

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/28/2024
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NAME OF PROVIDER OR SUPPLIER PARADIGM II	STREET ADDRESS, CITY, STATE, ZIP CODE 1216-A MASTERS LANE GREENVILLE, NC 27833
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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 August 28, 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 4 and has a current census of 4. 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) 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.</p> <p>(b) The plans 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 the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</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>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.</p> <p>Review on 08/28/24 of facility records from October 2023 thru June 2024 revealed:</p> <ul style="list-style-type: none"> - 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. <p>Attempted interviews on 8/23/24 with clients #1, client #2 and client #4 revealed:</p> <ul style="list-style-type: none"> - The clients were nonverbal. <p>Interview on 08/28/24 the House Manager stated:</p> <ul style="list-style-type: none"> - The facility had 5 shifts at the facility. - 7am to 3pm Monday thru Friday. - 3pm to 11pm Monday thru Friday. - 11pm to 7am Monday thru Friday. - 7am to 7pm and 7pm to 7am on the weekends. - Drills are done on each shift. <p>Interview on 08/28/24 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - Drills are done at the facility every shift in every quarter. - She would follow up on drills no documented. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		