

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-350	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/16/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KELLY STREET HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5300 KELLY STREET CHARLOTTE, NC 28205
--	---

(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 2-16-22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults Whose Primary Diagnosis is a Developmental Disability.</p> <p>The survey sample consisted of audits of three 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 interview and record review, the facility failed to complete fire and disaster drills at least quarterly and repeated for each shift, affecting 3 of 3 audited clients (Clients #1, #2, and #3). The findings are:</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-350	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/16/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KELLY STREET HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5300 KELLY STREET CHARLOTTE, NC 28205
--	---

(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	<p>Continued From page 1</p> <p>Review on 2-16-22 of the facility's Fire and Disaster Drill Log revealed:</p> <ul style="list-style-type: none"> -Form indicating 1st shift ran from 6am-2pm, 2nd shift ran from 2pm-11pm, and 3rd shift ran from 11pm-6am; -No first shift fire drills completed for the first or forth quarter for 2021. -No first shift disaster drill completed for the first or fourth quarter of 2021. <p>Interview on 2-16-22 with the facility manager revealed:</p> <ul style="list-style-type: none"> -first shift was only from 6am until 9am, after that everyone was away from the facility. -She would make sure there would be a first shift fire and disaster drills going forward. <p>Interview on 2-16-22 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -They would make sure that all shifts had a fire and disaster drill done quarterly from now on. <p>This deficiency constitutes a re-cited deficiency and must be corrected with 30 days.</p>	V 114		