(X6) DATE

Division of Health Service Regulation

T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
				F	₹					
MHL074-231		B. WING	B. WING		08/28/2024					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
PARADIGM II 1216-A MASTERS LANE GREENVILLE, NC. 27833										
SUMMARY STA				ION	(X5)					
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	JLD BE	COMPLETE DATE					
0 INITIAL COMMENTS		V 000								
An annual and follow up survey was completed on August 28, 2024. A deficiency was cited.										
This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.										
This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.										
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.										
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS INITIAL COMMENT An annual and follor on August 28, 2024 This facility is licens category: 10A NCAC Living for Adults wit This facility is licens census of 4. The su audits of 3 current of 27G .0207 Emerger 10A NCAC 27G .02 AND SUPPLIES (a) Each facility sha and a disaster plan these plans availab to the county emerger equest. The plans procedures and rou (b) The plans shall and evacuation pro- posted in the facility. (c) Fire and disaste shall be held at leas repeated for each s Drills shall be condu- simulate the facility' emergencies. (d) Each facility sha	MHL074-231 PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual and follow up survey was completed on August 28, 2024. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients. 27G .0207 Emergency Plans and Supplies 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. (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	MHL074-231 B. WING	MHL074-231 B WING	OF CORRECTION MHL074-231 B. WING					

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

DIVISION	of Health Service Re	guiation								
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	(X3) DATE SURVEY					
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMP	COMPLETED				
					F	ξ				
MHL074-231		B. WING		08/28/2024						
NAME OF I	PROVIDER OR SUPPLIER	CTDEET AD		STATE, ZIP CODE	•					
NAIVIE OF I	PROVIDER OR SUPPLIER		, ,	•						
PARADIO	SM II		ASTERS LAI							
	GREENVILLE, NC 27833									
(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 SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	SHOULD BE COMPLETE					
V 114	Continued From page 1		V 114							
	This Rule is not met as evidenced by: This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. Review on 08/28/24 of facility records from									
	October 2023 thru June 2024 revealed: - No fire drill documented for the 3pm to 11pm shift in the 4th quarter of 2023. - No fire drill documented for the 7am to 7pm weekend shift in the 2nd quarter of 2024. - No disaster drill documented for the 3pm to 11pm shift in the 1st quarter of 2024. - No disaster drill documented for the 11pm to 7am and 7am to 7pm weekend shifts for the 2nd									
	quarter of 2024. Attempted interviews on 8/23/24 with clients #1, client #2 and client #4 revealed: - The clients were nonverbal.									
	The facility had 5 s7am to 3pm Mond3pm to 11pm Mond11pm to 7am Mond	lay thru Friday. day thru Friday. day thru Friday. pm to 7am on the weekends.								
	stated: - Drills are done at quarter She would follow to	24 the Qualified Professional the facility every shift in every up on drills no documented. stitutes a re-cited deficiency ted within 30 days.								

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Division of Health Service Regulation STATE FORM

5Q1T11 If continuation sheet 2 of 2