

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-130	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/30/2022
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NAME OF PROVIDER OR SUPPLIER EL OGDEN	STREET ADDRESS, CITY, STATE, ZIP CODE 129 EL OGDEN DRIVE WILMINGTON, NC 28405
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on November 30, 2022. The complaint was unsubstantiated (intake #NC00192555). Deficiencies were 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>The facility is licensed for 3 and currently has a census of 3 clients. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">JAN 3 2023</p> <p style="text-align: center;">Lic. & Cert. Section</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 review and interview the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p>	V 114	<p>Update policy to include the ESUCP Residential Shift schedule (6am – 2 pm; 2pm-10pm; 10p-6am)</p> <p>Drill schedule will be shared via email to all managers by QM.</p> <p>Program Director will provide education of the shift schedule to staff at the El Ogden GH and ensure the document is posted in the staff area.</p> <p>The drill protocol and multiple communications have gone out to programs regarding the drill shift schedule.</p> <p>The drills had been completed on the required shift schedule.</p>	1/20/22

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Leslie Flowers, Snr. QM Director</i>	TITLE 12/22/22	(X6) DATE
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V 114	Continued From page 1 Review on 11/30/22 of facility records from 4/1/22 - 9/30/22 revealed: - 1st quarter (4/01/22 - 6/30/22): No fire or disaster drills documented on the 4th and 5th shifts. - 2nd quarter (7/01/22 - 9/30/22): No fire or disaster drills documented on the 4th and 5th shifts. Interview on 11/30/22 the Qualified Professional (QP) stated: - There were 3 shifts during the weekdays (M - F) and 2 shifts on the weekends (wknd). - 1st shift was 6am - 2pm (M - F). - 2nd shift was 2pm- 10pm (M - F). - 3rd shift was 10pm- 6am (M - F). - 4th shift was 8am - 8pm (wknd). - 5th shift was 8pm - 8am (wknd). - He would make sure that the new QP included the 4th and 5th shifts in fire/disaster drills.	V 114		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between	V 752	GH Director will develop a tracking form for water temperature checks. It will be completed daily and at rotating locations and on rotating shifts.: Kitchen Sink, Bathroom 1, Bathroom 2 If discrepancy is found contact the plumber (information provided). GH Director will contact the plumber 12/20/2022 to have the temperature adjusted. QM and director will have an unannounced visit prior to the end of the month. To ensure compliance.	1/20/22

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V 752	Continued From page 2 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are: Observation on 11/30/22 at approximately 4:00pm revealed: -The hot water temperature in bathroom #1 was 122 degrees Fahrenheit at the sink. -The hot water temperature at the kitchen sink was 121 degrees Fahrenheit. Interview on 11/30/22 the Qualified Professional stated: -He would follow up to ensure the proper range of water temperature was maintained.	V 752		

Policy: Drills

Revisions: 04-08; 01-09; 07-10; 03-11; 05-12,
9-15, 11-15, 1-16, 11-18, 02-22, 12.22

Policy #: 631.2

Reference: 10A NCAC 27G.0207; 10A NCAC
Chapter 9.0102; Child Care Rule .0605(s) and
.0302(d)(8); VA Code 450.3; 530.

Policy:

Easterseals UCP will conduct regular drills in its licensed and residential settings (with the exception of licensed foster homes) to assure the safety and well-being of people supported in those environments.

Purpose:

To assure that people served by ESUCP are supported to be safe in the environments in which they live or frequent.

Procedure:

The following ESUCP programs are required to conduct regular drills according to the prescribed timeframes. Specific protocols for each drill are listed below.

- **Group Homes**
Per 10A NCAC 27G .0207 and VA Code fire and disaster drills in a 24 hour facility shall be held at least quarterly and shall be repeated for each shift documenting the length of time for the completion of the drill.
“Shift” is identified as: 1st shift – 6am-2pm; 2nd Shift – 2pm-10pm; 3rd Shift – 10pm-6am.
- **Child Care Centers**
Per 10A NCAC 09.1302 and Child Care Rule .0605(s) and .0302(d)(8) child care centers must conduct a shelter-in-place or lockdown drill at least every three months. They must keep a record that includes the date of each drill, time of day, the length of time to reach the designated location and the signature of the person conducting the drill.
- **Adult Day Vocational Programs (ADVP) and Psychosocial Rehabilitation Program (PSR)**
- **Facility-Based Crisis Services (START)**
Per 10A NCAC 27G .0207 fire and disaster drills in a 24 hour facility shall be held at least quarterly and shall be repeated for each shift documenting the length of time for the completion of the drill.
- **Licensed Alternative Family Living Homes (AFL)**
Per 10A NCAC 27G .0207 fire and disaster drills in a 24 hour facility shall be held at least quarterly and shall be repeated for each shift documenting the length of time for the completion of the drill.

