

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL074-230</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAMELOT SUPERVISED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>108 GUINEVERE LANE GREENVILLE, NC 27858</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 and complaint survey was completed 08/08/18. The complaints were substantiated (Intake #NC00140226 &amp; NC00140315). 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><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 interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 8/08/18 of the facility fire drills documented from 8/1/17 - 7/30/18 revealed: - 4th quarter (4/01/18- 6/30/18): There were no fire drills documented on 1st shift (8am - 4pm).</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>Review on 8/08/18 of the facility disaster drills documented from 8/1/17 - 7/30/18 revealed: - 4th quarter (4/01/18- 6/30/18): There were no disaster drills documented on 1st shift (8am - 4pm).</p> <p>Interview on 8/03/18 Qualified Professional (QP) 1 stated: - The facility shifts were as follows: -1st shift = 8 am - 4 pm Monday - Sunday -2nd shift = 4 pm - 12 am Monday - Sunday -3rd shift = 12 am - 8 am Monday - Sunday</p> <p>Interview on 8/08/18 QP #2 stated: - She would ensure future completion of drills moving forward. - She had no additional questions or concerns during exit interview.</p>	V 114		