

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-537 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 01/09/2019 |
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| NAME OF PROVIDER OR SUPPLIER EXODUS HOUSE | STREET ADDRESS, CITY, STATE, ZIP CODE 3951 EASTLAND AVENUE GREENSBORO, NC 27401 |
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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 January 9, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category:</p> <p>- 10A NCAC 27G .5600C: Supervised Living for Developmentally Disabled Adults</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 interview and record review, the facility staff failed to hold Disaster Drills at least quarterly, repeated on each shift, and under conditions that simulate an emergency. The findings are:</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>Review on 1-8-19 of the facility ' s emergency drill logs revealed:</p> <ul style="list-style-type: none"> - black log book containing drill log forms - the book was located at the facility - the type of drill categories indicated on the form were: <ul style="list-style-type: none"> - Fire - Bomb Threat - Natural Disaster - Utility Failure - Medical Emergency - Violence -Evacuation - fire drills were held for each quarter and on each shift - there were no disaster type drills held: <ul style="list-style-type: none"> - on any shift, for the first quarter of 2018 - on any shift, for the second quarter of 2018 - first or third shift, for the third quarter of 2018 - on any shift, for the fourth quarter of 2018 - the only disaster drill held in 2018 was on the second shift, during the third quarter, 8-13-18 - the 8-13-18 drill was for a "Natural Disaster" - the description for the natural disaster drill held was: <ul style="list-style-type: none"> - "staff discussed the plan of action in the event of a hurricane" <p>Interview on 1-9-19 with the facility Director revealed:</p> <ul style="list-style-type: none"> - fire drills were held monthly - disaster drills were held every 3 months - he thought disaster drills were not required as often as fire drills - when informed disaster drills were required | V 114 | | |

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| V 114 | Continued From page 2 every quarter on every shift, the Director replied, "okay." Interview on 1-9-19 with Qualified Professional (QP) revealed: - drills were to be held every month on every shift - "I don ' t think they do a disaster drill the same month they do a fire drill." - the QP agrees to practice, not just discuss, all drills held - the QP agrees to inform all staff of the state requirements | V 114 | | |