

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL-034-37	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2018
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NAME OF PROVIDER OR SUPPLIER DISABILITY MANAGEMENT SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 3365 NEW WALKERTOWN ROAD WINSTON SALEM, NC 27105
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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 on 11/13/18. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Individuals with Development Disabilities.</p>	V 000		
V 114	<p>.0205 (A-D) Emergency Plans and Supplies</p> <p>10-14V.0205. 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 interview the facility failed to hold fire and disaster drills quarterly and repeatedly on each shift. The findings are:</p> <p>Review on 11/13/18 of the facility's fire and disaster drill log revealed the following drills:</p> <ul style="list-style-type: none"> - 09/13/18 2nd shift -fire drill - 06/02/18 2nd shift - disaster drill - 03/24/18 1st shift - fire drill - 02/11/18 2nd shift - weather <p>Interview on 11/13/18 with the Director revealed:</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	Continued From page 1 - This group home was opened in February of this year (2/2018). - The Director is the overnight staff and just has not scheduled drills. - The Director reported that he would complete drills on a more consistent bases and on all three shifts.	V 114		