

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL029024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/07/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE WORKSHOP OF DAVIDSON-GROUP HOME #1 -V</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>509 SHOAF STREET LEXINGTON, NC 27292</b>
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(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>INITIAL COMMENTS</p> <p>An annual survey was completed on 5/7/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults whose Primary Diagnosis is a Developmental Disability.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan 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 fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure fire and disaster drills were completed at least quarterly on each shift. The findings are:</p> <p>Review on 5/3/18 of fire and disaster drill logs revealed: -for the months of April - June, 2017 there was not a weekend shift fire or disaster drill completed;</p>	V 114		

Division of Health Service Regulation 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>-for the months of October - December, 2017 there was not a weekend shift fire or disaster drill completed;</p> <p>-for the months of January - March, 2018 there was not a weekend shift fire or disaster drill completed.</p> <p>Interview on 5/7/18 with the Supervisor In Charge revealed: -she thought fire and disaster drills were supposed to be completed quarterly; -she was not sure whether she or the Assistant Director/Qualified Professional (AD/QP) was supposed to make sure that drills were completed.</p> <p>Interview on 5/7/18 with the Program Assistant/Relief Direct Care Staff revealed the policy included fire and disaster drills were to be completed quarterly on each shift.</p> <p>Interviews on 5/3/18 and 5/7/18 with the AD/QP revealed: -she was aware that fire and disaster drills were required to be completed quarterly on each shift; -"we've gotten cited for it before;" -she was not aware that the fire and disaster drills were not being completed quarterly on the weekend shift.</p>	V 114		