

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL083-037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/13/2022
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NAME OF PROVIDER OR SUPPLIER RAINBOW 66 STOREHOUSE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 603 WEST BOULEVARD LAURINBURG, NC 28352
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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 January 13, 2022. 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> <p>The survey sample consisted of 2 current clients.</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 have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 01/13/22 of facility records from January 2021 thru December 2021 revealed: - No fire drills documented on the 12 midnight to</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	<p>Continued From page 1</p> <p>8am weekday shift for the 2nd quarter.</p> <ul style="list-style-type: none"> - No fire drills for the 12 midnight to 8am weekday shift and the 8pm to 8am weekend shift for the 4th quarter. - No disaster drills documented for the 8am to 4pm weekday shift and the 4pm to 12 midnight shift for the 1st quarter. - No disaster drills documented for the 4pm to 12 midnight weekday shift and the 8pm to 8am weekend shift for the 3rd quarter. <p>Interview on 01/13/22 the Regional Director of Mental Health Services stated:</p> <ul style="list-style-type: none"> - The facility shifts were 8am to 4pm weekday, 4pm to 12 midnight weekday, 12 midnight to 8am weekday, 8am to 8pm weekend and 8pm to 8am weekend. - She understood each identified shift should have a fire and disaster drill documented quarterly. - She would address the drills with staff at the facility. 	V 114		