

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/09/2025  
FORM APPROVED  
OMB NO. 0938-0391

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

**HAYWOOD COUNTY GROUP HOME #3**

STREET ADDRESS, CITY, STATE, ZIP CODE

**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	<p><b>EVACUATION DRILLS</b> CFR(s): 483.470(i)(1)</p> <p>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:</p> <p>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.</p> <p>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.</p>	W 440	<p>- We have designed a new Emergency Drill Summary Schedule (Attached). This schedule spells out directly 1st, 2nd, and 3rd shift drill responsibilities.</p> <p>- Prior to your visit, we trained all staff on the responsibilities of completing the drills during their shift. (Attached)</p>	1/8/25

RECEIVED

JAN 21 2025

DHSR-MH Licensure Sect

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

*Todd Baul*

TITLE

*Executive Director*

(X6) DATE

*1/14/25*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



**SUBJECT: Emergency Drill Summary Schedule - Woodlawn/ICF**

Appendix 67-A  
Updated: 01/25

Group Home: Woodlawn

Year: \_\_\_\_\_

Quarter	Shift Circle Shift Completed		Type of Drill	Date and Time of Drill	Coordinator/ QP Check
<b>First Qtr:</b>  <b>January February March</b>	First Shift Jan	7a-3p	Fire		
	First Shift Jan	7a-3p	Disaster		
	Second Shift Feb	3p-10p	Fire		
	Second Shift Feb	3p-10p	Disaster		
	Third Shift Mar	10p-7a	Fire		
	Third Shift Mar	10p-7a	Disaster		
<b>Second Qtr:</b>  <b>April May June</b>	First Shift April	7a-3p	Fire		
	First Shift April	7a-3p	Disaster		
	Second Shift May	3p-10p	Fire		
	Second Shift May	3p-10p	Disaster		
	Third Shift June	10p-7a	Fire		
	Third Shift June	10p-7a	Disaster		
<b>Third Qtr:</b>  <b>July August September</b>	First Shift July	7a-3p	Fire		
	First Shift July	7a-3p	Disaster		
	Second Shift Aug	3p-10p	Fire		
	Second Shift Aug	3p-10p	Disaster		
	Third Shift Sept	10p-7a	Fire		
	Third Shift Sept	10p-7a	Disaster		
<b>Fourth Qtr:</b>  <b>October November December</b>	First Shift Oct	7a-3p	Fire		
	First Shift Oct	7a-3p	Disaster		
	Second Shift Nov	3p-10p	Fire		
	Second Shift Nov	3p-10p	Disaster		
	Third Shift Dec	10p-7a	Fire		
	Third Shift Dec	10p-7a	Disaster		

\* There must be an evacuation drill completed per shift, once every 90 days! \* Goal time for evacuation five-minutes-document time on drill form.  
\*Deep sleep drill to be completed at least once between midnight and 6 am.\* at least quarterly for each shift of personnel- this would be 4 times annually- Guidance §483.470(i)(1)



Notes from our Auditor . . .

Fire Drills

REQUIREMENT: ONE PER SHIFT PER QUARTER TO BE COMPLETED EACH SHIFT OF PERSONEL DURING THE DESIGNATED HOURS AS FOLLOW:

- 7AM – 3 PM (1<sup>ST</sup> SHIFT DRILLS)
- 3 PM – 11 PM (2<sup>ND</sup> SHIFT DRILLS)
- 11 PM – 7AM (3<sup>RD</sup> SHIFT DRILLS)

Note: **ONE DRILL A YEAR** to be completed during clients "DEEP SLEEP" any time during the house of 1 AM and 4 AM.

Medication Administration Expectations

We need to tell the client what med they are being given and what the benefit of it is. If they can pop a pill out of the bubble pack, allow them to do so, if not keep it moving! Enable them to do what they can and have the benefit of being told what they are being given, even if they fully do not understand. We want to empower and enlighten at any opportunity we have and not assume anyone has no understanding of their environment. It is our obligation to provide everyone with the right to know what is being done to an for them.

A good token to think about and live by is, "How would you want someone to treat you or a loved one?"

1. Choice of beverage: water, sugar free beverage or whatever their diet allows or apple sauce/yogurt/pudding, etc. Let the client be an active participant in getting this, as their ability allows.
2. Sanitize hands: choice of washing or hand sanitizer.
3. Can you tell me your name or is this your name . . . is this your picture . . .
4. This is your Vitamin D, and it is for bone health.
5. This is your MiraLAX, and it is for your bowels.
6. This is your Risperdal, and it is to help with your mood.

Staff Signature: \_\_\_\_\_

Date: 3/12/24

GHC: \_\_\_\_\_

Date: 3/18/24

Director of Service/QP \_\_\_\_\_

Date: 3/19/24