

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/08/2024
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NAME OF PROVIDER OR SUPPLIER ASPEN COURT GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 407 ASPEN COURT GRAHAM, NC 27253
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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 May 8, 2024. 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 Disabilities.</p> <p>This facility is licensed for 6 and has a current census of 6. 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 conduct fire and disaster drills under conditions that simulate emergencies at least quarterly and repeated for each shift. 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 5/8/24 of the facility's fire drills logbook revealed: -There were no fire drills for the 2nd and 3rd shift for the 1st quarter of 2024. -There were no fire drills for the 1st shift for the 4th quarter of 2023. -There were no fire drills for the 1st and 2nd shift for the 3rd quarter of 2023.</p> <p>Review on 5/8/24 of the facility's disaster drills logbook revealed: -There were no disaster drills for the 1st and 3rd shift for the 1st quarter of 2024 -There were no disaster drills for the 1st and 2nd shift for the 4th quarter of 2023. -There were no disaster drills for the 1st and 3rd shift for the 3rd quarter of 2023.</p> <p>Interview on 5/8/24 with the Co Manager revealed: -Facility operated under three shifts. -First shift was from 7:00 am to 3:00 pm. Second shift was from 3:00 pm to 11:00 pm. Third shift was from 11:00 pm to 7:00 am. -She needed clarification as she was not aware that drills had to be conducted for all the three shifts. -She acknowledged the facility was missing some of the required drills for some shifts and quarters.</p> <p>-This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		