

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/12/2023
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NAME OF PROVIDER OR SUPPLIER CHARLES ROAD A	STREET ADDRESS, CITY, STATE, ZIP CODE 829-1 CHARLES ROAD A SHELBY, NC 28152
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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 and complaint survey was completed on October 12, 2023. The complaint was unsubstantiated. (Intake #NC00207933. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</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 reviews and interviews, the facility failed to conduct fire and disaster drills quarterly for each shift. 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 10-11-23 of the facility fire and disaster drills from January 2023 to September 2022 revealed:</p> <ul style="list-style-type: none"> -Fire drills were not conducted during the first quarter (January 2023 to March 2023) for 2nd and 3rd shift. -Disaster drills were not conducted during the first quarter (January 2023 to March 2023) for 3rd shift. -Fire and disaster drills were not conducted during the second quarter (April 2023 to June 2023) for 2nd shift. -Fire and disaster drills were not conducted during the third quarter (July 2023 to September 2023) for 1st, 2nd, and 3rd shift. <p>Interview on 10-11-23 with the Lead Staff revealed:</p> <ul style="list-style-type: none"> -"When she (the former Qualified Professional (QP)) was training me, she pulled out the paper (fire drill form) and signed my name." -The former QP had not completed drills for a long period of time. "She documented a bunch of times (drills) at once." <p>Interview on 10-11-23 with the Regional Director revealed:</p> <ul style="list-style-type: none"> -The former QP was responsible for fire drills. -The former QP had documented that drills had been completed and put another staff's name on the forms. "We took those out because we knew they were not real." 	V 114		