staff (#1) had no substantiated finding of abuse or neglect listed on the North Carolina Health Care Personnel Registry (HCPR). The findings are:</p> <p>Review on 9/9/21 of staff #1's personnel record revealed: -Hire date of 7/31/19 and rehire date of 11/18/20. -Job title of paraprofessional. -There was no evidence of a completed Health Care Personnel Registry check upon rehire.</p> <p>Interview on 9/3/21 with Chief Operating Officer (COO) revealed: -"This HCPR must have slipped through the crack to be pulled". -The HCPR check was completed yesterday. -She confirmed the facility failed to ensure there</p>	V 107		

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V 107	Continued From page 2 was no substantiated findings or neglect listed on the North Carolina Personnel Registry.	V 107		
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 fire and disaster drills under the conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 9/2/21 of the facility's fire drills at 2:30pm revealed: -There was no evidence that fire drills had been conducted on 1st shift during the 1st quarter of 2021 and the 3rd quarter of 2020.</p> <p>Review on 9/3/21 of the facility's disaster drills at 12:45pm revealed:</p>	V 114		

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V 114	<p>Continued From page 3</p> <p>-There was no evidence that fire drills had been conducted on the 1st shift during the 3rd quarter of 2020.</p> <p>Interview on 9/3/21 with the Chief Operating Officer (COO) revealed:</p> <p>-The shifts for fire and disaster drills were 1st shift 8am-4pm, 2nd shift 4pm-12am and 3rd shift 12am-8am.</p> <p>-Staff are aware that fire and disaster drills were to be completed quarterly.</p> <p>-Staff are to document both the time and shift the drill was completed.</p> <p>-She confirmed staff failed to conduct drills under conditions that simulate emergencies under each shift on each quarter.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		