PRINTED: 01/19/2022 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL083-037 01/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **603 WEST BOULEVARD RAINBOW 66 STOREHOUSE, INC** LAURINBURG, NC 28352 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on January 13. 2022. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. The survey sample consisted of 2 current clients. V 114 27G .0207 Emergency Plans and Supplies V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview the facility RECEIVED failed to have fire and disaster drills held at least quarterly and repeated on each shift. The IAN 26 2022 findings are: **DHSR-MH Licensure Sect** Review on 01/13/22 of facility records from January 2021 thru December 2021 revealed:

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

- No fire drills documented on the 12 midnight to

TITLE

(X6) DATE

STATE FORM

6899

HEMO11

Division of Health Service Regulation					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		DENTI TOATION HOWDER.	A. BUILDING:		
		MHL083-037	B. WING		01/13/2022
NAME OF E	PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, S	STATE, ZIP CODE	
603 WEST BOULEVARD					
RAINBOW 66 STOREHOUSE, INC LAURINBURG, NC 28352					
(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 CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETE DATE
V 114	Continued From page 1		V 114	There will be a Ch our procedures. A of management or staff member will during all fine/o drills. After each	angein
	8am weekday shift for the 2nd quarter. - No fire drills for the 12 midnight to 8am weekday shift and the 8pm to 8am weekend shift for the 4th quarter.			an Alitedures. A	member
				out process	designated
				of management	i
	- No disaster drills documented for the 8am to			at of number will	be preserve
	4pm weekday shift and the 4pm to 12 midnight shift for the 1st quarter.			in the land of	lisaster
	 No disaster drills documented for the 4pm to 12 midnight weekday shift and the 8pm to 8am weekend shift for the 3rd quarter. 			dung all file	0 100
				Prills, After lac	have
				fer each shift	is .
	Interview on 01/13/22 the Regional Director of			feet secont	and Will
	Mental Health Services stated:			Completed this pe	
	- 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.		8	intim Comple	ting the
				assections	positie
				completed this per assist in complete drill forms to every drill has completed and d	,
				and drill has	been tod.
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	MANAGEMENT HAVE SEED FOR THE SEED OF THE S			moniter als de once a quarter sure dulls has completed.	
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CEO: Kimmie C. Johnson

Mental Health Licensure & Certification Section NC DHHS/DHSR 1800 Umstead Drive, Williams Building 2718 MSC Raleigh, NC 27699-2718

Re: Annual Survey Deficiencies

January 19, 2022

Greetings;

This letter is in reference to our plan of correction sited for quarterly health and safety fire/disaster drills at 603 West Blvd., Laurinburg NC 28352. Attached please find our corrective measures put in place to prevent this problem from occurring again.

Thank you for your visit, it was a pleasure having you review our facility. We will implement this new practice immediately. Do have a safe and wonderful day.

With great appreciation,

Edna Grooms

Agency Director