Division of Health Service Regulation

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | |
|--|--|--|----------------------------|---|-------------------------------|--------------------------|--|
| | | | A. BUILDING: | | | | |
| | | MHL060-982 | B. WING | | 11/19 | /2021 | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | | |
| CASCADE | SERVICES | | LACE ROAD, A | APT 7000-A | | | |
| (X4) ID PREFIX TAG | (4) ID SUMMARY STATEMENT OF DEFICIENCIES REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY) |) BE | (X5) COMPLETE DATE | |
| V 000 | INITIAL COMMENTS | | V 000 | | | | |
| | on 11-19-21. The corunsubstantiated (Inta #NC00182937). A de This facility is license category: 10A NCAC Recovery Programs f | ke #NC00182146 and Intake ficiency was cited. d for the following service 27G .4100 Residential | | | | | |
| V 114 | 27G .0207 Emergend | y Plans and Supplies | V 114 | | | | |
| | AND SUPPLIES (a) A written fire plan area-wide disaster plashall be approved by authority. (b) The plan shall be and evacuation proceposted in the facility. (c) Fire and disaster coshall be held at least repeated for each shi under conditions that | an shall be developed and | | | | | |
| | facility failed to condu a quarterly basis repe building. The findings | and record reviews, the lect fire and disaster drills on eated for each shift for each is are: | | | | | |

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

(X6) DATE TITLE

Division of Health Service Regulation

| 2 | | | |
|---|--|--|-------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | (X3) DATE SURVEY COMPLETED |
| | MHL060-982 | B. WING | 11/19/2021 |
| 1 | | | |

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CASCADE SERVICES

7108 WALLACE ROAD, APT 7000-A CHARLOTTE. NC 28212

| CASCADE SERVICES CHARLOTTE, NC 28212 | | | | | | |
|--------------------------------------|--|---------------------|--|--------------------------|--|--|
| (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 114 | Continued From page 1 | V 114 | | | | |
| V 114 | -the facility operated on 3 shifts: 1st shift hours: 7am-3pm, 2nd shift hours: 3pm-11pm, 3rd shift hours: 11pm-7am; -no 1st shift Fire or Disaster Drills were completed for buildings 7000, 7016, 7032 for 4th quarter (October-December) 2020; -no 3rd shift Fire or Disaster Drills were completed for buildings 7000, 7016, 7100, 7032, 7104, and 7036 for 4th quarter (October-December) 2020; -no 1st shift Fire or Disaster Drills were completed for buildings 7100, 7104, and 7036 for 1st quarter (January-March) 2021; -no 2nd shift Fire or Disaster Drills were completed for buildings 7100, 7104, and 7036 for 1st quarter (January-March) 2021; -no 3rd shift Fire or Disaster Drills were completed for buildings 7100, 7104, 7036 for 1st quarter (January-March) 2021; -no 1st shift Fire or Disaster Drills were completed for buildings 7000, 7100, 7032, 7036, and 7104 for 2nd quarter (April-June) 2021; -no 2nd shift Fire or Disaster Drills were completed for buildings 7000, 7016, 7032, and 7036 for 2nd quarter (April-June) 2021; -no 3rd shift Fire or Disaster Drills were completed for buildings 7000, 7016, 7032, 7036, 7100, and 7104 for 2nd quarter (April-June) 2021; -no 1st shift Fire or Disaster Drills were completed for buildings 7000, 7016, 7032, 7036, 7100, and 7104 for 3rd quarter (July-September) 2021; -no 2nd shift Fire or Disaster Drills were completed for buildings 7000, 7016, 7032, 7036, and 7100 for 3rd quarter (July-September) 2021; -no 2nd shift Fire or Disaster Drills were completed for buildings 7000, 7016, 7032, 7036, and 7100 for 3rd quarter (July-September) 2021; -no 2nd shift Fire or Disaster Drills were completed for buildings 7000, 7016, 7032, 7100, and 7104 for 3rd quarter (July-September) 2021; | V 114 | | | | |
| | -no 3rd shift Fire or Disaster Drills were completed for buildings 7000, 7016, 7036, 7100, and 7104 for 3rd quarter (July-September) 2021. | | | | | |
| | Interview on 11-16-21 with Client #1 revealed: -had lived in Apartment building 7016 for 4 | | | | | |

