

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-052 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R 06/07/2023 |
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| NAME OF PROVIDER OR SUPPLIER ALAN CIRCLE | STREET ADDRESS, CITY, STATE, ZIP CODE 1222 PEE DEE ROAD ABERDEEN, NC 28315 |
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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, follow-up and complaint survey was completed on June 7, 2023. The complaint (intake #NC00202053) was substantiated. 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. 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 conduct fire and disaster drills on each</p> | V 114 | <p>DHSR - Mental Health</p> <p>JUL 05 2023</p> <p>Lic. & Cert. Section</p> | |

Division of Health Service Regulation

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Robert J. Evans BSW/QP

TITLE

Director of Residential Services 6/17/23

(X6) DATE

Division of Health Service Regulation

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| V 114 | <p>Continued From page 1</p> <p>shift at least quarterly. The findings are:</p> <p>Review on 6/7/23 of the facility's fire and disaster drills record revealed:</p> <ul style="list-style-type: none"> -There were two 1st shift fire drills conducted on 2/8/23 and 3/17/23. -There were no other fire drills conducted since 3/17/23. -There were three disaster drills conducted on 1st, 2nd and 3rd shift for the 1st quarter. -There were no disaster drills conducted since 3/2023. <p>Interview on 6/7/23 with the Qualified Professional/Director revealed:</p> <ul style="list-style-type: none"> -He brought all of books needed for the survey to the group home. -When asked if there were any other fire/disaster documents he reported, maybe at the office. | V 114 | <p>Fire drills are attached, see attachments pg 2.</p> | 6-14-23 |
| V 290 | <p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the</p> | V 290 | | |

#1

FIRE / HURRICANE / TORNADO DRILL

(Print neatly & legibly)

Instructions: The manager of each facility is to complete this check sheet and submit to the Residential Supervisor / Residential Coordinator at the end of each month.

Date sheet completed 4/12/23

Print Name [Redacted]

Facility Alan Circle PDR

Signature [Redacted]

Facility Address: 1222 Pee Dee Road
Aberdeen N.C. 28315

Type of Drill: FIRE HURRICANE TORNADO

Time of day previous drill was conducted: 2:00 P.M. Time of day this drill was conducted: 7:00 P.M.

FIRE

1. TIME REQUIRED FOR EVACUATION (fire only): _____

COMMENTS: _____

2. WERE APPROPRIATE EXITS USED (fire only): YES NO

COMMENTS: _____

3. WAS THE FIRE DEPARTMENT CALLED (simulated only): YES NO

COMMENTS: _____

HURRICANE/TORNADO

1. WERE OCCUPANTS MOVED TO THE BEST PROTECTED AREA OF THE FACILITY (interior halls away from glass): YES NO

COMMENTS: _____

2. WAS AN OPERATIONAL CHECK DONE ON FLASHLIGHTS, BATTERIES, CANDLES, FIRST AID SUPPLIES & SPECIAL MEDICATIONS: YES NO

COMMENTS: _____

ALL MEMBER(S) ON DUTY (print name(s)):

IF ANY AREAS ARE INDICATED WITH A NO, IDENTIFY NUMBER AND CORRECTIVE ACTION BEING TAKEN.

Signature of Residential Manager
[Redacted]

Date
6-1-23
Date
6-1-23
Date

Describe below the scenario utilized in the practice drill for fire / hurricane / tornado drill. Circle the scenario being described:

FIRE

HURRICANE

TORNADO

All Residents were told that a tornado drill was being conducted. All Residents moved to the hallway away from windows to avoid broken glass and other flying objects.

#1


FIRE / HURRICANE / TORNADO DRILL


(Print neatly & legibly)

Instructions: The manager of each facility is to complete this check sheet and submit to the Residential Supervisor / Residential Coordinator at the end of each month.

Date sheet completed 4/6/23

Facility Alan Circle PAB

Print Name 

Signature 

Facility Address: 1222 Pee Dee Road
Aberdeen N.C 28315

Type of Drill: FIRE HURRICANE TORNADO

Time of day previous drill was conducted: 6:00 P.M. Time of day this drill was conducted: 5:30 P.M.

