

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2021
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NAME OF PROVIDER OR SUPPLIER SHADY GROVE	STREET ADDRESS, CITY, STATE, ZIP CODE 944 SHADY GROVE CHURCH ROAD SNOW HILL, NC 28580
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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 September 21, 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 interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 9/21/21 of facility records from 7/1/20 - 6/30/21 revealed: - 1st quarter (7/01/20 - 9/30/20): No fire or disaster drills on the weekend shifts. - 2nd quarter (10/01/20 - 12/31/20): No fire or</p>	V 114		

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

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V 114	Continued From page 1 disaster drills on the weekend shifts. - 3rd quarter (1/01/21 - 3/31/21): No fire or disaster drills on the weekend shifts. - 4th quarter (4/01/21 - 6/30/21): No fire or disaster drills on the weekend shifts. Interviews on 9/21/21 staff #3 stated: - Fire drills and disaster drills completed monthly. Interview on 9/21/21 the Qualified Professional/ Group Home Manager stated: - Fire drills and disaster drills were completed monthly. - The facility operated 5 shifts. - There were 3 shifts during the week and 2 shifts on the weekends.	V 114		