

Division of Health Service Regulation

|  |   |   |   |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL026-876</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>03/02/2022</b> |
|--|---|---|---|

|   |   |
|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MAHOGANY</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6852 MAHOGANY ROAD</b><br><b>FAYETTEVILLE, NC 28314</b> |
|---|---|

| (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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on March 2, 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>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>  | V 000         |   |                    |
| V 114              | <p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></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:<br/>Based on record review and interviews, the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>Review on 03/02/22 of facility records for 2021</p> | V 114         |   |                    |

|  |       |           |
|--|-------|-----------|
| Division of Health Service Regulation<br>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:<br><br><b>MHL026-876</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>03/02/2022</b> |
|--|---|---|---|

|   |   |
|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MAHOGANY</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6852 MAHOGANY ROAD</b><br><b>FAYETTEVILLE, NC 28314</b> |
|---|---|

| (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>revealed:</p> <ul style="list-style-type: none"> <li>-No fire drill documented on 2nd shift for the 3rd quarter of 2021.</li> <li>-No fire drills documented on 1st and 2nd shift for the 4th quarter of 2021.</li> <li>-No disaster drills documented for 3rd shift during for the 1st quarter of 2021.</li> <li>-No disaster drills documented for 1st and 3rd shift during the 2nd quarter of 2021.</li> <li>-No disaster drills documented for 3rd shift during the 3rd quarter of 2021.</li> <li>-No disaster drills documented for 1st, 2nd and 3rd shift during the 4th quarter of 2021.</li> </ul> <p>During interview on 03/02/2022 the Program Manager revealed:</p> <ul style="list-style-type: none"> <li>-She felt like the drills had been completed on not filed in the correct folder.</li> <li>-She would ensure the drills are completed and documented for each shift.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | V 114         |   |                    |