PRINTED: 07/18/2022 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL051-210 03/23/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 217 GEORGE STREET GEORGE STREET FOUR OAKS, NC 27524 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 V 000 INITIAL COMMENTS An Annual Survey was completed March 23, 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. This facility has a current census of 6. The survey sample consisted of audits of 3 current clients. V 114 27G .0207 Emergency Plans and Supplies V 114 10A NCAC 27G .0207 EMERGENCY PLANS **DHSR** - Mental Health AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and AUG 8 2022 shall be approved by the appropriate local authority. Lic. & Cert. Section (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 V 114 accessible for use. RM will create a fire and disaster drill 7/31/2022 schedule that ensures shift, day and times are varied quarterly. This Rule is not met as evidenced by: Based on record review and interview the facility Management will complete a role play 7/31/2022 failed to ensure disaster drills were completed on in-service with staff and clients during each shift quarterly as well as simulated in the house meeting. manner of an emergency. The findings are:

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE STATE FORM

Interview and review on 3/18/22 of the facility's

records revealed:

Division of Health Service Regulation

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A BUILDING:			COMPLETED	
MHL051-210		B. WING		03/	03/23/2022		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 217 GEORGE STREET FOUR OAKS, NC 27524							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
V 114	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		V 114	This Page Intentionally Left	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		

Division of Health Service Regulation





July 27, 2022

India Vaughn-Rhodes, Facility Compliance Consultant I Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

RE: George Street / Annual / March 23, 2022

DHSR - Mental Health

AUG 8 2022

Lic. & Cert. Section

Hello,

Please find enclosed the Plan of Correction and supporting documents for deficiencies cited during the survey referenced above.

If you need additional information or have any questions, please contact me.

Sincerely,

Louise Winstead, RN

Compliance Specialist – Plan of Corrections

pusi histead, RN

louise.winstead@monarchnc.org

252-289-6512

