

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/14/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G116	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/11/2019
NAME OF PROVIDER OR SUPPLIER WEST MAIN STREET FACILITY-CARRBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 1003 W MAIN STREET CARRBORO, NC 27510		
(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) COMPLETION DATE	
W 440	<p>EVACUATION DRILLS CFR(s): 483.470(l)(1)</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure a fire drill occurred at least quarterly for each shift. This potentially affected all residents of the facility. The finding is:</p> <p>Fre drills were not held at least quarterly for each shift.</p> <p>Review on 10/10/19 revealed fire drills did not occur for the first quarter and for only occurred for two shifts for the second quarter (first shift was omitted.) Additionally, only two shifts for the third quarter held fire drills (2nd shift was omitted).</p> <p>Interview with the qualified intellectual disability professional (QIDP) on 10/10/19 confirmed that she realized the fire drills were not being conducted one per shift per quarter and in lieu of the vacancy she stated she is getting the home back on track with the fire drills.</p>	W 440	<p>Fire drills will be conducted at various times during all shifts following the schedule of at least one fire drill on each shift per quarter. The Supervisor of Support Services will monitor the completion of fire drills at varied times by reviewing the fire drill notebook every month. If a drill was not completed as scheduled for a specific shift, the Supervisor of Support Services will conduct the appropriate drill. This system will be implemented as 10/15/19.</p> <p style="text-align: center;">RECEIVED OCT 28 2019 DHSR-MH Licensure Sect</p>	10/15/19	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Debbie Klein TITLE: Director of TCF/JTD Services (X6) DATE: 10/28/19

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



Residential Services, Inc
111 Providence Road
Chapel Hill, NC 27514
Phone: (919) 942-7391
Fax: (919) 933-4490
www.rsi-nc.org



FAX
COVER
SHEET

To: DHHS - Certification & Licensure Section
 Fax Number: (919) 715-8078
 From: Debbie Klein
 Date: 2 10/28/19
 Pages (including cover sheet): 2

Message:

Plan of Correction - Carrboro (West Main St. Facility). Original is in the mail. Please let me know if you need anything else.

Debbie Klein
 dklein@rsi-nc.org
 (919) 368-1293

The information contained in this facsimile message is Residential Service Inc.'s privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the above address via the U.S. Postal Service. Thank you.