FIRE

1. TIME REQUIRED FOR EVACUATION (fire only): 110 seconds

COMMENTS: Residents and Staff assembled outside at the Mailbox

2. WERE APPROPRIATE EXITS USED (fire only): YES NO

COMMENTS: Staff assisted Raymond and Pete down the steps

3. WAS THE FIRE DEPARTMENT CALLED (simulated only): YES NO

COMMENTS: Staff simulated call to 911

HURRICANE/TORNADO

1. WERE OCCUPANTS MOVED TO THE BEST PROTECTED AREA OF THE FACILITY (interior halls away from glass): YES NO

COMMENTS: _____

2. WAS AN OPERATIONAL CHECK DONE ON FLASHLIGHTS, BATTERIES, CANDLES, FIRST AID SUPPLIES & SPECIAL MEDICATIONS: YES NO

COMMENTS: _____

4. ALL MEMBER(S) ON DUTY (print name(s)):

ANY AREAS ARE INDICATED WITH A NO, IDENTIFY NUMBER AND CORRECTIVE ACTION BEING TAKEN.

Signature of Residential Coordinator 

Date 6-1-23
Date 6-1-23
Date _____

Describe below the scenario utilized in the practice drill for fire / hurricane / tornado drill. Circle the scenario being described:

FIRE

HURRICANE

TORNADO

Staff informed Residents that a fire drill was taken place and provided direction for what they needed to do and where we needed to go.

#1

FIRE / HURRICANE / TORNADO DRILL

(Print neatly & legibly)

Instructions: The manager of each facility is to complete this check sheet and submit to the Residential Supervisor / Residential Coordinator at the end of each month.

Date sheet completed 4/11/23

Facility Alon Circle PNB

Print Name [REDACTED]

Signature [REDACTED]

Facility Address: 1222 Pee Dee Road
Aberdeen N.C. 28315

Type of Drill: FIRE HURRICANE TORNADO

Time of day previous drill was conducted: 5:00 P.M. Time of day this drill was conducted: 6:00 P.M.

FIRE

1. TIME REQUIRED FOR EVACUATION (fire only): _____

COMMENTS: _____

2. WERE APPROPRIATE EXITS USED (fire only): YES NO

COMMENTS: _____

3. WAS THE FIRE DEPARTMENT CALLED (simulated only): YES NO

COMMENTS: _____

HURRICANE/TORNADO

1. WERE OCCUPANTS MOVED TO THE BEST PROTECTED AREA OF THE FACILITY (interior halls away from glass): YES NO

COMMENTS: _____

2. WAS AN OPERATIONAL CHECK DONE ON FLASHLIGHTS, BATTERIES, CANDLES, FIRST AID SUPPLIES & SPECIAL MEDICATIONS: YES NO

COMMENTS: _____

[REDACTED] name(s): _____

[REDACTED] IF A NO, IDENTIFY NUMBER AND CORRECTIVE ACTION BEING TAKEN.

[REDACTED]

Date
6-1-23
Date
6-1-23
Date

Describe below the scenario utilized in the practice drill for fire / hurricane / tornado drill. Circle the scenario being described:

FIRE

HURRICANE

TORNADO

Staff informed Residents that a hurricane drill was being conducted. Everyone moved to the hallway / protected area. Emergency procedures reviewed and all safety equipment checked.

#2

FIRE / HURRICANE / TORNADO DRILL

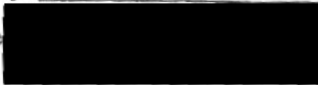
(Print neatly & legibly)

Instructions: The manager of each facility is to complete this check sheet and submit to the Residential Supervisor / Residential Coordinator at the end of each month.

Date sheet completed 5-8-23

Facility Alan Circle PDR

Print Name 

Signature 

Facility Address: 1222 Pee Dee Rd
Aberdeen N.C. 27315

Type of Drill: FIRE HURRICANE TORNADO

Time of day previous drill was conducted: 5:30pm Time of day this drill was conducted: 6:30am

FIRE

1. TIME REQUIRED FOR EVACUATION (fire only): 1 min 45 sec

COMMENTS: _____

2. WERE APPROPRIATE EXITS USED (fire only): YES NO

COMMENTS: _____

3. WAS THE FIRE DEPARTMENT CALLED (simulated only): YES NO

COMMENTS: _____


HURRICANE/TORNADO

1. WERE OCCUPANTS MOVED TO THE BEST PROTECTED AREA OF THE FACILITY (interior halls away from glass): YES NO

COMMENTS: _____

WAS AN OPERATIONAL CHECK DONE ON FLASHLIGHTS, BATTERIES, CANDLES, FIRST AID SUPPLIES & SPECIAL MEDICATIONS: YES NO

COMMENTS: _____

AFF MEMBER(S) ON DUTY [print name(s)]: 

ANY AREAS ARE INDICATED WITH A NO, IDENTIFY NUMBER AND CORRECTIVE ACTION BEING TAKEN.



