

PRINTED: 11/27/2019
FORM APPROVED

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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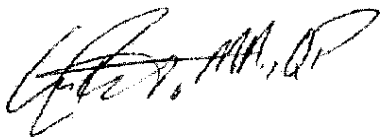
NAME OF PROVIDER OR SUPPLIER
BOYD HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**115 BOYD STREET
EDEN, NC 27288**

(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 11/26/19. 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 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: Review on 11/25/19 of the facility's license revealed: - It was licensed to operate as a residential facility on 7/22/19	V 114		

RECEIVED
By DHRS-Mental Health Licensure at 4:56 pm, Dec 12, 2019

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____



12/12/2019

PRINTED: 11/27/2019
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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	
NAME OF PROVIDER OR SUPPLIER BOYD HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 115 BOYD STREET EDEN, NC 27288		
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V 114	Continued From page 1 Review on 11/25/19 of the clients (#1 and #2's) records revealed: - Each client was admitted in August 2019 Review on 11/25/19 of the facility's fire drill logs from 8/29/19 - 10/23/19 revealed: - 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 - A request to review the facility's disaster drill log revealed: - No log was available for review as no disaster drills had been held since the facility opened in July 2019 Interview on 11/25/19 with the Program Manager revealed: - 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	27G .0207 Emergency Plans and Supplies - QP was informed by group home manager that there was no time stamp for the fire drills and that she was unfamiliar with how to pull up disaster drills that was completed for the months of August, Sept, Oct, Nov. - QP informed the group home manager that that in order to see the time stamp all report types must be pulled up in a clinical format as appose to a monthly format. - Both fire and disaster drills were already in the system and completed for the months of August, Sept, Oct, and Nov. QP provided training to group home manager on how to pull both fire and disaster drills up the correct way during monitoring evaluations.	11/26/19 11/26/19 12/02/19

Division of Health Service Regulation
STATE FORM

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I3HT11

If continuation sheet 2 of 2



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FAX COVER SHEET

Date: 12/12/19

To: Division of Health Service Regulation

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From: Anthony Pothoel

Fax #: 1-336-379-7584

Number of pages: 3 (including cover sheet)

Comments: Rayd Home POC Nov 2019

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