

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-262	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2019
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NAME OF PROVIDER OR SUPPLIER WESTGLEN ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WESTGLEN ROAD DURHAM, NC 27705
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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 July 17, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</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 reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are:</p> <p>Record review on 7/17/19 of the facility's fire drill log revealed the following: -7/14/19- 1st shift. -7/15/19- 3rd shift.</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"> -5/30/19- 2nd shift. -4/22/19- 1st shift. -2/1/19- 2nd shift. -1/7/19- 2nd shift. -12/16/18- 3rd shift. -11/13/18- 2nd shift. -10/16/18- 2nd shift. -9/3/18- 1st shift. -8/7/18- 2nd shift. -For the fourth quarter of 2018, there were no fire drills for 1st shift. -For the first quarter of 2019, there were no fire drills for 1st and 2nd shift. -For the second quarter of 2019, there were no fire drills for 3rd shift. <p>Record review on 7/17/19 of the facility's disaster drill log revealed the following:</p> <ul style="list-style-type: none"> -7/16/19- 3rd shift. -7/14/19- 1st shift. -6/23/19- 2nd shift. -6/15/19- 3rd shift. -4/16/19- 2nd shift. -1/29/19- 1st shift. -1/7/19- 2nd shift. -12/24/18- 2nd shift. -12/16/18- 3rd shift. -11/16/18- 2nd shift. -10/30/18- 2nd shift. -10/2/18- 2nd shift. -9/3/18- 1st shift.. -8/24/18- 2nd shift. -8/7/18- 2nd shift. -For the fourth quarter of 2018, there were no disaster drills for 1st shift. -For the first quarter of 2019, there were no disaster drills for 3rd shift. -For the second quarter of 2019, there were no disaster drills for 1st shift. 	V 114		

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V 114	<p>Continued From page 2</p> <p>Interview on 7/17/19 with client #1 revealed: -Fire drills had been conducted at the house. -Disaster drills had been conducted at the house.</p> <p>Interview on 7/17/19 with the Division Director revealed: -Facility operated under three shifts. -First shift was from 7:00 am to 3:00 pm. -Second shift was from 3:00 pm to 11:00 pm. -Third shift was from 11:00 pm to 7:00 am. -She had implemented a scheduled calendar for when drills had to be conducted, but house staff had not followed it accordingly. -She confirmed staff failed to conduct drills under conditions that simulate fire and disaster emergencies under each shift on each quarter.</p>	V 114		