PRINTED: 08/09/2019 **FORM APPROVED** 

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL032-568 08/08/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 917 LANCASTER STREET **ENHANCEMENT HEALTH CARE** DURHAM, NC 27701 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on August 8, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities V 114 27G .0207 Emergency Plans and Supplies V 114 House manager has
re-implemented all,
Shifts be conducted
a fire drill monthly. 1007/19
Valure disaster will
be conducted on all
shift for the quarter 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. This Rule is not met as evidenced by: Based on record review and interview, the facility DHSR-Mental Health failed to conduct disaster drills under conditions that simulate emergencies. The findings are: CCT 0 2 2019 Review on 8/8/19 of the facility's disaster drill log revealed the following: Lic. & Cert. Section -6/30/19- 2nd shift. -5/18/19- 2nd shift. -4/3/19- 2nd shift. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

STATE FORM

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PRINTED: 08/09/2019 Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL032-568 B. WING \_ 08/08/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 917 LANCASTER STREET **ENHANCEMENT HEALTH CARE** DURHAM, NC 27701 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 114 Continued From page 1 V 114 -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. Interview on 8/8/19 with the House Manager revealed: -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.

Division of Health Service Regulation