

Fax Cover Sheet

THERAPEUTIC ALTERNATIVES, INC.
962 S. Fayetteville St. Asheboro, NC 27203
Phone: (336) 626-1700 Fax: (336) 625-2767

Send to: <u>Mental Health Licensure and Certification Section</u>	From: <u>[Redacted] / OMD Director</u>
Attention: <u>Byson Brown</u>	Date: <u>3/10/2022</u>
Office Location:	Office Location: <u>Asheboro, North Carolina</u>
Fax Number: <u>919-715-8078</u>	Phone Number: <u>(336) 626-1700</u>

- Urgent
- Reply ASAP
- Please comment
- Please Review
- For your Information

Total pages, including cover: 4

Comments by sender:

Good Morning!

The original Plan of Correction is in the mail, however, I am sending by FAX to ensure that you have received. If you have questions, call at 336-465-2379 Thank you, Cathy Lester

IF THE BOX BELOW IS MARKED, the individual receiving this document from the fax machine is requested to sign below and return this cover sheet to the fax number indicated above in order to let the sender of this fax know that you received the total number of pages indicated above. If you did *not* receive the total number of pages indicated above, write the problem in the comments section below, sign your name below, and then fax this cover sheet back to the sender.

Cathy Lester
OPRA
OMD LR

Comments by recipient of fax:

SIGNATURE: _____

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL076-011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/25/2022
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NAME OF PROVIDER OR SUPPLIER FOREST PARK HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2910 FOREST PARK DRIVE RANDLEMAN, NC 27317
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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 2/25/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000	<p>The Director places the day of the month/shift on the calendar for staff to complete fire drills. The Director will follow up to ensure a fire drill was completed for each shifts quarter and place in safety notebook. Any other fire drills that take place do to unexpected events, staff will notify Director (Darlene Minter), then the drill will be reviewed by Director and placed in safety notebook.</p>	
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 reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies. The findings are:</p> <p>Review on 2/25/22 of the facility's fire drill log revealed:</p>	V 114		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Jared K. [Signature]* TITLE *LOO* DATE *3/10/2022* (X6)

RECEIVED

By DHSR Mental Health Licensure & Certification at 10:50 am, Mar 10, 2022

Division of Health Service Regulation

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V 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> -1/19/22-1st shift -12/29/21-3rd shift -11/16/21-2nd shift -10/25/21-1st shift -9/24/21-3rd shift -8/24/21-2nd shift -7/27/21-1st shift -6/27/21-3rd shift -3/24/21-3rd shift -2/9/21-2nd shift <p>-There was no documentation of 1st and 2nd shift fire drills for the 2nd quarter of 2021.</p> <p>Review on 2/25/22 of the facility's disaster drill log revealed:</p> <ul style="list-style-type: none"> -2/22/22-2nd shift -1/27/22-1st shift -12/25/21-3rd shift -11/23/21-2nd shift -10/22/21-1st shift -9/26/21-3rd shift -8/23/21-2nd shift -7/28/21-1st shift -6/25/21-3rd shift -5/21/21-2nd shift -3/28/21-3rd shift -2/18/21-2nd shift <p>-There was no documentation of a 1st shift disaster drill for the 2nd quarter of 2021.</p> <p>Interview on 2/24/22 with client #1 revealed:</p> <ul style="list-style-type: none"> -Staff did fire and disaster drills with them. -He was not sure how often the drills were done. <p>Interview on 2/25/22 with the Program Director revealed:</p> <ul style="list-style-type: none"> -Group home staff worked three separate shifts. -She did not realize there was no documentation for all of the drills. -She confirmed staff failed to conduct fire and 	V 114		

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V 114	Continued From page 2 disaster drills under conditions that simulate emergencies. Interview on 2/25/22 with the Chief Operating Officer confirmed: -Staff failed to conduct fire and disaster drills under conditions that simulate emergencies.	V 114	The Director places the day of month/shift on the calendar for staff to complete disaster drills. The Director will follow up to ensure a disaster drill was completed for each shifts quarter and place in safety notebook. Any other disaster drills that take place do to unexpected events, staff will notify Director (Darlene Minter), then the drill will be reviewed by Director and placed in safety notebook.	