| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL034-363 | A. BUILDING: _____ B. WING _____ | R 12/06/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SPRINGWELL NETWORK, INC-INDEPENDENC | 2001 INDEPENDENCE ROAD WINSTON-SALEM, NC 27106 |

| (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 | INITIAL COMMENTS<br><br>An Annual and Follow-Up Survey was completed on December 6, 2018. A deficiency was cited.<br><br>This facility is licensed for the following service category:<br><br>- 10A NCAC 27G .5600C: Supervised Living for Developmentally Disabled Adults | V 000 | | |
| V 114 | 27G .0207 Emergency Plans and Supplies<br><br>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES<br>(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.<br>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.<br>(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.<br>(d) Each facility shall have basic first aid supplies accessible for use.<br><br>This Rule is not met as evidenced by:<br>Based on interview and record review, the facility staff failed to hold disaster drills at least quarterly, and repeated on each shift, under conditions that simulate an emergency.<br>The findings are: | V 114 | | |

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| V 114 | Continued From page 1<br><br>Review on 12-5-18 of the folder that contained the drill logs revealed:<br>- a form used by the facility with drill information that included:<br>- blanks to indicate first, second and third shifts<br>- no times delineating what hours constituted each drill shift<br>- some drills were "unannounced" and some were "announced"<br>- "announced" drills were not included in this survey<br>- there was no disaster drill held on the:<br>- first shift of the second, third or fourth quarter of 2018<br>- third shift of the second, third or fourth quarter of 2018<br><br>Interview on 12-4-18 with client #1, client #2 and client #3 revealed each remembered participating in drills, but could not remember when the last drill was held.<br><br>Interview on 12-4-18 with the Group Home Manager/Supervisor (GHM/S) revealed:<br>- she was responsible for insuring drills were held<br>- more fire drills were held, than disaster drills<br><br>Interview on 12-6-18 with the Qualified Professional (QP) revealed:<br>- he was responsible for making sure each facility completed required drills<br>- "They (GHM/S) all turn them (drill logs) in to me"<br>- "I didn ' t look for what shift they were done, | V 114 | | |

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| V 114 | Continued From page 2<br>or the time"<br>- "Now I know to ask them and record what shift"<br>- " ...I ' ll have to add to my (Quality Assurance) report to capture all shifts; first, second and third"<br><br>Interview on 12-6-18 with the Residential Director/Qualified Professional (RD/QP) revealed:<br>- "we ' ll put the shift times on the forms, that ' s an easy fix"<br>- "It ' s definitely the GHM/S ' s responsibility to make sure the drills are held"<br>- "they should write it on the calendar -on the wall or the electronic communication."<br>- "And the QP, when they go in for their site visits, that should be on their forms to insure that gets done during monthly monitoring." | V 114 | | |