

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411254	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/23/2024
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NAME OF PROVIDER OR SUPPLIER CHERS PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 6709 RIVER HILLS DRIVE GREENSBORO, NC 27410
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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 survey was completed on August 23, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p> <p>This facility is licensed for 4 and has a current census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.</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	<p>A Fire and Disaster drill checklist was created by the facility owner on 8/22/2024. The checklist includes the date, drill type, plan analysis, timing, and actions needed for improvement if any. The checklist is to assess for safety as well as monitor drill compliance. Each staff member received supervision to include the state requirement as it relates to the facility adhering to state drill compliance, once per shift, per quarter.</p> <p style="text-align: center;">RECEIVED OCT 11 2024 DHSR-MH Licensure Sect</p>	8/22/24

Division of Health Service Regulation
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: Based on record reviews and interviews, the facility failed to ensure fire and disaster drills were conducted once per shift per quarter. The findings are:</p> <p>Review of the facility's fire drill logs from 11/2/23 to 8/19/24 revealed: -First client was admitted the 13 th day of October 2023 -11/2/23 8am -11/2/23 6pm -No documentation a fire drill was conducted in December 2023 -1/9/24 2:45am -2/8/24 8:30am -2/8/24 6:01pm -No documentation a fire drill was conducted in March 2024 -No documentation a fire drill was conducted in April 2024 -5/22/24 5:01pm -5/22/24 7:21pm -6/19/24 8:01am -6/19/24 1:01am -7/9/24 5:01pm -7/22/24 11am -8/1/24 3:31am -8/19/24 9:16am</p> <p>Attempted review on 8/22/24 and 8/23/24 disaster drills revealed no documentation the drills were conducted once per shift per quarter.</p> <p>Interview on 8/22/24 with clients #2 and #3 revealed: -Had no participated in any disaster drills</p> <p>Interview on 8/22/24 with Qualified Professional revealed:</p>	V 114		

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V 114	<p>Continued From page 2</p> <p>-"With fire drills, it all depends. But we try to do them quarterly and on all three shifts. I have not conducted any disaster drills."</p> <p>Interview on 8/23/24 with the Owner/Licensee revealed: -"My first client came in October 2023." -Had only one client in December 2023, March 2024 and April 2024. -"I will be creating a form for the disaster drills (identical to the fire drill form) to start using."</p>	V 114		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to access the HCPR registry prior to hire for 3 of 3 audited staff (#1, the Qualified Professional (QP) and the Owner/Licensee (O/L)). The findings are:</p> <p>Review on 8/23/24 of staff #1's record revealed: -A hire date of 6/16/23 -A job description of Paraprofessional</p>	V 131	<p>Prior to hire, the facility owner will complete a Health Care Personnel Registry check for each hiring candidate. The candidate will not be provided a hire date for employment and will not be permitted to provide any form of service to clients until the registry check has been successfully completed, findings are reviewed and there are no concerns. Upon completion of the registry check, the findings will immediately be placed in the individual's ongoing personnel file.</p>	

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V 131	<p>Continued From page 3</p> <p>-The HCPR was accessed on 8/23/24</p> <p>Review on 8/23/24 of the QP's record revealed: -A hire date of 7/28/24 -A job description of QP -The HCPR was accessed on 8/7/24</p> <p>Review on 8/23/24 of the O/L's record revealed:Date of Hire: -A hire date of 6/14/22 -A job description of Owner -The HCPR was accessed on 6/28/23</p> <p>Interview on 8/23/24 with the O/L revealed: -Was not aware the HCPR checks were to be accessed prior to hire. -"I am responsible for ensuring the HCPR checks are completed."</p>	V 131		