

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/11/2023	
NAME OF PROVIDER OR SUPPLIER SHADOWRIDGE RETREAT		STREET ADDRESS, CITY, STATE, ZIP CODE 107 SILVERLEAF DRIVE JACKSONVILLE, NC 28546			
(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	INITIAL COMMENTS An annual survey was completed on May 11, 2023. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff-Secure for Children and Adolescents. The facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	V 000	<p style="text-align: center;">RECEIVED JUN 12 2023 DHSR-MH Licensure Sect</p>		
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 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. 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:	V 114		All Staff were provided with an written copy of the Disaster, Fire and Weather procedures.	4/1/23
				To meet the requirements all staff have been retrained on Fire and Disaster Drills.	4/1/23
				New forms were created in March. Due to being sited previously at a different location. The forms were updated to reflect all shifts to include 12 hour weekend shifts Fire drills are conducted monthly.	3/11/23

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

D3BX11

If continuation sheet 1 of 2

Division of Health Service Regulation

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V 114	<p>Continued From page 1</p> <p>Review on 5/11/23 of facility records from 4/1/22 - 3/31/23 revealed:</p> <ul style="list-style-type: none"> -1st quarter (4/1/22 - 6/30/22): No disaster drills documented on the 1st, 2nd, 3rd, and 4th shifts. -1st quarter (4/1/22 - 6/30/22): No fire drills documented on the 3rd and 4th shifts -2nd quarter (7/01/22 - 9/30/22): No disaster drills documented on the 1st, 2nd, 3rd, and 4th shifts. -2nd quarter (7/01/22 - 9/30/22): No fire drills documented on the 3rd and 4th shifts. -3rd quarter (10/01/22 - 12/31/22): No disaster drills documented on the 1st, 2nd, 3rd, and 4th shifts. -3rd quarter (10/01/22 - 12/31/22): No fire drills documented on the 3rd and 4th shifts <p>Interview on 5/11/23 the Program Manager stated:</p> <ul style="list-style-type: none"> -There were 4 shifts throughout the week. -1st shift was 1:30pm - 11pm (Monday - Friday). -2nd shift was 11pm - 9:30am (Monday - Friday). -3rd shift was 11am - 11pm (Weekends). -4th shift was 11pm - 11am (Weekends). -During a recent state survey at another facility, it was brought to their attention that they had not been covering all of their shifts during fire and disaster drills. -They have revised their fire and disaster drill schedule for the 2023 calendar year to ensure that all shifts are reflected for both fire and disaster drills. 	V 114	<p>Disaster drills are completed quarterly by the house AP @ shadowridge.</p> <p>To meet the goal immediately a Disaster drill was completed and documented for the month of June</p>	6/02/23



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 26, 2023

Susan Frankfort, QI Director
FACT Specialized Services, LLC
120 Henderson Drive, Suite B
Jacksonville, NC 28540

Re: Annual Survey Completed 5/11/23
Shadowridge Retreat, 107 Silverleaf Drive, Jacksonville, NC 28546
MHL# 067-101
E-mail Address: charris@mhfc.org; sfwinningham@mhfc.org

Dear Ms. Frankfort:

Thank you for the cooperation and courtesy extended during the annual survey completed 5/11/23.

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 deficiency

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 7/10/23.

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.

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
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.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

5/26/23
Shadowridge Retreat
FACT Specialized Services, LLC

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,

A handwritten signature in black ink, appearing to read "Ryan" followed by a stylized flourish.

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