

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 |
|--|---|---|---|

NAME OF PROVIDER OR SUPPLIER
LAKEVIEW

STREET ADDRESS, CITY, STATE, ZIP CODE
**103 LAKEVIEW DRIVE
GOLDSBORO, NC 27530**

| (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 | INITIAL COMMENTS An annual survey was completed on November 20, 2019. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities. | V 000 | | |
| V 114 | 27G .0207 Emergency Plans and Supplies 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 reviews and interviews the facility failed to ensure disaster drills were held quarterly and repeated on each shift. The findings are: 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. | V 114 | The system used for fire and disaster drills will be modified to ensure that fire and disaster drills are completed each quarter for each shift. To meet the rule, drills for tornado and hurricanes will be considered disaster drills. This will prevent other emergency drills performed being counted as a "disaster" drill which is what happened this past year. Drill exercises will continue to be discussed with residents and staff as a part of on-going training but may not always be remembered by residents due to TBI. The Health and Safety Director will continue to ensure all drills are completed as required. | 01/01/20 |

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

[Signature]

TITLE

CEO

(X6) DATE

12-3-19

STATE FORM

6899

FPN411

If continuation sheet 1 of 2

RECEIVED

DEC 06 2019

DHSR-MH Licensure Sect

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 |
|---|--|--|---|---|
| NAME OF PROVIDER OR SUPPLIER LAKEVIEW | | STREET ADDRESS, CITY, STATE, ZIP CODE 103 LAKEVIEW DRIVE GOLDSBORO, NC 27530 | | |
| (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 114 | Continued From page 1 Review on 11/13/19 of facility records revealed: - 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. 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. | V 114 | | |

RECEIVED
NOV 21 2019
Division of Health Service Regulation