

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-159</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/03/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALAMANCE ACADEMY, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>723 NORTH FISHER STREET BURLINGTON, NC 27217</b>
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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 April 3, 2019. There was a deficiency cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 1300 Residential Treatment for Children or Adolescents</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 record review and interview the facility failed to conduct fire and disaster drills on each shift at least quarterly. The findings are:</p> <p>Review on 4/3/19 of the facility's fire and disaster drills record revealed: -Fire drills were conducted on the following dates and shifts: -1/16/19 - 2nd -1/29/19 - 1st</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-2/1/19 - 2nd</li> <li>-2/14/19 - 1st</li> <li>-3/11/19 - 2nd</li> </ul> <p>-Disaster drills were conducted on the following dates and shifts:</p> <ul style="list-style-type: none"> <li>-1/15/19 - 2nd</li> <li>-3/8/19 - 2nd</li> </ul> <p>-There were no fire and disaster drills conducted on 3rd shift.</p> <p>-There were no fire and disaster drills conducted on each shift at least quarterly.</p> <p>Interview on 4/3/19 with the Director revealed:</p> <ul style="list-style-type: none"> <li>-She confirmed drills were not conducted on each shift at least quarterly.</li> <li>-A new document for drills would be implemented.</li> <li>-She would discuss drills with staff to ensure compliance.</li> </ul>	V 114		