

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/20/2024
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NAME OF PROVIDER OR SUPPLIER COUNTRY LIVING ASPEN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3680 CHERRY ROAD WASHINGTON, NC 27889
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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 February 20, 2024. A deficiency were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>The facility is licensed for 6 and currently has a census of 4. 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 interviews the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift under conditions that simulate fire emergencies. 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 1/25/24 of facility records for January 2023 thru December 2023 revealed: Fire Drills: -No documented 3rd shift fire drill for the February-April 2023 and May -July 2023 quarter. -No documented 2nd or 3rd shift fire drill for the November 2023 - January 2024 quarter.</p> <p>Disaster Drills: -No documented 1st or 3rd shift disaster drills for the February - April 2023 quarter. -No documented 1st or 3rd shift disaster drills for the May - July 2023 quarter. -No documented 2nd or 3rd shift disaster drills for the November 2023 - January 2024.</p> <p>Interview on 2/20/24 client #'s 1, #2 and #4 stated they participated in drills at the facility.</p> <p>Interview on 2/20/24 the Supervisor In Charge stated fire and disaster drills had been completed at the facility.</p> <p>Interview on 2/20/24 the Qualified Professional stated shifts at the facility were: 9:00am-5:00pm, 5:00pm-1:00am, 1:00am-9:00am. He understood the requirement that fire and disaster drills were to be completed at least quarterly and repeated on each shift under conditions that simulate fire emergencies.</p>	V 114		