

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL039-039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/25/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ADVANTAGE CARE COMMUNITY SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5079 OLD OXFORD HIGHWAY 75 OXFORD, NC 27565</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 7/25/18. A deficiency was 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>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 governing body failed to assure disaster drills were completed quarterly per shift. The findings are:</p> <p>Review on 7/23/18 of fire and disaster drill documentation revealed:</p> <ul style="list-style-type: none"> <li>- fire drill and disaster drill completed 1/22/18; both at 6:30 PM</li> <li>- fire drill and disaster drill completed 2/26/18; both at 6:45AM</li> </ul>	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> <ul style="list-style-type: none"> <li>- fire drill and disaster drill completed 3/6/18; both at 7:30 AM</li> <li>- fire drill and disaster drill completed 4/26/18; both at 3:30 PM</li> <li>- fire drill and disaster drill completed 5/21/18; both at 7:45 PM</li> <li>- fire drill and disaster drill completed 6/15/18; both at 5:30 PM</li> </ul> <p>During an interview on 7/23/18, the Director of Operations reported the drills were likely conducted one after the other and the times for each separate drill were not documented.</p>	V 114		