STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G057	A. BUILDING _____ B. WING _____	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAYWOOD COUNTY GROUP HOME #3	401 WOODLAWN CIRCLE CLYDE, NC 28721

(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) COMPLETION DATE
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on review of record and interview, the facility failed to show evidence quarterly fire drills were conducted with each shift of personnel relative to first, second and third shift. The findings are: Review of the facility fire drill reports from 11/24 through 01/24 revealed missing fire drills for 12/24, 10/24, 8/24, 4/24, and 2/24. Further review of the fire drill reports revealed first shift drills conducted on 7/22/24, 5/11/24, and 1/26/24; second shift drills conducted on 11/8/24, 9/30/24, and 3/14/24, and a third shift drill completed on 6/5/24. There was no additional documentation available about conducting first, second and third shift drills during the review year. Interview with the program coordinator (PC) on 01/08/2025 confirmed facility fire drills should have been conducted quarterly for each shift. Continued interview with the PC confirmed there was no additional documentation to reflect the missing drills were conducted during the review year.	W 440		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE