

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL096-271</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/31/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WINSTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1606 SALEM CHURCH ROAD GOLDSBORO, NC 27530</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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on May 31, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</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) 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 interview, the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>Review on 05/31/18 of the facility records revealed:</p> <ul style="list-style-type: none"> <li>- Fire drill was documented as completed on 1/17/18 at 10:10 am.</li> <li>- Fire drill was documented as completed on 2/4/18 at 5:13 pm.</li> </ul>	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> <ul style="list-style-type: none"> <li>- Fire drill was documented as completed on 3/3/18 at 12:02 pm.</li> <li>- Fire drill was documented as completed on 4/2/18 at 3:17 pm.</li> <li>- No documentation of fire drills completed for the facility's third shift (11pm - 7 am) time.</li> <li>- No documentation of disaster drills completed from January 2018 - April 2018.</li> </ul> <p>Interview on 5/31/18 Staff #1 stated:</p> <ul style="list-style-type: none"> <li>- She had not participated in a drill at this facility.</li> </ul> <p>Interview on 5/31/18 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>- He was not able to give an answer to questions due to limited verbal skills.</li> </ul> <p>Interview on 5/31/18 the Director of Residential Services stated:</p> <ul style="list-style-type: none"> <li>- Client #1 had been at the facility since January 2018.</li> <li>- The drills should have been done.</li> <li>- He understood the fire and disaster drills were to be completed quarterly, repeated on each shift, and documented for the time each drill is conducted.</li> </ul>	V 114		