

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-735</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/03/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CLORA'S ANGELS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7205 JONATHAN DRIVE</b> <b>WENDELL, NC 27591</b>
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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 and follow up survey was completed on February 3, 2020. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</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 conducted quarterly on each shift. The findings are:</p> <p>Review on 2/3/20 of the facility's Policy and Procedure regarding Fire and Disaster drills revealed "...will conduct monthly fire drills and maintain documentation of such..."</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>During a phone interview on 2/3/20, the Qualified Professional of the facility's management company reported:</p> <ul style="list-style-type: none"> <li>- fire drills were expected to be conducted quarterly on each of 3 shifts:               <ul style="list-style-type: none"> <li>- 1st shift - 7:00am - 3:00pm</li> <li>- 2nd shift - 3:00pm - 11:00pm</li> <li>- 3rd shift - 12:00am - 7:00am</li> </ul> </li> </ul> <p>Review on 2/3/20 of fire and disaster drills for the previous year revealed:</p> <ul style="list-style-type: none"> <li>a. fire drills were documented on:               <ul style="list-style-type: none"> <li>- 1/18/20 - 7:30am</li> <li>- 11/25/19 - 7:30am</li> </ul> </li> <li>b. disaster drills were documented on:               <ul style="list-style-type: none"> <li>- 12/2019 - 11:00pm</li> <li>- 9/29/19 - 8:30am</li> <li>- 8/28/19 - 7:12am</li> <li>- 6/10/19 - 7:06am</li> <li>- 5/25/19 - 5:00pm</li> </ul> </li> </ul> <p>- the 4 drills between 5/25/19 - 9/29/19 were checked off as disaster drills but the narrative explanation revealed they exited the house and met at the meeting place for fire drills.</p> <p>During an interview on 2/3/20, staff #1 (Licensee) reported the 4 drills were fire drills and documenting them as natural disasters was a mistake. She thought she had been doing the drills at different additional times than those listed.</p>	V 114		