STATE FORM 6899 7JGR11 If continuation sheet 2 of 5

Division of Health Service Regulation

| | Division of Health Service Regul | lation | | |
|---|---|-------------|---|-------------------------------|
| | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | (X3) DATE SURVEY COMPLETED |
| I | | MHL060-982 | B. WING | 11/19/2021 |
| I | NAME OF PROVIDER OR SUPPLIER | STREET ADDI | RESS, CITY, STATE, ZIP CODE | |
| ı | CASCADE SERVICES | 7108 WALL | ACE ROAD, APT 7000-A | |

| CASCADE | SERVICES | ALLACE ROAD, AF OTTE, NC 28212 | PT 7000-A | |
|--------------------------|---|-----------------------------------|---|--------------------------|
| (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 114 | Continued From page 2 | V 114 | | |
| | months; -had only had 1 drills since July in her building; -recalled that the fire drill was an afternoon drill. Interview on 11-16-21 with Client #2 revealed: -had lived in Apartment building 7100 for 6 months; -"I believe they (Fire and Disaster Drills) are weekly or maybe monthly;" -"they go by buildings and rotate 1st, 2nd, and 3rd shift; -recalled 6 or more drills within the last 6 months. Interview on 11-16-21 with Client #3 revealed: -had lived in Apartment 7100 building for 2 1/2 months; -had not completed a Fire or Disaster Drill since living at the facility. | | | |
| | Interview on 11-16-21 with Staff #1 revealed: -employed for 1 1/2 year as a Transportation Coordinator; -did not work in the apartments; -had never heard any client mention Fire or Disaster Drills. | | | |
| | Interview on 11-18-21 with Staff #2 revealed: -employed for 15 years as a Substance Abuse Technician; -worked full time on 2nd shift at the facility; -was not sure how often drills were completed; -believed drills to be conducted on a monthly basis, rotating buildings. | | | |
| | Interview on 11-16-21 with Staff #3 revealed: -employed for 23 years; -worked full time as a Supervising Substance Abuse Counselor; -supervised staff at the facility; -had a scheduled drill by buildings once monthly, | | | |

Division of Health Service Regulation

STATE FORM 6899 7JGR11 If continuation sheet 3 of 5

| Division of | <u>of Health Service Regu</u> | lation | | | | | |
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| STATEMENT | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE S | URVEY | |
| AND PLAN OF CORRECTION IDENTIFICATION | | IDENTIFICATION NUMBER: | A. BUILDING: | A. BUILDING: | | COMPLETED | |
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| | | MHL060-982 | B. WING | | 11/1 | 9/2021 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STA | TE. ZIP CODE | | | |
| | | | LLACE ROAD, | | | | |
| CASCADE | SERVICES | | • | AF1 7000-A | | | |
| | | CHARLO | OTTE, NC 28212 | | | | |
| (X4) ID | | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTIO | | (X5) | |
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| IAG | NEGOEM ON ONE | iso is live in order | IAG | DEFICIENCY) | | | |
| | | | | | | | |
| V 114 | Continued From page | 2 3 | V 114 | | | | |
| | | | | | | | |
| | rotating shifts; | 31.6.0 | | | | | |
| | | sible for the completion of | | | | | |
| | the monthly Fire and | • | | | | | |
| | -did not know why the | | | | | | |
| | conducted for all build | | | | | | |
| | -could not locate miss | sing Fire and Disaster Drills | | | | | |
| | for the year. | | | | | | |
| | | | | | | | |
| | Interview on 11-18-21 | with Staff #5 revealed: | | | | | |
| | -employed for over 20 |) years; | | | | | |
| | -worked full time as a | Shift Supervisor on 2nd | | | | | |
| | shift; | · | | | | | |
| | -was responsible for o | conducting the Fire and | | | | | |
| | Disaster Drills; | | | | | | |
| | -conducted drills on a | monthly basis; | | | | | |
| | | to 2 buildings a month; | | | | | |
| | | together due to COVID; | | | | | |
| | | is in total at the apartment | | | | | |
| | complex; | ' | | | | | |
| | | ouildings at the same time | | | | | |
| | | ot complete drills for every | | | | | |
| | building every month; | | | | | | |
| | | ng the Fire and Disaster | | | | | |
| | Drills for every building | _ | | | | | |
| | | uildings should have a Fire | | | | | |
| | | ry month, rotating shifts | | | | | |
| | within a quarter. | ry month, rotating simis | | | | | |
| | within a quarter. | | | | | | |
| | Intoniou on 11 10 21 | with the Assistant Program | | | | | |
| | Director revealed: | with the Assistant Flogram | | | | | |
| | | Disaster Drills schedule | | | | | |
| | | | | | | | |
| | | and type of drills to be | | | | | |
| | conducted; | dan bad base invested over | | | | | |
| | | dar had been invented was | | | | | |
| | | Division of Health Service | | | | | |
| | Regulation citations; | | | | | | |
| | | and someone has decided | | | | | |
| | not to follow the proce | ess;" | | | | | |

Division of Health Service Regulation

-"we will look at the drill schedule to make sure that all of the buildings are being covered each

STATE FORM 6899 7JGR11 If continuation sheet 4 of 5

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | | |
|---|--|---|---------------------|--|-------------------------------|--------------------------|--|--|
| | | MHL060-982 | B. WING | | 11/19/2021 | | | |
| NAME OF PI | NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | | |
| CASCADE | CASCADE SERVICES 7108 WALLACE ROAD, APT 7000-A CHARLOTTE, NC 28212 | | | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | BE | (X5) COMPLETE DATE | | |
| V 114 | Continued From page | e 4 | V 114 | | | | | |
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