

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL024-108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/06/2019
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NAME OF PROVIDER OR SUPPLIER ENZOR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 6089 HINSON'S CROSSROADS FAIR BLUFF, NC 28439
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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 December 6, 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 review and interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 12/05/19 of facility records from 10/1/18 - 9/30/19 revealed: - 1st quarter (10/01/18- 12/31/18): No disaster drills documented on the 1st shift. - 2nd quarter (1/01/19- 3/30/19): No fire drills</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	Continued From page 1 documented on the weekend shift. - 2nd quarter (1/01/19- 3/30/19): No disaster drills documented on the weekend shift. - 3rd quarter (4/01/19- 6/30/19): No fire drills documented on the weekend shift. - 3rd quarter (4/01/19- 6/30/19): No disaster drills documented on the weekend shift - 4th quarter (7/01/19- 9/30/19): No fire drills documented on 2nd shift. - 4th quarter (7/01/19- 9/30/19): No disaster drills documented on 2nd shift. Interview on 12/05/19 the Program Manager stated: - 1st shift was 7:30am- 4pm. - 2nd shift was 4pm- 8pm. - 3rd shift was 8pm- 8am. - Weekend shifts were 8am - 8pm and 8pm - 8am.	V 114		