

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

PRINTED: 03/27/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G087	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/18/2025
NAME OF PROVIDER OR SUPPLIER PENNY LANE #1			STREET ADDRESS, CITY, STATE, ZIP CODE 2840 HWY 70 EAST CLAREMONT, NC 28610		
(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>EVACUATION DRILLS 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 for each shift of personnel relative to first, second, and third shift. The finding is:</p> <p>Review of the facility fire drill reports from 3/24 through 3/25 revealed missing drills for 4/24, 5/24, 6/24, 9/24 and 12/24.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/18/25 confirmed there were no additional documentation to reflect the missing drills.</p>	W 440	<p>(W440) Staff will be trained by the QP on ensuring fire drills are completed per policy monthly on the correct shift to ensure health and safety for all in the home. If the time to complete a fire drill goes outside of the 3-minute window per policy for health and safety, a plan of correction and a repeat drill for the same shift will need to be completed. This will be reviewed by the safety director monthly to ensure all drills are completed per policy and within the timeframe allotted.</p>	04/03/2025	

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DHSR-MH Licensure Sect

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

TITLE

(X6) DATE

Jasmin Dula, ADD Administrator

3/28/25

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.