

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL079-137	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/26/2019
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NAME OF PROVIDER OR SUPPLIER BOYD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 115 BOYD STREET EDEN, NC 27288
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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 11/26/19. 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 review and interview, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 11/25/19 of the facility's license revealed: - It was licensed to operate as a residential facility on 7/22/19</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> <p>Review on 11/25/19 of the clients (#1 and #2's) records revealed:</p> <ul style="list-style-type: none"> - Each client was admitted in August 2019 <p>Review on 11/25/19 of the facility's fire drill logs from 8/29/19 - 10/23/19 revealed:</p> <ul style="list-style-type: none"> - A fire drill was held on the following dates, 8/29/19; 9/11/19 and on 10/23/19 - No documentation which reflected the time the drill was held - <p>A request to review the facility's disaster drill log revealed:</p> <ul style="list-style-type: none"> - No log was available for review as no disaster drills had been held since the facility opened in July 2019 <p>Interview on 11/25/19 with the Program Manager revealed:</p> <ul style="list-style-type: none"> - She had conducted the fire drills and documented them via the facility's computer system on the same date the drill was held - She had held fire drills at different times as she wanted to see how the clients would respond - Her attempt to pull the information on 11/25/19 for the surveyor revealed to her that the system did not reflect the time she had initially input the information but only the time associated with her wanting to print the form for that specific month - She had not held any disaster drills; however, she had conducted meetings with the clients and staff on weather preparedness. 	V 114		