


Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL057-014</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>03/03/2023</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MADISON COUNTY GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 MOUNTAIN HEIGHTS AVENUE<br/>HOT SPRINGS, NC 28743</b> |
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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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 3/3/23. 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>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>  | V 000 |  |  |
| V 114 | <p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></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:<br/>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> <p>Review on 3/3/23 of fire and disaster drills revealed:</p> | V 114 | <p>DHSR - Mental Health</p> <p>MAR 23 2023</p> <p>Lic. &amp; Cert. Section</p> |  |

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| <br>PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE<br><i>Executive Director</i> | (X6) DATE<br><i>3/20/23</i> |
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| V 114 | Continued From page 1<br><br>-There was no documentation of fire drills having been conducted on 2nd shift in the quarter from October - December 2022.<br>-There was no documentation of disaster drills having been conducted on 2nd shift in the quarter from October - December 2022.<br><br>Interview on 3/4/23 with the Executive Director revealed:<br>-Did not have a master schedule to follow for drills.<br>-Will work with the new safety manager to create a schedule and adapt their current documentation to better meet requirements.  | V 114 | <u>V 114</u><br>A new master fire drill schedule has been established for fire drills and disaster drills to be conducted in each of the two shifts once a month to better meet both state and CARF guidelines. To be monitored by Exec. Dir. monthly. | 3/6/23 |
| V 131 | G.S. 131E-256 (D2) HCPR - Prior Employment Verification<br><br>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY<br>(d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.<br><br><br><br><br><br><br><br><br>This Rule is not met as evidenced by:<br>Based on record review and interviews, the facility failed to ensure each staff member had no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry (HCPR) prior to date of hire for 2 of 3 audited staff (Staff #1 and Qualified Professional) | V 131 | <u>V 114 continued</u><br>A new form has also been created that has separate tracking sections for fire and disaster drills.   | 3/6/23 |

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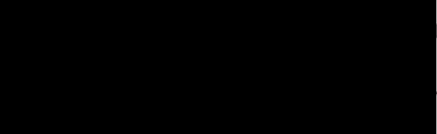
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| V 131              | <p>Continued From page 2</p> <p>(QP). The findings are:</p> <p>Record review on 3/4/23 for Staff #1 revealed:<br/>-Date of Hire- 12/9/21.<br/>-Date of HCPR verification- unable to locate.</p> <p>Record review on 3/4/23 for the QP revealed:<br/>-Date of Hire- 7/1/21.<br/>-Date of HCPR verification- 7/9/21.</p> <p>Interview on 3/4/23 with the QP revealed:<br/>-He was responsible for completed the HCPR check for Staff #1 as he was still Executive Director at that time. They recently sent documents to their accrediting agency and thinks the HCPR for Staff #1 was in that batch of papers.</p> <p>Interview on 3/4/23 with the Executive Director revealed:<br/>-The QP was initially hired as the executive Director by their Board of Directors. She did not know specifically who was responsible for conducting the HCPR check at that time.</p> | V 131         | <p>V131</p> <p>Staff #'s completed HCPR check had been done, was downloaded and put into staff folder.</p> <p>The QP's completed HCPR check has also been added to staff folder.</p> <p>MCGH will continue to ensure all new staff have a HCPR check and new hire checklist has been updated to make it more clear this must be done prior to hiring. ED and QP will both monitor new hire process to ensure HCPR is done per state guidelines.</p> | <p>3/20/23</p> <p>3/20/23</p> <p>3/20/23</p> |

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| V 114              | <p>Continued From page 1</p> <p>-There was no documentation of fire drills having been conducted on 2nd shift in the quarter from October - December 2022.</p> <p>-There was no documentation of disaster drills having been conducted on 2nd shift in the quarter from October - December 2022.</p> <p>Interview on 3/4/23 with the Executive Director revealed:</p> <p>-Did not have a master schedule to follow for drills.</p> <p>-Will work with the new safety manager to create a schedule and adapt their current documentation to better meet requirements.</p>   | V 114         | <p><i>A new master fire drill schedule has been established for fire drills and disaster drills to be conducted in each of the two shifts once a month to better meet both state and CARF guidelines. To be monitored by Executive Director monthly.</i></p> <p><i>A new form has also been created that has separate tracking sections for fire drills and disaster drills.</i></p> | <p>03/06/23</p> <p>03/06/23</p> |
| V 131              | <p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interviews, the facility failed to ensure each staff member had no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry (HCPR) prior to date of hire for 2 of 3 audited staff (Staff #1 and Qualified Professional)</p> | V 131         |  |                                 |

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