Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
,	o. oo2011011		A. BUILDING:				
		MHL034-319	B. WING			२ 09/2019	
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
J EDWARDS HOME 4633 TOBACCO STREET WINSTON SALEM, NC 27106							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	on 7/9/19. Deficien  This facility is licens category: 10A NCA	w up survey was completed cies were cited.  sed for the following service C 27G .5600C Supervised cith Developmental Disabilities.					
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114				
	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 shall be approved by the appropriate local authority.  (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.  (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.  (d) Each facility shall have basic first aid supplies accessible for use.						
	failed to ensure fire at least quarterly ar The findings are:  Review on 7/9/19 o 7/9/18-6/30/19 reversible.  No documentate held during the four	view and interview, the facility and disaster drills were held nd repeated for each shift.  f the facility's fire drill log from					

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

(X6) DATE TITLE

Division of Health Service Regulation

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		MHL034-319	B. WING			R <b>09/2019</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
J EDWA	RDS HOME		BACCO STRE N SALEM, NO				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 114	- No documental held during the first 2019 on first, secor - No documental held during the sec 2019 on first, secor Review on 7/9/19 of from 7/9/18-6/30/19 - No documental second shift during December) of 2018 - No documental first or third shift du March) of 2019 - During the second grid the second shift during December of 2019 - No documental first or third shift du March) of 2019 - During the second grid the second shift during the	tion that a fire drill had been quarter (January - March) of and or third shift tion that a fire drill had been ond quarter (April - June) of and or third shift  If the facility's disaster drill log prevealed: Ition a disaster drill was held on the fourth quarter (October - Ition a disaster drill was held on ring the first quarter (January - Ition and quarter (April - June) of II was held on 5/16/19 at 8:30 (I) Ition any additional disaster ing the second quarter of 2019 with the Qualified ed: Iged the drills had not been red the interest in the second grant "transition" in staffing at the aff "overlooking" the need to disaster drills as required			,		
V 131	held at least quarte G.S. 131E-256 (D2	ure fire and disaster drills were rly and repeated for each shift. ) HCPR - Prior Employment					
	REGISTRY (d2) Before hiring h health care facility (	EALTH CARE PERSONNEL ealth care personnel into a or service, every employer at a shall access the Health Care					

Division of Health Service Regulation

STATE FORM 6899 DVVR11 If continuation sheet 2 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		MHL034-319	B. WING		07/0	R 99/2019			
	NAME OF PROVIDER OR SUPPLIER  J EDWARDS HOME  STREET ADDRESS, CITY, STATE, ZIP CODE  4633 TOBACCO STREET  WINSTON SALEM, NC 27106								
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V 131	Personnel Registry	ge 2 and shall note each incident propriate business files.	V 131						
	failed to ensure the Registry (HCPR) whire affecting 1 of 3 House Manager).  Review on 7/9/19 orecord revealed:  A hire date of 6 The HCPR was Interview on 7/9/19 Professional reveal Going forward,	view and interview, the facility Health Care Personnel as accessed prior to date of audited staff (the Acting The findings are:  f the Acting House Manager's  ////16 s accessed on 6/3/16  with the Qualified							

6899

Division of Health Service Regulation STATE FORM