


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-131	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/06/2019
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NAME OF PROVIDER OR SUPPLIER DEE & G ENRICHMENT #2	STREET ADDRESS, CITY, STATE, ZIP CODE 207 FRIENDLY ROAD BURLINGTON, NC 27215	
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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 February 6, 2019. There was a deficiency cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness</p>	V 000	Dee "G" #2 has corrected this deficiency.	
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 record review and interview the facility failed to conduct disaster drills on each shift at least quarterly. The findings are:</p> <p>Review on 2/6/19 of the facility's disaster drills record revealed: -There were disaster drills conducted on the following dates: -Disaster Drills - 6/5/8 and 10/12/18 - 2nd shift.</p>	V 114	<p>Admin has met with all employees reminding them of the quarterly fire drills and disaster drills that are to be held on all shifts. In order to prevent this deficiency from reoccurring the QP will be reviewing all fire drills quarterly to assure compliance.</p> <p style="text-align: right;">3/1/19.</p>	CC

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE Administrator
(X5) DATE

Cherry Camp 3/1/19

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V 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> -There were no disaster drills conducted on 1st and 3rd shift. -Disaster drills were not conducted on each shift at least quarterly. <p>Interview on 2/6/19 with the Administrator revealed:</p> <ul style="list-style-type: none"> -Staff changes made at the facility. -Confirmed disaster drills were not conducted at least quarterly. -Ensure staff at the facility would conduct disaster drills quarterly. 	V 114		