For home and community based services provided outside of an ESUCP location, the following are recommended as a source of discussion in the home.

Policy: Drills

Revisions: 04-08; 01-09; 07-10; 03-11; 05-12,
9-15, 11-15, 1-16, 11-18, 02-22, 12.22

Policy #: 631.2

Reference: 10A NCAC 27G.0207; 10A NCAC
Chapter 9.0102; Child Care Rule .0605(s) and
.0302(d)(8); VA Code 450.3; 530.

Child Care Centers:

Fire Drills

Child care centers must conduct one fire drill each month at unexpected times and under varying conditions. Effective October, 2015, drills must be documented on the *Emergency Drill Log & Report – Child Care Centers* form – Fire Drill Log section. At least one drill per year should be conducted during naptime. Reports are to be faxed to the QM/SD Specialist monthly with the original maintained at the center for inspection by the Division of Child Development and Early Education (DCDEE) consultant. The report must contain the following information:

- Date
- Time of drill
- Time required to evacuate
- Number of people evacuated (children / adults)
- Method of notification
- Weather conditions
- Condition simulated / problems
- Signature of person conducting drill

Shelter-In-Place or Lockdown Drills

Child care centers must conduct a shelter-in-place or lockdown drill, as defined by 10A NCAC 09.0102, at least every three months. The center must keep a record that includes the date of each drill, time of day, the length of time to reach the designated location and the signature of the person conducting the drill. Effective October, 2015, drills must be documented on the *Emergency Drill Log & Report – Child Care Centers* Shelter-in-Place or Lockdown Drill Log section. Reports are to be faxed to the QM/SD Specialist monthly with the original maintained at the center for inspection by the DCDEE consultant.

Policy: Drills

Revisions: 04-08; 01-09; 07-10; 03-11; 05-12,
9-15, 11-15, 1-16, 11-18, 02-22, 12.22

Policy #: 631.2

Reference: 10A NCAC 27G.0207; 10A NCAC
Chapter 9.0102; Child Care Rule .0605(s) and
.0302(d)(8); VA Code 450.3; 530.

Group Homes, Facility Based Crisis Services, Licensed AFL's, Adult Day Vocational Programs (ADVP) and Psychosocial Rehabilitation Program (PSR)

Fire Drills

Fire drills must be conducted monthly as prompted by the month-by-month ESUCP Drill Report, unannounced to staff and individuals receiving services, and at varied times throughout the service day. Individuals should be escorted to one of two identified safe zones (with an alternate) a minimum of 50 feet from the service site. Please see ESUCP's Drill Protocol for suggested evacuation time for having everyone in position with 100% of persons and staff present and accounted for. No one may reenter the service area until cleared to do so by the designated employee.

Fire Drills for Group Home and Residential Settings

In addition to the requirements listed above for Fire Drills, group home and residential settings must also complete and document one drill per shift per quarter. "Shift" is identified as: 1st shift – 6am-2pm; 2nd Shift – 2pm-10pm; 3rd Shift – 10pm-6am.

At least one drill per quarter should be conducted during overnight hours. Drills may be scheduled to create minimal sleep disruption but should be avoided at times when staff numbers are greater than typical for that shift.

Disaster/Emergency Drills (Tornado, External Threat, and Evacuation):

Disaster/Emergency Drills shall be conducted monthly as prompted by the month-by-month ESUCP Drill Report, unannounced to staff and individuals receiving services, and at varied times throughout the service day. The following are considered Disaster/Emergency Drills:

Tornado Drills

Once a Tornado Drill is initiated individuals should be escorted to a safe zone in the center of the facility away from windows and doors and encouraged to sit with their heads protected and towards a wall. Please see ESUCP's Drill Protocol for suggested evacuation time for having everyone in position with 100% of persons and staff present and accounted for. During the drill the designated employee should review safety protocols for what to do in the event there is a tornado while individuals are away from home.

External Threat/Security Drills

External threat is a threat other than fire or natural disasters, such as break-ins; workplace violence and bomb threats. Because evacuation is covered elsewhere, this section deals specifically with those threats that require additional site security. Administrative office safety drills should be conducted annually. The drill is considered completed when all individuals and staff are escorted to a safe zone in the center of the facility away from windows and doors. During the drill, doors and windows should be locked where possible without endangering the safety of those within. Please see ESUCP's Drill Protocol for suggested evacuation time for having everyone in position with 100% of persons and staff present and accounted for.

Policy: Drills

Revisions: 04-08; 01-09; 07-10; 03-11; 05-12,
9-15, 11-15, 1-16, 11-18, 02-22, 12.22

Policy #: 631.2

Reference: 10A NCAC 27G.0207; 10A NCAC
Chapter 9.0102; Child Care Rule .0605(s) and
.0302(d)(8); VA Code 450.3; 530.

