

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl035-042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2018
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NAME OF PROVIDER OR SUPPLIER WILL WOODS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 125 WILL WOODS WAY FRANKLINTON, NC 27525
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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 November 6, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living.</p>	V 000		
V 106	<p>27G .0201 (A) (8-18) (B) GOVERNING BODY POLICIES</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(8) use of medications by clients in accordance with the rules in this Section;</p> <p>(9) reporting of any incident, unusual occurrence or medication error;</p> <p>(10) voluntary non-compensated work performed by a client;</p> <p>(11) client fee assessment and collection practices;</p> <p>(12) medical preparedness plan to be utilized in a medical emergency;</p> <p>(13) authorization for and follow up of lab tests;</p> <p>(14) transportation, including the accessibility of emergency information for a client;</p> <p>(15) services of volunteers, including supervision and requirements for maintaining client confidentiality;</p> <p>(16) areas in which staff, including nonprofessional staff, receive training and continuing education;</p> <p>(17) safety precautions and requirements for facility areas including special client activity areas; and</p> <p>(18) client grievance policy, including procedures for review and disposition of client grievances.</p>	V 106		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 106	<p>Continued From page 1</p> <p>(b) Minutes of the governing body shall be permanently maintained.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to follow the managing agency's safety precautions and requirements policy regarding fire and disaster drills. The findings are:</p> <p>Review on 11/6/18 of the managing agency's policy related to fire and disaster drills revealed: - "...Fire and Disaster drills in a 24 hour facility will be held monthly for each shift..." - the fire and disaster drill form listed checkboxes for 1st shift am but no specific hours; 2nd shift pm with no specific hours and 3rd shift was labeled "Deep Sleep 1:00am - 4:00am.</p> <p>Review on 11/1/18 of the facility's fire and disaster drills revealed: a. Fire: 1st Quarter (Jan-Mar) no drills on 1st or 3rd shifts 2nd Quarter (Apr-June) no drills on 1st or 3rd shifts 4th Quarter (Jan-Mar, 2017) no drills on 2nd shift The 3rd quarter (July - Sept) had drills on all three shifts</p> <p>b. Disaster: 1st Quarter (Jan-Mar) no drills on 3rd shift 2nd Quarter (Apr-June) no drills on 1st or 3rd shifts 4th Quarter (Jan-Mar, 2017) no drills on 1st shift</p>	V 106		

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V 106	<p>Continued From page 2</p> <p>The 3rd quarter (July - Sept) had drills on all three shifts.</p> <p>During an interview on 11/1/18, the Licensee reported they did drills monthly and would ensure they were done on each shift.</p>	V 106		