

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
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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	<p>DHSR - Mental Health</p> <p>AUG 19 2019</p> <p>Lic. & Cert. Section</p>	

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

Elizabeth Scott _____ TITLE *Executive Director* (X6) DATE *8/15/19*

STATE FORM 6999 L35.11 If continuation sheet 1 of 3

Division of Health Service Regulation

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V 114	Continued From page 1 -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. Record review on 7/17/19 of the facility's disaster drill log revealed the following: -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		

Durham County Community Living Programs, Inc.

Post Office Box 51159
Durham, N.C. 27717-1159
(919) 489-0682

Westglen Road Group Home
MHL # 032-262

Plan of Correction to Survey Completed July 17, 2019

V 114 Fire and Disaster Drills on All Shifts:

To Correct the Deficiency:

I will discuss and provide training fire and disaster drills at our staff meeting on July 24, 2019, prior to receiving the report on July 31, 2019. I was able to do this in response to the exit interview. I assured that staff understands that a fire drill and disaster drill must be held monthly, with one on each shift in each quarter. We have in place a grid on which to track drills for each program, so I will train staff to make sure that drills happen as directed from this current quarter forward.

To Prevent the Deficiency from Occurring Again:

Fire drill and disaster drill information will be submitted monthly to program supervisors to track and make sure that drills are occurring as required at each program site. A tracking grid has been developed to be posted at each program site to assure that staff are aware of the requirements of the regulation and are conducting drills appropriately. This tracking form will also be used by program supervisors and the Assistant Director to monitor drills to make sure they occur appropriately. Training will occur annually during our training on handling emergencies and health and safety, and such training will be tracked on a grid generated by our office manager.


Who will Monitor:

Program supervisors will monitor the fire and disaster drills monthly to make sure that they are occurring as required, by reviewing the fire and emergency drill forms and/or by participating in the fire/emergency drills. Tracking of drills will occur on the tracking grid. The Assistant Director will monitor the fire and disaster drills monthly to see that they are occurring as per the regulations and will ultimately be responsible for monitoring these drills.

Training will be monitored on a training grid generated monthly by our office manager. Program supervisors will be responsible for monitoring the training of their staff.

How Often the Monitoring will Take Place:

The monitoring will take place monthly.



Elizabeth Scott, BS, QDDP
Executive Director
August 15, 2019

Group Home _____

Year _____

Fire Drills

Fire drills must be held monthly and must rotate shifts so that they are pulled on each of the three shifts during each quarter

	1st Quarter			2nd Quarter			3rd Quarter			4th Quarter		
	January	February	March	April	May	June	July	August	September	October	November	December
1st Shift 7am - 3pm												
2nd Shift 3pm - 11pm												
3rd Shift 11pm - 7am												

Snow/Ice Emergency, Tornado and Hurricane Drills

Snow/Ice Emergency, Tornado or Hurricane drills must be held monthly, and must rotate to cover all three shifts during each quarter. Designate Drill Type in the box below.

	1st Quarter			2nd Quarter			3rd Quarter			4th Quarter		
	January	February	March	April	May	June	July	August	September	October	November	December
1st Shift 7am - 3pm		Snow/Ice		Tornado			Hurricane			Tornado		
2nd Shift 3pm - 11pm					Hurricane			Tornado			Hurricane	
3rd Shift 11pm - 7am			Snow/Ice			Tornado			Hurricane			Snow/Ice

Other Disaster and Emergency Drills

Other Disaster and Emergency Drills should be rotated with one drill occurring at least monthly.

	1st Quarter			2nd Quarter			3rd Quarter			4th Quarter		
	January	February	March	April	May	June	July	August	September	October	November	December
Drill Type	Bomb Threat	Violence/Weapon Drugs	Power Outage	Medical Emergency	Haz Mat/Infection Control	Earth-quake	Bomb Threat	Violence/Weapon Drugs	Power Outage	Medical Emergency	Haz Mat/Infection Control	Earth-quake
Date/Time												

All drills must be recorded on the Fire and Emergency Drill Report Form and submitted monthly to the Division Director and QI Chairperson

rec'd
7/31/19
Ema



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

July 23, 2019

Elizabeth Scott, Executive Director
Durham County Community Living Programs, Inc.
PO Box 51159
Durham, NC 27717-1159

DHSR - Mental Health

Re: Annual Survey completed July 17, 2019
Westglen Road Group Home, 3523 Westglen Road, Durham, NC 27705
MHL # 032-262
E-mail Address: EWScott-dcclp@ncrrbiz.com

AUG 19 2019

Lic. & Cert. Section

Dear Ms. Scott:

Thank you for the cooperation and courtesy extended during the annual survey completed July 17, 2019.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is September 15, 2019.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

July 23, 2019
Durham County Community Programs, Inc.
Elizabeth Scott, Executive Director

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown, Team Leader at 919-855-3822.

Sincerely,



Edgar Garrido, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
File