Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R MHL096-271 B. WNG 10/08/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1606 SALEM CHURCH ROAD WINSTON GOLDSBORO, NC 27530 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V114: V 000 INITIAL COMMENTS V 000 To ensure fiveldisaster drills A complaint and follow up survey was completed are being conducted and on October 8, 2018. The complaint was dicumented appropriately. Ambleside unsubstantiated (intake #NC00142369). A deficiency was cited. Safety officer Will past appliated calendars for scheduled events-This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised fire I disaster drinks in the Living for Adults with Developmental Disabilities. Winston home. The Sufety officer V 114 27G .0207 Emergency Plans and Supplies V 114 will monitor this schedule and 10A NCAC 27G .0207 EMERGENCY PLANS communicate reminder of schedular AND SUPPLIES (a) A written fire plan for each facility and evant to the Winster home area-wide disaster plan shall be developed and Group Leader and schedulines shall be approved by the appropriate local Coordinator. This will ensure that authority. (b) The plan shall be made available to all staff the Staff on-shift is aware of and evacuation procedures and routes shall be posted in the facility. Scheduled drill in advance (c) Fire and disaster drills in a 24-hour facility when antacted by the scheduling Cardinator. The 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 Safety Officer will follow-up accessible for use. and whiter quarterly, to ensure divins are being This Rule is not met as evidenced by: andycted Based on interview and record review, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift. The DHSR - Mental Health findings are: During interview on 10/05/18 the Director of OCT 252018 Operations revealed the facility had three shift. 1st shift was from 7:00am-3:00pm, 2nd shift was Lic. & Cert. Section 3:00pm-11:00pm and 3rd shift was

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LABORATORY DIRECTOR'S PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

STATE

STATE FORM

Qualified Professioned 10/17/18

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ALSO CALL DECAPORATE CARDO	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _	·····	
		MHL096-271	B. WING		R 10/08/2018
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
WINSTON 1606 SALEM CHURCH ROAD					
GOLDSBORO, NC 27530					
(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	Continued From page 1		V 114		
	11:00pm-7:00am.				
	fire and disaster drills	d shift fire or disaster drill			
	This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.				
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