

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL002-028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/24/2023
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NAME OF PROVIDER OR SUPPLIER LUCA'S HOPE III	STREET ADDRESS, CITY, STATE, ZIP CODE 243 LILEDOUN ROAD TAYLORSVILLE, NC 28681
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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, complaint and follow up survey was completed on 2/23/23. Complaint # NC196737 was unsubstantiated and complaint #NC197731 was substantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p> <p>This facility is licensed for 6 and currently has a census of 3. The survey sample consisted of audits of 3 current clients and 2 former 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 reviews and interviews, the facility failed to hold fire and disaster drills on each shift at least quarterly. The findings are:</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>Review on 2/21/22 of fire and disaster drills revealed:</p> <ul style="list-style-type: none"> -There was no documentation of fire drills having been conducted on 1st shift in the quarter from October - December 2022. -There was no documentation of disaster drills having been conducted on 2nd shift in the quarter from October - December 2022. -There was no documentation of disaster drills having been conducted on 3rd shift in the quarter from July - September 2022. <p>Interview on 9/21/23 with the Executive Director revealed:</p> <ul style="list-style-type: none"> -Did not have a master schedule to follow for drills. -Will have the new House Manager create a schedule to meet requirements. 	V 114		