

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 -W</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
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V 000	<p><b>INITIAL COMMENTS</b></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	<p><b>V114</b></p> <p>All Staff will receive retraining in the Fire and Disaster Drill Procedures and Sceduling requirements. To include: -Notification that each type of drill (fire and safety) must be completed on each shift during every quarter. - That the Supervisor in Charge will be responsible for conducting regular week shift drills and responsible for notifying the Relief Supervisor in Charge when it is there weekend to conduct drills. - That the Relief Supervisor in Charge will be responsible for completing drills on assigned weekends and completing required documentation. - That the Supervisor in Charge will be responsible for reviewing all completed drill documentation for accuracy and sending the documentation notebook in to the Group Home Coordinator each month upon drill completion for secondary confirmation of accuracy by the Group Home Coordinator.</p>	5/31/2018
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) 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.</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	<div data-bbox="909 1407 1364 1512" style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>RECEIVED</b> By MH Lic &amp; Cert Section at 8:33 am, May 22, 2018</p> </div>	

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

*Yun Yong* *DP, BA* *Asst. Director* TITLE

STATE FORM 6899 18GX11 (X6) DATE *5/21/2018*

If continuation sheet 1 of 2

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER  <b>THE WORKSHOP OF DAVIDSON-GROUP HOME #1 -W</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>509 SHOAF STREET LEXINGTON, NC 27292</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 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:</p> <p>-she thought fire and disaster drills were supposed to be completed quarterly;</p> <p>-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:</p> <p>-she was aware that fire and disaster drills were required to be completed quarterly on each shift;</p> <p>-"we've gotten cited for it before;"</p> <p>-she was not aware that the fire and disaster drills were not being completed quarterly on the weekend shift.</p>	V 114	<p>- That the Supervisor in Charge will be responsible for notifying the Group Home Coordinator if the Relief Supervisor in Charge does not complete the fire drill on their assigned shift.</p> <p>- That all drill completing will be documented on the appropriate form.</p> <p>- That all staff will complete a staff confirmation form, documenting the review of their retraining and review of required duties and scheduling requirements.</p> <p>See attached Fire and Disaster/Safety Drills Staff Confirmation Form</p>	5/31/2018



**CARF Accredited**  
*Vocational & Life Skills Training  
for Adults with Disabilities*

Mike Foster  
*Executive Director*

**Fire and Disaster/Safety Drills  
Staff Confirmation Form**

**SUPERVISOR'S IN CHARGE**

My signature stands as confirmation that I have been notified that Fire and Disaster/Safety drills must be completed every month and that I am responsible for completion of these drills and coordinating with Relief Supervisors in Charge (RSIC's) to complete weekend shift drills. I am also required to complete any required documentation. I confirm that I understand the drill completion and scheduling process, and that I will complete drills as required, and will schedule weekend staff to complete drills as required.

If weekend staff do not complete drills as assigned I will notify the coordinator the following Monday after the weekend has occurred. I will turn in the drill notebook to the Group Home Coordinator each month after the drill has been completed so that the drill can be reviewed for accuracy.

I am also aware that failure to complete drills as assigned could result in disciplinary actions against me.

\_\_\_\_\_  
SIC Staff Signature

\_\_\_\_\_  
Date

**RELIEF SUPERVISOR'S IN CHARGE**

My signature stands as confirmation that I have been notified that Fire and Disaster/Safety drills must be completed every month and that I may be asked to complete these types of drills and complete any required documentation.

I confirm that I understand the drill completion and scheduling process, and that I will complete drills when the Supervisor in Charge (SIC) has notified me that it is my turn to do so.

I am also aware that failure to complete drills as assigned could result in disciplinary actions against me.

\_\_\_\_\_  
RSIC Staff Signature

\_\_\_\_\_  
Date

**Mailing Address**  
P.O. Box 906  
Lexington, NC 27293-0906

**Location:**  
275 Monroe Road  
Lexington, NC 27292

**Group Homes**  
228 West Ninth Street, Lexington, NC  
509 Shoaf Street, Lexington, NC

**Telephone:** (336) 248-2816  
**Fax:** (336) 248-4995  
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**www.workshopofdavidson.org**



**CARF Accredited**  
Vocational & Life Skills Training  
for Adults with Disabilities

Mike Foster  
Executive Director

May 21, 2018

Sheri Spicer  
Facility Survey Consultant I  
Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

Dear Ms. Spicer:

Please find enclosed the plan of correction required per your annual survey completed May 7, 2018 at The Workshop of Davidson Group Home #1. Thank you for your assistance during this review.

Sincerely,

Kara Cody  
Assistant Director

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