

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/06/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SA CARING HEART INDEPENDENCE CENTER-	STREET ADDRESS, CITY, STATE, ZIP CODE 180 COASTAL LANE JACKSONVILLE, NC 28546
---	---

(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 December 6, 2023. The complaint was unsubstantiated (intake #NC00209841). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups.</p> <p>This facility has a current census of 23. 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 ensure fire and disaster drills were held quarterly and repeated on each shift and simulated real emergencies. The findings are:</p>	V 114	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">FEB 5 2024</p> <p style="text-align: center;">DHSR-MH Licensure Sect</p>	

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



TITLE

Residential Administrator 29 Dec 2023

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/06/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SA CARING HEART INDEPENDENCE CENTER-	STREET ADDRESS, CITY, STATE, ZIP CODE 180 COASTAL LANE JACKSONVILLE, NC 28546
---	---

(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 12/6/23 of facility records from 12/1/22 - 11/1/23 revealed: Fire Drills: -3rd quarter (June, July, August) 2023: No documented fire drills. -Four documented fire drills with times of 10:27am, 10:25am, 10:14am and 10:13am. -No documented fire drills before after 10:27am.</p> <p>Interview on 12/6/22 with client #7 was unsuccessful due to his diagnosis.</p> <p>Interview on 12/6/23 client #14 stated: -She had not yet participated in a fire drill at the facility.</p> <p>Interview on 12/6/23 client #2 stated: -He had participated in fire and disaster drills at the facility.</p> <p>Interview on 12/6/23 staff #3 stated: -She had worked for a couple of months. The facility conducted fire drills.</p> <p>Interview on 12/6/23 the Group Home Manager stated: -She worked 8am-2pm with a client at the day program. -The facility conducted fire and disaster drills.</p> <p>Interview on 12/6/23 the Residential Administrator stated: -The facility hours are 8:00am-2:00pm Monday -Friday. -Residents arrived at various times and all were usually gone by 2:00pm -All documented fire drills were provided for surveyor review. -She understood fire and disaster drills were</p>	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/06/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SA CARING HEART INDEPENDENCE CENTER.	STREET ADDRESS, CITY, STATE, ZIP CODE 180 COASTAL LANE JACKSONVILLE, NC 28546
---	---

(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	Continued From page 2 required to be held quarterly, repeated on each shift and under conditions that simulate real fire emergencies.	V 114		

Appendix 1-B: Plan of Correction Form

Plan of Correction

Please complete all requested information and mail completed Plan of Correction form to:

In lieu of mailing the form, you may e-mail the completed electronic form to:

Provider Name:	A Caring Heart Case Management, Inc. – SA Caring Heart Independence Center – Jacksonville #2	Phone:	[REDACTED]
Provider Contact Person for follow-up:	[REDACTED]	Fax:	[REDACTED]
		Email:	[REDACTED]
Address:	[REDACTED]	Provide	[REDACTED]

Finding	Corrective Action Steps	Responsible Party	Time Line
<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift and simulated real emergencies.</p>	<ol style="list-style-type: none"> 1. Agency will update drill calendar for day program to reflect that fire and disaster drills are completed at least once per quarter as required. 2. Office Administrator/Office Manager will participate in Safety Committee Meeting which will review over all fire and disaster drills completed for each month to ensure all drills are performed as indicated on drill calendar for the day program. Environmental Safety Director will track all drills performed at the day program. The Safety Committee will meet and review over drills every 2 months. 	<ol style="list-style-type: none"> 1. Operations Director 2. Office Administrator, Office Manager, Environmental Director, Program Directors 	<p>Implementation Date: 1. 12/06/2023</p> <p>Projected Completion Date: 2. 02/04/2024 and ongoing</p>