Division of Health Service Regulation

IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A RULL DING:			(X3) DATE SURVEY COMPLETED		
		7t. BOILDING.			₹		
	MHL067-052	B. WING 09/12/202					
PROVIDER OR SUPPLIER							
(GREENBRIAR-I							
SUMMARY STA				ΓΙΟΝ	(X5)		
		PREFIX TAG			COMPLETE DATE		
INITIAL COMMENTS		V 000					
This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.							
census of 3. The s	urvey 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.							
	PROVIDER OR SUPPLIER  SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS  INITIAL COMMENT  An annual and follor on September 12, 2  This facility is licens category: 10A NCA Living for Adults wit  This facility is licens census of 3. The si 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	PROVIDER OR SUPPLIER  STREET AD  211 GREE JACKSON  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 September 12, 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 3 and currently has a census of 3. 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 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	MHL067-052  B. WING	OF CORRECTION   IDENTIFICATION NUMBER:   A BUILDING:   B. WING	OF CORRECTION    NHL067-052   B. WING		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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	of Health Service Re		()(0) 1 =	E CONCERNATION.	1000 - :	OLIDA (E) (
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
	MHL067-052		B. WING		R <b>09/12/2024</b>	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
			NBRIAR DR			
GREENE	BRIAR-J		IVILLE, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 1	V 114			
	This Rule is not met as evidenced by: Based on record review and interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:					
	Review on 9/12/24 of the facility's documented fire and disaster drills for October 1, 2023-September 12, 2024 revealed: Fire Drills: -Third quarter (April 1, 2024-June 30, 2024); no third shift fire drill documented. Disaster Drills: -First quarter (October 1, 2023-December 31, 2023); no third shift disaster drill documentedSecond quarter (January 1, 2024-March 31, 2024); no first shift or third shift disaster drills documentedThird quarter (April 1, 2024-June 30, 2024); no disaster drills documented.					
	Interview on 9/12/24 -"We do fire drills.	4 client #1 stated: I go outside if a fire."				
	Interview on 9/12/2/ -"We do fire drills. the "alarm go ding of	I go outside for fire drills" and				
	and 11 pm-7 am.	shifts; 7 am-3 pm, 3 pm-11 pm re and disaster drills once a				
	-Fire and disaster d -She had accepted about a month ago.	4 the House Manager stated: rills were completed monthly. the House Manager position now often the drills were				

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completed prior to starting her new position as

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		MHL067-052	B. WING			R 12/2024		
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
GREENBRIAR-J 211 GREENBRIAR DRIVE JACKSONVILLE, NC 28540								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE		
V 114	Continued From pa	ge 2	V 114					
	House Manager.							
	Interview on 9/12/24 stated: -Fire and disaster d and rotated quarter -There had been a have been a possib drillsThere were no other	4 the Qualified Professional drills were completed monthly ly on each shift. turnover in staff so there may ble lapse in fire and disaster er fire or disaster drill ilable that was not in the						

6899

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