STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
MHL092-461		B. WING 09			R 07/2022		
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00/0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SI HC RESIDENTIAL PROGRAM FOR WOMEN 1952 SPRING DRIVE							
()(1) ID	STIMMA DV STA	GARNER TEMENT OF DEFICIENCIES	, NC 27529	PROVIDER'S PLAN OF COR	PRECTION	()(5)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	rs	V 000				
	An annual and follo 9/7/22. Deficiencies	w up survey was completed s were cited.					
	category: 10A NCA Recovery Programs	sed for the following service C 27G .4100 Residential s for Individuals with Disorders and Their Children.					
		sed for 16 and currently has a survey sample consisted of clients.					
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114				
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved be authority. (b) The plan shall be and evacuation pro posted in the facility (c) Fire and disaste shall be held at leas repeated for each s under conditions the	en for each facility and plan shall be developed and by the appropriate local e made available to all staff cedures and routes shall be conducted at simulate fire emergencies. all have basic first aid supplies					
	failed to ensure fire	view and interview the facility and disaster drills were anditions that simulate fire					

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
MHL092-461		B. WING			R 09/07/2022		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1952 SPRING DRIVE GARNER, NC 27529							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE / MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE)	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 114	Review on 9/7/22 of 2022 - August 2022 - August 2022 - no fire drill was 10:38am Review 9/7/22 of di 2022 - August 2022 - August 2022 - no disaster dril 8:50pm - 11:42am Interview on 9/7/22 - Had been in the Had not comples since being in the fall Interview on 9/7/22 - Had been in the Had not completed - Was told by and the street for fire drills. Interview and observed the Lead Residential - The shifts were - She looked at the mindone them - She checked the middle of the niddone them - She checked the She checked the didn't see any later	f fire drills between a revealed: s conducted between a conducted between a revealed: Il was conducted between a revealed: Il was conducted between a facility for 2 months a facility. It was conducted between a fire or disaste acility. It was conducted between a fire or disaste acility. It was conducted between a fire or disaste acility. It was conducted between acility for 2 months acility. It was conducted between acility for 2 months acility for 2 months acility. It was conducted between acility for 2 months acility for 2 months acility for 2 months acility for a fire drills for the number of the fire drill for the number of the scheen acility for the pook for the scheen acility for the log book acility for the log book for the 2021 than 9:05pm applementing fire drills for drills for the good for the 2021 than 9:05pm applementing fire drills for drills for the good for the 2021 than 9:05pm applementing fire drills for the good for the 2021 than 9:05pm applementing fire drills for the good for the 2021 than 9:05pm applementing fire drills for the good for the 2021 than 9:05pm applementing fire drills for the good for the 2021 than 9:05pm applementing fire drills for the good for the 2021 than 9:05pm applementing fire drills for the good for the 2021 than 9:05pm applementing fire drills for the good for the 2021 than 9:05pm applementing fire drills for the good for t	n 7:28pm - n January tween s. r drill 2022 and l. utside to during 2:40pm n - 6am nonth and afety staff dule drills in d they had and didn't drills and	V 114			

Division of Health Service Regulation

STATE FORM 8EUQ11 If continuation sheet 2 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
				A. BOILDING.			R		
MHL092-461			B. WING			07/2022			
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
SI HC RESIDENTIAL PROGRAM FOR WOMEN				ING DRIVE NC 27529					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE		
V 114	Continued From pa	ige 2		V 114					
	- "It was my fault	and I take the blam	e for that"						
	This deficiency con and must be correc	stitutes a re-cited detected within 30 days.	eficiency						
V 736	27G .0303(c) Facilit	ty and Grounds Mai	ntenance	V 736					
	EXTERIOR REQUI (c) Each facility and maintained in a safe	803 LOCATION AND IREMENTS d its grounds shall be e, clean, attractive a se kept free from offe	e nd orderly						
	was not maintained and orderly manner Observation 9/7/22 following: - Apartment #184	ion and interview, the I in a safe, clean, att r. The findings are: at 9:15am revealed	ractive						
	- Apartment #184 - kitchen cab	46 pinets fading with sp	ots all over						
	- kitchen floo steps	or buckling and soft of	over by the						
		vater drain in the ups	stairs						
		48 d hole in dining room ng in the ceiling in th							

Division of Health Service Regulation

STATE FORM 8EUQ11 If continuation sheet 3 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
MHI 002 464		MHL092-461	B. WING		R 09/07/2022			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
1952 SPRING DRIVE								
SLHC RESIDENTIAL PROGRAM FOR WOMEN GARNER, NC 27529								
PREFIX (EACH	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE		
room - li - b - Apari - n circular h - Apari - p cabinet b - Apari - k were mis - u broken - Apari - k over then - Apari - 2 - b toilet - Apari - 1 - p dresser - v	tment #19 biece of wo y the sink tment #19 biece of wo y the sink tment #19 bitchen cal sing upstairs ba tment #19 bitchen coun tment #11 of 3 bath bathroom f tment #12 bedroom beeling pai	orking in 2nd bedroom en at the kitchen door 64 droom door had a small bottom of it 54 bod missing off the kitchen 56 binet knobs loose and some athroom toilet paper holder 68 untertops had scratches all 6B room lights were not working floor buckling and soft by the 2E nt in the kitchen by the table nt in the bedroom by the in bedroom had scratches	V 736					

6899

Division of Health Service Regulation STATE FORM

8EUQ11 If continuation sheet 4 of 4