Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING MHL0411110 02/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1401 SHERROD-WATLINGTON CIRCLE WATLINGTON'S FAMILY CARE HOMES #3 GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 1. Measures to be put in place to correct An Annual and Follow-Up Survey was completed deficient alea. on February 14, 2019. A deficiency was cited. Fire and disaster dills This facility is licensed for the following service will both be done monthly and repeated by each category: - 10A NCAC 27G .5600C: Supervised Living staff on every shift, for Developmentally Disabled Adults 2. Measures to be put V 114 27G .0207 Emergency Plans and Supplies V 114 m place to prevent problem from occurring again, Administrators have 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and revised Fire & Disaster shall be approved by the appropriate local Log Books and provided (b) The plan shall be made available to all staff and evacuation procedures and routes shall be training to staff. The posted in the facility. Log Book now has two (c) Fire and disaster drills in a 24-hour facility sections one section for shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted Just monthly fire drills under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies Y one section for accessible for use. monthly disasters to be conducted after the fire drills are done. This Rule is not met as evidenced by: Based on interview and record review, the facility DHSR-Mental Health staff failed to hold fire drills and disaster drills on every shift, every quarter. The findings are: MAR 1 8 2019 Review on 2-14-19 of the fire and disaster drill Lic. & Cert. Section logs revealed:

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

administrator, OP

3/10/19

KMKZ

If continuation sheet 1 of

PRINTED: 02/19/2019 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ___ B. WING MHL0411110 02/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1401 SHERROD-WATLINGTON CIRCLE WATLINGTON'S FAMILY CARE HOMES #3 GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 114 Continued From page 1 V 114 3. Who will monitor to ensure - no fire drills were held: - 2nd shift, first quarter of 2019 situation will not - 3rd shift, second quarter of 2019 rehappen. - 2nd shift, third quarter of 2019 - 3rd shift, third quarter of 2019 Mrs. 4 Mr. Watlington who are administrators - 3rd shift, fourth quarter of 2019 - no disaster drills were held: - 1st shift, first quarter of 2019 - 3rd shift, first quarter of 2019 and QP's. - 1st shift, second quarter of 2019 - 2nd shift, second guarter of 2019 - 1st shift, third quarter of 2019 - 1st shift, fourth quarter of 2019 4. How often will manitoring - 2nd shift, fourth quarter of 2019 take place. Monitoring will take place monthly, every Shift, and as needed. Interview on 2-14-19 with Co-Director #1/Qualified Professional (CD1/QP) revealed: - she didn 't know drills had to be separate - she thought drills could be either a fire or disaster drill - only half the required drills were held - I see now that drills have to be both, seperately - "I ' II re-word my form so that our staff will understand. If I don't spell it out on the form, they won 't get it right." Interview on 2-13-19 with staff #1 revealed she: - was unclear how many drills needed to be held - she now understands a fire and disaster drill

both need to be held every month - "I realize now, now I got ya."

Interview on 2-14-19 with Co-Director

#2/Qualified Professional (CD2/QP) revealed: - he does all drills, fire and disaster

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Division of Health Service Regulation (X3) DATE SURVEY COMPLETED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ R B. WING _ 02/14/2019 MHL0411110 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1401 SHERROD-WATLINGTON CIRCLE **WATLINGTON'S FAMILY CARE HOMES #3**

WATLINGTON'S FAMILY CARE HOMES #3 GREENSBORO, NC 27406				
(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) COMPLET DATE
V 114	Continued From page 2	V 114		
	 he checks on staff to make sure they 're doing all drills "I have a better understanding now of how they 're supposed to be done, I do, we 'Il monitor them better now." 			
	This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.			

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