Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		BENTI TOATTON NOMBER.			33.	
		MHL0411224			09/24/2024	
NAME OF PR	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
WICKER H	OME		KER STREET			
			SBORO, NC 27403			1000000
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	DER'S PLAN OF CORRECTION (X5) RRECTIVE ACTION SHOULD BE COMPLETE ERENCED TO THE APPROPRIATE DATE DEFICIENCY)	
V 000 INITIAL COMMENTS		V 000				
	24, 2024. A deficienc					
	This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.					
		d for 4 and has a current vey sample consisted of ents.				
	October 4, 2024 due received. Rule 10A N	ficiencies was amended on to additional information ICAC 27G .0207 Emergency ag V114 was amended from a amended citation.				
V 114	27G .0207 Emergend	cy Plans and Supplies	V 114			3
	AND SUPPLIES (a) Each facility shall	7 EMERGENCY PLANS develop a written fire plan				
	these plans available to the county emerge	ncy services agencies upon				
	procedures and route (b) The plans shall be	nall include evacuation es. e made available to all staff edures and routes shall be				
	facility. (c) Fire and disaster shall be held at least	drills in a 24-hour facility quarterly and shall be				
	repeated for each sh Drills shall be conduct simulate the facility's emergencies.	cted under conditions that				
Division of Hea	(d) Each facility shall accessible for use. Ith Service Regulation	have a first aid kit				

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

TITLE

(X6) DATE

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Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL0411224 09/24/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 701 WICKER STREET WICKER HOME GREENSBORO, NC 27403 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 114 V 114 Continued From page 1 This Rule is not met as evidenced by: 10/7/2024 The Qualified Based on record reviews and interviews, the Professional will provide a yearly facility staff failed to conduct fire and disaster schedule for all disaster and fire drills once per shift per quarter. The findings are: drills. The Qualified Professional will check fire drills and disaster Review on 9/23/24 of the facility's fire and drills twice a month. Fire and disaster drills, from September 2023 to disaster drills will be conducted September 2024, revealed: -9/6/23 fire 6:10pm once per shift per quarter. -10/15/23 fire 3:36pm -11/16/23 fire 5:23pm -12/16/23 fire 6:23pm -12/28/23 power outage 11:34am -1/13/24 fire 12:00pm -1/20/24 tornado 3:00pm -2/18/24 gas leak 5:15pm -2/24/24 fire 8:00pm -3/9/24 fire 6:00am -3/27/24 hurricane 7:00am -4/6/24 fire 1:00pm -4/22/24 fire 3:28pm -5/15/24 fire 6:20pm -5/27/24 fire 5:00pm -6/7/24 fire 8:00am -6/29/24 fire 6:00am -7/13/24 fire 12:00pm -8/8/24 fire 5:00pm -No fire drills were conducted on third shift from September 2023 to December 2023 -No disaster drills were conducted on second or third shift from September 2023 to December

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-No disaster drills were conducted on any shifts

from April 2024 to June 2024

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PRINTED: 10/04/2024 FORM APPROVED Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 09/24/2024 MHL0411224 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **701 WICKER STREET WICKER HOME** GREENSBORO, NC 27403 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 114 V 114 Continued From page 2 Interview on 9/23/24 with client #1 revealed: -No fire or disaster drills had been conducted since his admission (7/29/24). Interview on 9/23/24 with client #2 revealed: -Had participated in one fire drill since his admission (8/29/24). -Had not participated in any disaster drills Interview on 9/23/24 with client #3 revealed: -Had participated in one fire drill and "it was before we went to school that morning." -Had not participated in any disaster drills Interview on 9/23/24 with staff #1 revealed: -Was aware fire drills were to be conducted once per shift per quarter -Was not aware disaster drills were to be conducted once per shift per quarter Interview on 9/23/24 with staff #2 revealed: -"I work at the facility sporadically. I have not been asked to do any fire drills when I work my shift." -"Normally when I am asked to do them (disaster drills) and they are once a month. I have not been asked to do any on my shift." Interview on 9/24/24 with the Director/Licensee revealed: -Fire and disaster drills were to be conducted monthly and on each shift.

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-Was not aware some of the drills were not

shift per quarter by the facility staff.

-Would ensure the drills were conducted once per

conducted on each shift.

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