PRINTED: 05/15/2024 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
AND PLAN OF CORRECTION		IDENTIFICATION NO.	A. BUILDING:		00.000			
		MHL011-203	B. WING		05/1	13/2024		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE				
REUTER COTTAGE 111 COMPTON DRIVE ASHEVILLE, NC 28806								
(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	INITIAL COMMENTS		V 000					
	on May 13, 2024. The substantiated (Intake deficiency was cited. This facility is license category: 10A NCAC Treatment Staff Secu Adolescents. This facility is license	#NC00216640). A d for the following service 27G .1700 Residential						
V 11 <i>1</i>	audits of 4 current clie		V 114					
V 114	10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use.		V 114					
		as evidenced by: and record reviews, the ire and disaster drills at least						

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

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
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V 114	Continued From page 1		V 114								
	quarterly for each shift. The findings are:										
	Review on 5/7/24 and 5/8/24 of the facility's fire and disaster drill log revealed: -No documentation of fire drills on first shift for third quarter 2023 (July-September). -No documentation of fire drills on first shift for fourth quarter 2023 (October-December). -No documentation of fire drills on first shift for first quarter 2024 (January-March). -No documentation the clients were present for disaster drills on first shift for third and fourth quarter 2023 (July-December). Interview on 5/9/24 with the Residential Supervisor revealed: -Staff determined when fire drills were completed. -Was responsible to make sure drills were completed.										
	revealed: -"I make sure they (fir -"Documenting that it	with the Residential Director re drills) are done." (disaster drills) is happening recessarily in the cottage."									
	Officer revealed: -Was the responsibilit to make sure drills we -The Quality Assuran- fire and disaster drill I Interview on 5/13/24 Manager revealed:	with the Quality Assurance completed even if no clients acility. was responsible for									

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