If continuation sheet 1 of 3

Division of Health Service Regulation  STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA				(X2) MULTIPLE CONSTRUCTION (X3) D		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL047-155				
NAME OF PROVIDER OR SUPPLIER STREET AD			DDRESS, CITY, STATE, ZIP CODE		03/10/2022	
RECIO	JS HAVEN INC	181 BOS	TIC ROAD D, NC 283			
(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	COMP E DAT	
V 000	INITIAL COMMENTS		V 000			
	An annual survey was completed on September 16, 2022. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .1800 Intensive Residential Treatment for Children or Adolescents.  This facility is licensed for 12 and currently has a census of 11. The survey sample consisted of audits of 3 current clients.			DHSR - Mental Health  NOV 2 8 2022  Lic. & Cert. Section		
;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES  (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.  (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 accessible for use.		V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES  (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate loca authority.  (b) The plan shall be made available to all staff and evacuation procedures and routes she 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 accessible for use.	all	
fa d	acility failed to ensur lone quarterly on eac	as evidenced by: ews and interviews the e fire and disaster drills were ch shift. The findings are: the facility's fire drill log		Effective 11/16/22, PHI will ensure that fire and disaster drills are completed at least quarterly on each shift.  To correct this and prevent future deficiencies PHI has implemented a revised tracking log form for disaster drills and a new fire drill log		
	IRECTOR'S OR F			TITLE	(X6) DATE	
				Director	11/16/2	

STATE FORM

**FORM APPROVED** 

PKINTED: 09/19/2022 Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: MHL047-155 B. WING 09/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 181 BOSTIC ROAD PRECIOUS HAVEN INC RAEFORD, NC 28376 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)**PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 114 Continued From page 1 V 114 ensure fidelity. Oversight will be provided by revealed: the Program Director quarterly and to ensure -There were no 3rd shift drill for the 3rd, 2nd or compliance. 1st quarter of 2022. -There were were no 1st or 3rd shift drills for the These revised disaster logs and new fire drill log will capture the date, times, signature of staff 4th quarter of 2021. completing drill as well as the program director signature verifying that drills have been Review on 9/16/22 of the facility's disaster drill log completed. revealed: -There were no 3rd shift drill for the 3rd, 2nd or 1st quarter of 2022. PHI will also provide a mandatory training for -There were were no 1st or 3rd shift drills for the staff to on 12/1/2022 addressing Emergency 4th quarter of 2021. Plans and Supplies. Interview on 9/15/22 with client #1 revealed: -She lived at the facility for over a year. -They did fire and disaster drills with staff. She wasn't sure how often the drills were conducted. -She wasn't sure when staff did the last fire or disaster drill with them. Interview on 9/15/22 with client #2 revealed: -She was admitted to the facility last month. -She had not done any fire and disaster drills with -Staff did talk to her about the fire and disaster drills. Interview on 9/15/22 with client #3 revealed: -She lived at the facility for about five months. -Staff had not done any fire and disaster drills with them. Interview on 9/16/22 with the Licensee revealed: -The facility had three separate staff shifts.

Division of Health Service Regulation

-She thought staff were doing fire and disaster

-The clients were complaining about staff waking

-She wasn't sure why staff were not documenting fire and disaster drills were being conducted

drills during 3rd shift with the clients.

them up during 3rd shift.

PKINTED: U9/19/2022

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED MHL047-155 B. WING 09/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 181 BOSTIC ROAD PRECIOUS HAVEN INC RAEFORD, NC 28376 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 114 Continued From page 2 V 114 during 3rd shift. -She confirmed staff failed to ensure fire and disaster drills were done quarterly on each shift.

Division of Health Service Regulation