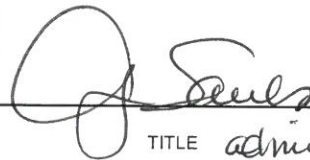


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/15/2024
NAME OF PROVIDER OR SUPPLIER COUNTRY PINES #2		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 NORTH BESTON ROAD LA GRANGE, NC 28551		
(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 An annual and follow up survey was completed on August 15, 2024. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 5 and has a current census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 114	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 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.	V 114		

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



TITLE *administrative* (X6) DATE

Director

8/26/24

RECEIVED

AUG 29 2024

DHSR-MH Licensure Sect

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER
COUNTRY PINES #2

STREET ADDRESS, CITY, STATE, ZIP CODE
**2600 NORTH BESTON ROAD
LA GRANGE, NC 28551**

(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 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 8/15/24 of the facility's records for fire and disaster drills revealed: -No 3rd shift fire or disaster drill held during 1st quarter of 2024 (January - March). -No 3rd shift fire or disaster drill held during 2nd quarter of 2024 (April - June).</p> <p>Interview on 8/15/24 client #1 stated: -The facility held fire and disaster drills "a lot".</p> <p>Interview on 8/15/24 client #2 stated: -It's been a while since he participated in a fire drill. -He had not participated in a disaster drill recently.</p> <p>Interview on 8/15/24 client #4 stated: -The use to do fire drills but not anymore.</p> <p>Interview on 8/14/24 the Administrative Assistant revealed: -The facility previously had a live in staff. -The facility switched to shifts in March 2024. -Drills were completed monthly on each shift.</p> <p>Interview on 8/15/24 the Qualified Professional stated: -The shifts at the facility were: (1st) 8am - 2pm, (2nd) 2pm - 8pm and (3rd) 8pm - 8am.</p>	V 114	<ul style="list-style-type: none"> • A staff meeting will be held on 8/28/24 + 8/29/24 to discuss findings from survey. • at the meeting, staff will be trained on performing fire + disaster drills for each shift during a quarter. • Administrative Staff ie [redacted] will provide staff with a drill schedule to ensure one is performed at each shift in quarter. • Administrative Staff ie [redacted] will monitor drill forms to ensure completion • Admin staff will observe drills as needed. 	<p>8/28/24 + 8/29/24</p> <p>8/29/24</p> <p>8/30/24</p>