PRINTED: 03/19/2020 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		152.11.11.10.11.10.11.10.11.52.11.	A. BUILDING: _		COMILETED		
		MHL090-128	B. WING		03/13/2020		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
CAMDEN	CAMDEN ROAD HOME 2021 CAMDEN ROAD WINGATE, NC 28174						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual survey was Deficiencies were cite	s completed on 3-13-20. ed.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.						
V 114	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.		V 114				
	facility failed to condu	as evidenced by: and record reviews, the act fire and disaster drills on eated for each shift. The					
	Drill Report logs from 2020 revealed: - the facility operates	the facility's Emergency January 2019 to March on 3 eight hour shifts from shift), 3:01pm-11:00pm (2nd					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL090-128			B. WING		03/13/2020	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
CAMDEN	ROAD HOME		DEN ROAD NC 28174			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 114	Continued From page 1 shift), and 11:01pm-7:00am (3rd shift); - no Fire Drills were held for 1st shift during 2nd quarter (April-June) 2019; - no Fire Drills were held for 3rd shift during 3rd quarter (July-September) 2019; - no Disaster Drills were held from March 2019 through February 2020.		V 114			
	- didn't remember the facility had conducted	eaning fire or disaster drill)				
	Interview on 3-11-20 with Client #2 revealed: - reported that the facility conducted fire drills but does not conduct disaster drills; - felt safe at the facility.					
	- reported that the fac a monthly basis;	with Client #3 revealed: illity conducted fire drills on ten the facility conducted y.				
	- fire and disaster drill - no issues with safet	with Staff #1 revealed: ls were conducted monthly; y at the facility; ce or firemen at the facility.				
	- fire and disaster drill	with Staff #2 revealed: Is were conducted monthly; responsible for the oversight				
	Interview on 3-12-20 Professional) reveale - fire drills are conduct	d:				

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NAME OF PROVIDER OR SUPPLIER  CAMDEN ROAD HOME  (CA) ID PREFEX TAG PRECEDED BY FULL TAG DEFICIENCY MUST BE PRECEDED BY FULL TA	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE S COMPL	(X3) DATE SURVEY COMPLETED			
CAMDEN ROAD HOME  2021 CAMDEN ROAD WINGATE, NC 28174  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 114  Continued From page 2 - thought disaster drills were to be performed quarterly; - "don't know why the disaster drills were not  2021 CAMDEN ROAD WINGATE, NC 28174  ID PREFIX TAG  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  V 114  V 114  - thought disaster drills were to be performed quarterly; - "don't know why the disaster drills were not	MHL090-128			B. WING			13/2020			
(X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 114 Continued From page 2 - thought disaster drills were to be performed quarterly; - "don't know why the disaster drills were not (X5)  WINGATE, NC 28174  ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE (EACH CORSS-REFERENCED TO THE APPROPRIATE DATE)  OMPLETE DATE  V 114 Continued From page 2 - thought disaster drills were to be performed quarterly; - "don't know why the disaster drills were not	NAME OF P									
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 114  Continued From page 2  - thought disaster drills were to be performed quarterly; - "don't know why the disaster drills were not  PREFIX TAG  (EACH CORRECTIVE ACTION SHOULD BE COMPLÉTE DATE  V 114  V 114  PREFIX TAG  (EACH CORRECTIVE ACTION SHOULD BE COMPLÉTE DATE  V 114  V 114  V 114	CAMDEN ROAD HOME									
- thought disaster drills were to be performed quarterly; - "don't know why the disaster drills were not	PREFIX	(EACH DEFICIENC)	MMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAGY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE  DATE							
	V 114	- thought disaster drill quarterly; - "don't know why the	ls were to be performed disaster drills were not	V 114						

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