

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-653	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2018
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NAME OF PROVIDER OR SUPPLIER SPIGNER DDA GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 205 SCOTT AVENUE FAYETTEVILLE, NC 28301
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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 and follow up survey was completed on September 7, 2018. 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 reviews and interviews, the facility failed to hold disaster drills at least quarterly on each shift. The findings are:</p> <p>Review on 9/6/18 of disaster drills from 10/1/17 - 7/31/18 revealed: -No documentation of disaster drills. -The following activities for emergency situation preparedness had been documented for disaster drills: -1st Quarter January - March, 2018: Verbal</p>	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> <p>reviews of a medical emergency on 1/6/18 at 2:30 pm, 1:30 am, and 7:30 pm.</p> <p>-2nd Quarter April - June 2018: Group discussion and review of a brochure about safety during lightening strikes on 4/5/18 at 9:45am, 12:20 pm, and 1:05 am.</p> <p>-3rd (Current) Quarter July - September 2018: Staff instructions and discussion about extreme heat on 7/3/18 at 11:45 am and 5:30 pm; 7/2/18 at 1:40 am.</p> <p>-4th Quarter October - December 2017: Discussions about fire safety on 10/8/17 at 1 pm and 6 pm.</p> <p>Interview on 9/6/18 the Licensee stated:</p> <p>-The facility had 3 shifts, 8 am - 4 pm; 4 pm - 12 am, and 12 am - 8 am.</p> <p>-In addition to drills they were doing a lot of training for fire and disaster drills.</p> <p>-She was not aware that the documented emergency drills were not disaster drills.</p>	V 114		