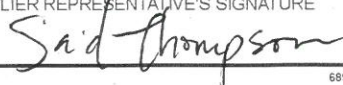


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-152	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/12/2024
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NAME OF PROVIDER OR SUPPLIER 44 CEDAR LODGE A	STREET ADDRESS, CITY, STATE, ZIP CODE 44 CEDAR LODGE ROAD #A THOMASVILLE, NC 27360
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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 6/12/24. A deficiency was cited.</p> <p>This facility is licensed for the following category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 2 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000	<p style="text-align: center;">RECEIVED JUN 26 2024 DHSR-MH Licensure Sect</p> <p>A) Written fire plan is in each facility as well as the disaster plan. Local authorities have approved the plans for emergencies.</p>	
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 disaster drills were conducted quarterly on each shift. The findings are:</p>	V 114	<p>B) Plans are made available to staff and posted within the group home. Routes are also detailed on the blue print layout with muster points identified. During staff trainings, plans will be reviewed and documented for knowledge checks.</p> <p>C) Fire and disaster drills will be held and documented each month on each shift to simulate for emergencies. This measure will be to prevent any problems from occurring in the future if drill is needed. Monthly drills will be monitored by House Managers, Qualified Professional and/or Director.</p> <p>D) Each facility has a basic first aid supplies available for use.</p>	June 20, 2024

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Director	(X6) DATE June 21, 2024
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RECEIVED

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-152	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/12/2024
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NAME OF PROVIDER OR SUPPLIER 44 CEDAR LODGE A	STREET ADDRESS, CITY, STATE, ZIP CODE 44 CEDAR LODGE ROAD #A THOMASVILLE, NC 27360
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V 114	<p>Continued From page 1</p> <p>Review on 6/11/24 of the facility's disaster drills revealed:</p> <ul style="list-style-type: none"> - There was no documentation that disaster drills were being conducted quarterly on each shift. <p>Interview on 6/11/24 with client #1 revealed:</p> <ul style="list-style-type: none"> - He had not practiced a disaster drill while living in the facility. <p>Interview on 6/11/24 with client #2 revealed:</p> <ul style="list-style-type: none"> - He had not practiced a disaster drill while living in the facility. <p>Interview on 6/12/24 with the Director revealed:</p> <ul style="list-style-type: none"> - The facility was first licensed last year (2023). - The clients were practicing fire drills, but not disaster drills. - "We were just negligent of knowing that (to do disaster drills). We will start doing the drills this month." 	V 114		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

June 14, 2024

Sa'd T. Thompson, Director
Brownstone Family, LLC
46 Cedar Lodge #A
Thomasville, NC 27360

Re: Annual Survey Completed June 12, 2024
44 Cedar Lodge A, 44 Cedar Lodge Road #A, Thomasville, NC 27360
MHL# 029-152
E-mail Address: brownstonehs@yahoo.com

Dear Mr. Thompson:

Thank you for the cooperation and courtesy extended during the annual survey completed June 12, 2024.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is August 10, 2024.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

June 14, 2024
44 Cedar Lodge A
Brownstone Family, LLC

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Clarice Rising at (336) 247-5469.

Sincerely,



Angela C. Keadle, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: dhhs@vayahealth.com
networkEngagement@trillium.nc.org, CEO, Trillium Health Resources LME/MCO
Fonda Gonzales, Director of Quality Management, Trillium Health Resources LME/MCO
Patricia Baker, Director, Davidson County DSS
Pam Pridgen, Administrative Supervisor