

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-155 | (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 C | STREET ADDRESS, CITY, STATE, ZIP CODE 829-1 CHARLES ROAD C 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 survey was completed on October 12, 2023. 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 2 and currently has a census of 2. The survey sample consisted of audits of 2 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> <p>Review on 10-11-23 of the facility fire and disaster drills from January 2023 to September 2022</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>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 | | |