

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL013-221</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/19/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>HINTON'S GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2728 SOUTH RIDGE AVENUE CONCORD, NC 28025</b>		
(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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 3/19/25. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>The facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></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		

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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 review and interview, the facility failed to ensure a fire and disaster drill was held at least quarterly for each shift. The findings are:</p> <p>Review on 3/19/25 of the facility's fire drill log from 2/9/24- 10/3/24 revealed:</p> <ul style="list-style-type: none"> <li>- No documentation a fire drill was held on the second or third shift during the first quarter of 2024 (January - March)</li> <li>- No documentation a fire drill was held on the first or second shift during the second quarter of 2024 (April - June)</li> <li>- No documentation a fire drill was held on the second or third shift during the third quarter of 2024 (July - September)</li> <li>- No documentation a fire drill was held on the second or third shift during the fourth quarter of 2024 (October - December)</li> </ul> <p>Review on 3/19/24 of the facility's disaster drill log from 2/9/24 - 10/3/24 revealed:</p> <ul style="list-style-type: none"> <li>- No documentation a disaster drill was held on the second or third shift during the first quarter of 2024 (January - March)</li> <li>- No documentation a disaster drill was held on the first or third shift during the second quarter of 2024 (April - June)</li> <li>- No documentation a disaster drill was held on the second or third shift during the third quarter of 2024 (July - September)</li> <li>- No documentation a disaster drill was held on the second shift during the fourth quarter of 2024 (October - December)</li> </ul> <p>Interview on 3/19/25 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>- The facility shifts were 8 am - 5 pm (first); 5 pm - 11 pm (second) and 11 pm - 8 am (third)</li> <li>- Was the person who typically held the fire</li> </ul>	V 114		

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V 114	Continued From page 2  and disaster drills on the shifts when he worked - Was not aware the drills had to be held on each shift - Would ensure drills were held at least quarterly and on each shift as required	V 114		