Evacuation Drills

An Evacuation Drill should be conducted quarterly. An evacuation could occur when there is a natural disaster in which individual's should be removed from the location. Should an evacuation be required, reference your site specific Disaster and Evacuation Plan located on IMPACT/QM/Safety and Assurances/Disaster Plans for ESUCP Facilities.

The drill is considered complete when all individuals and supplies are in the identified secure location. The following supplies should be accounted for::

- Medications, if applicable;
- Active service records and Medication Administration Records;
- Food & water supply for 3 days, minimum;
- First Aid Kit;
- Valid photo identification for all persons, including staff;
- Emergency contact numbers for persons served and staff;
- Battery powered radio, flashlight and extra batteries;
- Cell phone; and Company credit card.

Please see ESUCP's Drill Protocol for suggested evacuation time for having everyone in position with 100% of persons and staff present and accounted for

Reporting & Corrective Actions

Drills will be uploaded into Welligent.

Drills will be tracked and reviewed for compliance monthly by the Licensing & Regulatory Coordinator.

Staff who fail to comply with drill requirements will be subject to disciplinary action by the appropriate leader.

DRILL REPORTS

1ST SHIFT 6AM-2PM; 2ND SHIFT 2PM-10PM; 3RD SHIFT 10PM-6AM

MONTH	DRILL	SHIFT
JULY	FIRE TORNADO	10PM TO 6AM
AUGUST	FIRE EVACUATION	6AM TO 2PM
SEPTEMBER	FIRE EXTERNAL THREAT	2PM TO 10PM
OCTOBER	FIRE EVACUATION	2PM TO 10PM
NOVEMBER	FIRE EXTERNAL THREAT	10PM TO 6AM
DECEMBER	FIRE TORNADO	6AM TO 2PM
JANUARY	FIRE EVACUATION	10PM TO 6AM
FEBRUARY	FIRE TORNADO	2PM TO 10PM
MARCH	FIRE EXTERNAL THREAT	6AM TO 2PM
APRIL	FIRE EVACUATION	2PM TO 10PM
MAY	FIRE TORNADO	6AM TO 2PM
JUNE	FIRE EXTERNAL THREAT	10PM TO 6AM

ESUCP Residential shifts: 1st shift 6am-2pm; 2nd shift 2pm-10pm; 3rd shift 10pm-6am
Temperature should be 100-116 Fahrenheit - Contact Plumber if not.

Date	Time	Location	Temperature Reading	Signature
		Kitchen (1 st shift)		
		Bathroom 1 (2 nd shift)		
		Bathroom 2 (3 rd shift)		
		Kitchen (3 rd shift)		
		Bathroom 1 (1 st shift)		
		Bathroom 2 (2 nd shift)		
		Kitchen (2 nd shift)		
		Bathroom 1 (3 rd shift)		
		Bathroom 2 (1 st shift)		
		Kitchen (1 st shift)		
		Bathroom 1 (2 nd shift)		
		Bathroom 2 (3 rd shift)		
		Kitchen (3 rd shift)		
		Bathroom 1 (1 st shift)		
		Bathroom 2 (2 nd shift)		
		Kitchen (2 nd shift)		
		Bathroom 1 (3 rd shift)		
		Bathroom 2 (1 st shift)		
		Kitchen (1 st shift)		
		Bathroom 1 (2 nd shift)		
		Bathroom 2 (3 rd shift)		
		Kitchen (3 rd shift)		



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

December 14, 2022

See Attached Completed Plan of Correction Supporting documentation (POC)

Heather Humphrey-Greer
Easter Seals UCP North Carolina & Virginia, Inc.
5171 Glenwood Avenue Suite 211
Raleigh, NC 27612

Re: Annual, Complaint, and Follow Up Survey Completed November 30, 2022
El Ogden, 129 El Ogden Drive, Wilmington, NC 28405
MHL# 065-130
E-mail Address: heather.humphrey-greer@eastersealsucp.com
Intake #NC00192555

Dear Ms. Humphrey-Greer:

Thank you for the cooperation and courtesy extended during the annual, complaint, and follow up survey completed November 30, 2022. The complaint was unsubstantiated.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be corrected within 60 days from the exit of the survey, which is January 29, 2023.

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
Indicate what measures will be put in place to prevent the problem from occurring again.
Indicate who will monitor the situation to ensure it will not occur again.
Indicate how often the monitoring will take place.
Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

December 14, 2022
El Ogden
Easter Seals UCP North Carolina & Virginia, Inc.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Gloria Locklear at 910-214-0350.

Sincerely,



Ryan Meredith
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
Joy Futrell, CEO, Trillium Health Resources LME/MCO
Fonda Gonzales, Director of Quality Management, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Supervisor