Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED				
			A. BUILDING:								
		MHL029-025		B. WING		05/	07/2018				
NAME OF PI	ROVIDER OR SUPPLIER	S	TREET ADD	RESS, CITY, STA	TE, ZIP CODE						
THE WORKSHOP OF DAVIDSON-GROUP HOME II (ME  226 WEST NINTH STREET  LEXINGTON, NC 27292											
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)				
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLETE DATE				
V 000	V 000 INITIAL COMMENTS			V 000							
	An annual survey was Deficiencies were cite	s completed on 5/7/18. ed.									
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults whose Primary Diagnosis is a Developmental Disability.										
V 114	27G .0207 Emergence	ey Plans and Supplies		V 114							
	10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES  (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.  (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.  (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.  (d) Each facility shall have basic first aid supplies accessible for use.										
	failed to ensure fire a completed at least que findings are:  Review on 5/7/18 of frevealed:  -for the months of April	ew and interviews the faci nd disaster drills were larterly on each shift. The ire and disaster drill logs ril - June, 2017 there was	·								
	not a weekend shift fi completed;	re or disaster drill									

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

MHL029-025    S. WING	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY									
NAME OF PROVIDER OR SUPPLIER  THE WORKSHOP OF DAVIDSON-GROUP HOME II (ME  226 WEST NINTH STREET LEXINGTON, NC 27292    (X4) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION   DREFIX TAG   DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION   DREFIX TAG   DEFICIENCY   DEFICIENCY   DEFICIENCY   DEFICIENCY   DEFICIENCY   DEFICIENCY   DEFICIENCY    V 114   Continued From page 1	AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:									
THE WORKSHOP OF DAVIDSON-GROUP HOME II (ME    CAU   ID   PROVIDER'S PLAN OF CORRECTION   CAU   PREFIX TAG	MHL029-025		B. WING	B. WING										
CAJ   D   SUMMARY STATEMENT OF DEFICIENCIES   D   CROWNER'S PLAN OF CORRECTION   CROWNER'S PLAN OF CORRECTION SHOULD BE   CROSS-REFERENCED TO THE APPROPRIATE   DATE      V 114	NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE									
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 114 Continued From page 1 -for the months of July - September, 2017 there was not a weekend shift fire or disaster drill completed; -for the months of October - December, 2017 there was not a weekend shift fire or disaster drill completed; -for the months of January - March, 2018 there was not a weekend shift fire or disaster drill completed.  Interview on 5/7/18 with the Supervisor In Charge revealed: -they had 2 shifts consisting of a week shift and a weekend shift; -she was aware that fire and disaster drills were supposed to be completed quarterly on each shift; -she had informed the Assistant Director/Qualified Professional (AD/QP) that the weekend shift had not been completing fire and disaster drills as she had requested.  Interview on 5/7/18 with the Program Assistant/Relief Direct Care Staff revealed the	THE WOR	THE WORKSHOP OF DAVIDSON-GROUP HOME II (ME												
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Interview on 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	V 114			V 114										

Division of Health Service Regulation

STATE FORM STATE FORM If continuation sheet 2 of 2