Date 6-1-23

Date 6-1-23

Date

Describe below the scenario utilized in the practice drill for fire / hurricane / tornado drill. Circle the scenario being described:

FIRE

HURRICANE

TORNADO

Staff sounded the fire alarm and told participants there was a fire and that we needed to exit the facility quickly and go to our safe meeting place which was the mailbox. Staff simulated a ^{the 5-2-23} ~~fire~~ 911 call.

#2

FIRE / HURRICANE / TORNADO DRILL

(Print neatly & legibly)

Instructions: The manager of each facility is to complete this check sheet and submit to the Residential Supervisor / Residential Coordinator at the end of each month.

Date sheet completed 5-22-23

Facility Alan Circle PDR

Print Name [REDACTED]

Sign [REDACTED]

Facility Address: 1222 Pec Dee Rd
Aberdeen N.C. 28315

Type of Drill: FIRE HURRICANE TORNADO

Time of day previous drill was conducted: 7:00pm Time of day this drill was conducted: 6:30am

FIRE

1. TIME REQUIRED FOR EVACUATION (fire only): _____

COMMENTS: _____

2. WERE APPROPRIATE EXITS USED (fire only): YES NO

COMMENTS: _____

3. WAS THE FIRE DEPARTMENT CALLED (simulated only): YES NO

COMMENTS: _____

HURRICANE/TORNADO

1. WERE OCCUPANTS MOVED TO THE BEST PROTECTED AREA OF THE FACILITY (interior halls away from glass): YES NO

COMMENTS: _____

2. WAS AN OPERATIONAL CHECK DONE ON FLASHLIGHTS, BATTERIES, CANDLES, FIRST AID SUPPLIES & SPECIAL MEDICATIONS: YES NO

COMMENTS: _____

AFF MEMBER(S) ON DUTY [print name(s)]: [REDACTED]

ANY AREAS ARE INDICATED WITH A NO, IDENTIFY NUMBER AND CORRECTIVE ACTION BEING TAKEN.

[REDACTED]

Date 6-1-23

Date 6-1-23

Date

Describe below the scenario utilized in the practice drill for fire / hurricane / tornado drill. Circle the scenario being described:

FIRE

HURRICANE

TORNADO

Staff indicated we were having a tornado drill
and needed to move promptly to the hallway.
Participants complied.

#2

FIRE / HURRICANE / TORNADO DRILL

(Print neatly & legibly)

Instructions: The manager of each facility is to complete this check sheet and submit to the Residential Supervisor / Residential Coordinator at the end of each month.

Date sheet completed 5-19-23

Facility Alan Circle PPR

Print Name [Redacted]

Signature [Redacted]

Facility Address: 1222 Pee Dee Rd
Aberdeen N.C. 28315

Type of Drill: FIRE HURRICANE TORNADO

Time of day previous drill was conducted: 6:00pm Time of day this drill was conducted: 11:30pm

FIRE

1. TIME REQUIRED FOR EVACUATION (fire only): _____

COMMENTS: _____

2. WERE APPROPRIATE EXITS USED (fire only): YES NO

COMMENTS: _____

3. WAS THE FIRE DEPARTMENT CALLED (simulated only): YES NO

COMMENTS: _____

HURRICANE/TORNADO

1. WERE OCCUPANTS MOVED TO THE BEST PROTECTED AREA OF THE FACILITY (interior halls away from glass): YES NO

COMMENTS: _____

2. WAS AN OPERATIONAL CHECK DONE ON FLASHLIGHTS, BATTERIES, CANDLES, FIRST AID SUPPLIES & SPECIAL MEDICATIONS: YES NO

COMMENTS: _____

AFF MEMBER(S) ON DUTY [print name(s)] [Redacted]

IF ANY AREAS ARE INDICATED WITH A NO, IDENTIFY NUMBER AND CORRECTIVE ACTION BEING TAKEN.

Signature of Residential Manager
[Redacted]

Date
6-1-23

Date
6-1-23

Date

Describe below the scenario utilized in the practice drill for fire / hurricane / tornado drill. Circle the scenario being described:

FIRE

HURRICANE

TORNADO

Staff indicated we were having a hurricane
drill and needed to move promptly to the hallway.
Participants complied.

