

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/20/2019
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NAME OF PROVIDER OR SUPPLIER LAKEVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 103 LAKEVIEW DRIVE GOLDSBORO, NC 27530
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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 November 20, 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 ensure disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>During interview on 11/13/19 the Director of Developmental Care stated the facility had three shifts: 1st 8:00 am - 4:00 pm, 2nd 4:00 pm - 12:00 midnight, and 3rd 12:00 midnight - 8:00 am.</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 114	<p>Continued From page 1</p> <p>Review on 11/13/19 of facility records revealed:</p> <ul style="list-style-type: none"> - Disaster drills included hurricane/tornado, bomb threat, violence in the workplace, utility failure, medical emergency, and "other." - Staff documented discussion with clients about what to do in the event of specific emergency situations as listed above. - No disaster drill exercises documented for 1st, 2nd, or 3rd shift during the third quarter (July - September) 2019, or for the 2nd or 3rd shift during the first quarter (January - March) 2019. <p>During interview on 11/20/19 the President stated she felt like staff completed drills as required, but did not document the drills in a manner that reflected an actual drill exercise. Other regulatory bodies suggested the use of workplace violence, utility failure, medical emergency, and bomb threats in drills.</p>	V 114		