

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-071	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/11/2020
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NAME OF PROVIDER OR SUPPLIER WEST MARION SUPERVISED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 145 LUKIN STREET MARION, NC 28752
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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, complaint and follow up survey was completed on 3/11/2020. The complaint was unsubstantiated (NC00160225). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G.5600C Supervised Living for Individuals of all Disability Group/Intellectual Developmental Disability.</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 conduct disaster drills quarterly on each shift. The findings are:</p> <p>Review on 3/11/20 of the disaster drills for quarter 7/2019-9/2019 revealed: -No documented disaster drills for 7/2019-9/2019</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	Continued From page 1 Interview on 3/11/20 with the House Manger revealed: -The facility had one 24-hour shift. -She was not aware the disaster drill was missed for the quarter 7/2019-9/2019. -This was an oversight on her part. -She would ensure fire and disaster drills were conducted quarterly.	V 114		