

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/19/2022
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NAME OF PROVIDER OR SUPPLIER PARADIGM II	STREET ADDRESS, CITY, STATE, ZIP CODE 1216-A MASTERS LANE GREENVILLE, NC 27833
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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 January 19, 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 audits of 3 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 01/19/22 of facility records from January 2021 thru December 2021 revealed the</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>following:</p> <ul style="list-style-type: none"> - No fire drills documented for the weekend 7am to 7pm shift for the 1st, 3rd or 4th quarter. - No fire drills documented for the weekend 7pm to 7am shift for the 1st, 2nd or 4th quarter. - No fire drill documented for the 3rd shift for the 3rd quarter. - No disaster drills documented for the weekend 7am to 7pm shift for the 1st, 2nd, 3rd or 4th quarter. - No disaster drills documented for the weekend 7pm to 7am shift for the 1st, 2nd, 3rd or 4th quarter. <p>Interview on 01/19/22 the House Manager stated:</p> <ul style="list-style-type: none"> - Weekday shifts were from 7am to 3pm, 3pm to 11 pm and 11pm to 7am. - The facility had weekend shifts from 7am to 7pm and 7pm to 7am. - He understood the weekend shifts required drills every quarter. <p>Interview on 01/19/22 the Program Director stated she understood all shifts identified by the facility needed to have fire and disaster drills completed quarterly.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 114		