PRINTED: 07/29/2024 FORM APPROVED

Division of Health Service Regulation

	(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE SURVEY COMPLETED			
or contraction	IDEITH IO/HIGH HOMBER	A. BUILDING: _		GOIVII EETEB			
MHL0411251		B. WING		07/26/2024			
ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE				
RISING PHOENIX II 3306 REGENTS PARK LANE							
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(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		BE COMPLETE				
0 INITIAL COMMENTS		V 000					
An annual survey was completed on 7/26/24. A deficiency was cited.							
This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.							
census of 2. The surv	ey sample consisted of						
V 114 27G .0207 Emergency Plans and Supplies		V 114					
10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans 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 the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.							
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED						
AND PLAN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING: _								
MHL0411251		B. WING		07/26/2024							
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE							
RISING PHOENIX II 3306 REGENTS PARK LANE											
	GREENSBORO, NC 27455										
(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 CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE CO	(X5) MPLETE DATE					
V 114	Continued From page 1		V 114								
	This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly on each shift. The findings are:										
	Review on 7/26/24 of the facility's fire and disaster drills revealed: - There was no documentation that fire and disaster drills were being conducted quarterly on each shift.										
	Interview on 7/25/24 with client #1 revealed: - He had lived in the facility since the end of March 2024 He had not practiced a fire drill nor a disaster drill since he had been admitted.										
	Interview on 7/25/24 with client #2 revealed: - He had lived in the facility since mid-June 2024 He had not practiced a fire drill nor a disaster drill since he had been admitted.										
	end of March 2024. - The facility had not pure disaster drill since the	: w facility that opened at the oracticed a fire drill nor a									
	Interview on 7/26/24 with the Qualified Professional revealed: - The clients were "supposed to practice that (fire and disaster drills)."										

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