

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-222</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/20/2024</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>ST DUNSTAN MANOR GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>46 STREET DUNSTAN CIRCLE ASHEVILLE, NC 28803</b>
--	--

(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><b>INITIAL COMMENTS</b></p> <p>An annual, follow-up and complaint survey was completed on February 20, 2024. The complaint was unsubstantiated (intake #NC00212330) 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 6 and had a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></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 interview and record review, the facility failed to ensure disaster drills were held at least quarterly and repeated for each shift. The findings are:</p>	V 114	<p style="text-align: center;"><b>RECEIVED</b> <b>MAR 07 2024</b> <b>DHSR-MH Licensure Sect</b></p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Boyd Samuel Sicker*

TITLE

*Executive Director*

(X6) DATE

*2.28.24*

RECEIVED  
MAR 1 1981  
BOSTON PUBLIC LIBRARY

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-222</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/20/2024</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>ST DUNSTAN MANOR GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>46 STREET DUNSTAN CIRCLE ASHEVILLE, NC 28803</b>
--	--

(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 114	<p>Continued From page 1</p> <p>Review on 2/20/24 of the facility's fire and disaster drill logs from January 2023 through December 2023 revealed:</p> <ul style="list-style-type: none"> <li>-January - March (1st quarter) - no 1st, 2nd, or 3rd shift disaster drills conducted.</li> <li>-April - June (2nd quarter) - no 1st, 2nd, or 3rd shift disaster drills conducted.</li> <li>-July - September (3rd quarter) - no 1st and 2nd disaster drills conducted.</li> <li>-October - December (4th quarter) - no 1st and 3rd shift disaster drills conducted.</li> </ul> <p>Interview on 2/20/24 with the Executive Director revealed:</p> <ul style="list-style-type: none"> <li>-"tabletop trainings" were held with staff on potential hazards and how to respond and thought this met the requirements for disaster drills.</li> <li>-no clients were involved in these trainings and no actual disaster drills were held.</li> <li>-she would ensure clients participated in disaster drills in the future quarterly for each shift.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114	<p>The Executive Director has provided training to the individuals responsible for conducting disaster drills to ensure awareness of the expectation for residents to participate in disaster drills regularly and routinely. A schedule of drills has been provided to the Team Operations Coordinator and the Maintenance Coordinator, as these are the individuals designated to conduct drills. All drills (fire and disaster) will be conducted in a rotating manner so that each shift participates in them during each quarter. This will be reviewed each month during management meetings in an effort to ensure completion and quality assurance &amp; improvement when challenges occur. A record of said drills will be stored and accessible in the home, and the Executive Director will periodically review the completed drills as an added layer of quality assurance in an effort to address any necessary additional training needed with the individuals conducting drills as well as those participating in the drills.</p>	02/28/2024