

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL055-127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/15/2024
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NAME OF PROVIDER OR SUPPLIER VIRTUE, INC MEANTIME HOME IV	STREET ADDRESS, CITY, STATE, ZIP CODE 3387 E HWY 150 LINCOLN, NC 28092
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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 follow-up survey was completed on 2/15/24. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 1. The survey sample consisted of an audit of 1 current client.</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 complete fire and disaster drills at least quarterly for each shift. The findings are:</p> <p>Review on 2/15/24 of fire and disaster drills from January 2023 through December 2023 revealed:</p>	V 114		

Division of Health Service Regulation 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>-1st quarter (January-March) - no 1st shift fire drill; no 1st and 3rd shift disaster drills.</p> <p>-2nd quarter (April - June) - no 1st and 3rd shift fire drills; no 1st shift disaster drill.</p> <p>-3rd quarter (July - September) - no 1st and 3rd shift fire and disaster drills.</p> <p>-4th quarter (October - December) no 1st and 3rd shift fire drills; no 1st shift disaster drill.</p> <p>Interview on 2/14/24 with the Program Manager revealed:</p> <p>-fire and disaster drills were conducted once a month at different times.</p> <p>-she didn't realize the drills needed to be done on each shift.</p> <p>-she would ensure the different times included all 3 shifts in the future.</p> <p>Interview on 2/14/24 with the Administrator/Qualified Professional revealed:</p> <p>-normally there were 3 shifts; Monday - Friday there wasn't really a 1st shift due to school being in session.</p> <p>-the 3 shifts were: 7:00 a.m. - 3:00 p.m.; 3:00 p.m. - 11:00 p.m.; and 11:00 p.m. - 7:00 a.m.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		