

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl067-133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2023
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NAME OF PROVIDER OR SUPPLIER SILVERLEAF LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 109 SILVERLEAF DRIVE JACKSONVILLE, NC 28546
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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
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on March 2, 2023. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff-Secure for Children and Adolescents.</p> <p>This facility is licensed for 4 and has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
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 ensure fire and disaster drills were done quarterly on each shift. The findings are:</p> <p>Review on 3/1/23 of facility records from 1/1/22 -</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 114	<p>Continued From page 1</p> <p>12/31/22 revealed: -No fire drills were documented for the 2 week end shifts from 4/1/22 - 12/31/22. -There were no disaster drills documented from 1/1/22 - 12/31/22.</p> <p>Interview on 3/1/22 client #2 stated: -They practiced fire drills, and "no matter what we are doing, we have to go outside." Clients and staff would meet by a pole in front of the facility. -He did not recall doing a disaster drill in the facility. -He had been told if there was a tornado he was to go into the bathroom and cover the mirror, but this had not been practiced. -There had been 2 fire drills done at the house "yesterday."</p> <p>Interview on 3/1/22 client #3 stated: -Fire drills were done every month at different times of the day. -Everyone had to meet at the designated pole and staff would discuss the drill. -Disaster drills, to include tornado and hurricane drills, were done at "Day Treatment."</p> <p>Interview on 3/1/22 Staff #4 stated: -Fire drills were practiced at the facility and the clients would meet at a designated pole. -Other drills like tornado, hurricane, and intruder were done at "Day Treatment."</p> <p>Interview on 3/1/22 Staff #9 stated: -Fire drills were done during the week and on week ends. -He could not recall doing disaster drills.</p> <p>Interview on 3/2/23 the Program Manager stated: -Shift hours are Monday - Friday: 1:30 pm -11 pm, 11 pm - 9:30 am.</p>	V 114		

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V 114	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Shift hours on the week ends: 11 am - 11 pm and 11 pm - 11 am, -The drills documented on the forms were all fire drills, even though names of disaster drills were listed by each entry. -She would make sure the form was updated. -Fire drills were done each month, one between 12 am - 12 pm and one done between 12 pm and 12 am. -She did not realize they needed a drill per each shift each quarter. -All disaster drills were done at "Day Treatment." She thought that was "ok" since the clients were the same at "Day Treatment" as in the home. 	V 114		