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER ALAN CIRCLE | STREET ADDRESS, CITY, STATE, ZIP CODE 1222 PEE DEE ROAD ABERDEEN, NC 28315 |
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| V 290 | <p>Continued From page 2</p> <p>following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assess and document client's capability of having unsupervised time in the home and community affecting of one of three audited clients (#2). The findings are:</p> <p>Review on 6/7/23 of Client #2's record revealed:</p> | V 290 | | |
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| V 290 | <p>Continued From page 3</p> <p>-Admission date of 4/1/97. -Diagnoses of Schizophrenia, Unspecified, Moderate Intellectual Developmental Disability, Type II Diabetes, Glaucoma, Hypertension, Allergic Rhinitis, Nicotine Dependent and Obesity. -There was no assessment to determine client's capability of having unsupervised time in the home or community.</p> <p>Interview on 6/7/23 with the Qualified Professional/Director revealed: -Client #2 had one hour of supervised time in the home and community. -There was no assessment in client #2's record to determine capability of having unsupervised time.</p> | V 290 | <p><i>SS&P Inc., will get a new updated unsupervised living form for Ath from his doctor by 8-15-23.</i></p> | 8-15-23 |
| V 291 | <p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a</p> | V 291 | | |

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| V 291 | <p>Continued From page 4</p> <p>conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to coordinate medical services with other professionals responsible for treatment/habilitation of client (#1). The findings are:</p> <p>Review on 6/2/23 and 6/7/23 of Client #1's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 2/18/10. -Diagnoses of Schizophrenia, Unspecified, Mild Developmental Disability, Memory Loss, Hyperlipidemia, Hypertension, Lumbago, Osteoarthritis and History of Cocaine and Alcohol Dependence. -Physician's order referral for a chest xray dated 3/7/23 to determine lung cancer. -Client #1 received chest x-ray on 5/10/23. <p>Interivew on 6/2/23 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -She worked Sunday-Saturday 7 -9 a.m. -Monday and Tuesday she worked 7-6p.m. -She had been working with the company for about 30 plus years. -She took clients to appointments. -Client #1 was diagnosed with cancer two weeks ago. | V 291 | <p>Client P.C. will attend all scheduled appointments as scheduled, the telephone has been replaced with a new answering machine. The Director of Residential Services gave the doctor his phone number to call if the doctors office can't reach the graphome to schedule appointments on [REDACTED]</p> | 6-19-23 |

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| V 291 | <p>Continued From page 5</p> <ul style="list-style-type: none"> -She took client #1 to get his chest x-ray. -The first time she took client #1 for the appointment it had to be rescheduled because he ate. -She reported there were no instructions for client #1 about not eating. -She took client #1 a few times for the x-ray at the hospital. -Client #1's primary care doctor referred him for the x-ray. -The primary care doctor expected lung cancer as a reason for the Xray. -She reported the first scheduled x-ray appointment might have been in April 2023. -She took client #1 to neurologist. -Client #1 had appointments back-to-back. -When asked if client #1 missed appointments she stated, "not that I am aware of." <p>Interview on 6/2/23 with the Qualified Professional/Director revealed:</p> <ul style="list-style-type: none"> -Client #1 would regularly see his primary care doctor every 6 months. -Client #1 missed appointments for chest x-rays. -The internet service was connected to the phone and apparently was messing up. -He was not aware of the problems with the phone. -The phone was now working. -First shift staff took clients to appointments. -Staff were supposed to put all scheduled appointments on the calendar. -He had no knowledge client #1 missed any appointments. -He took client #1 to two appointments but was unable to provide documentation. -Follow-up appointments were missed due to the phone not working. -He felt once the phone was fixed no appointments would be missed. | V 291 | | |
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| V 291 | <p>Continued From page 6</p> <ul style="list-style-type: none"> -When asked if there was an earlier appointment between the referral date on 3/7/23 and actual x-ray 5/10/23, he did not know; reported the phone was not working. -Confirmed no one contacted the primary care doctor for date of x-ray once learning the phone was not working. -Client #1's primary care doctor determined he had terminal cancer in the lungs. -Client #1 received his chest x-ray on 5/10/23. -Reported staff would continue documenting appointments on the calendar. | V 291 | | |