

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-568	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/08/2019
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NAME OF PROVIDER OR SUPPLIER ENHANCEMENT HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 917 LANCASTER STREET DURHAM, NC 27701
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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 August 8, 2019. Deficiencies were 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 review and interview, the facility failed to conduct disaster drills under conditions that simulate emergencies. The findings are:</p> <p>Review on 8/8/19 of the facility's disaster drill log revealed the following: -6/30/19- 2nd shift. -5/18/19- 2nd shift. -4/3/19- 2nd 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"> -3/10/19- 2nd shift. -2/12/19- 2nd shift. -1/16/19- 2nd shift. -12/?/18- Blank. -11/3/18- 3rd shift. -10/21/18- 2nd shift. -9/28/18- 1st shift. -8/22/18- 3rd shift. -There were no disaster drills conducted on first or third shift for the first quarter of 2019. -There were no disaster drills conducted on first or third shift for the second quarter or 2019. <p>Interview on 8/8/19 with the House Manager revealed:</p> <ul style="list-style-type: none"> -House operated under three shifts. -Staff had been instructed to conduct three fire drills per month, but only one disaster drill per month. -Staff had not been aware that disaster drills had to be conducted on different shifts. -She reported a fire and disaster drill schedule would be re-implemented to include all shifts. -She confirmed fire drills were not conducted quarterly on each shift. 	V 114		