

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-620	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/29/2021
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NAME OF PROVIDER OR SUPPLIER COLTRANE'S GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3811 REPON STREET GREENSBORO, NC 27407
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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 6/29/21. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with 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 reviews and interviews, the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>Interview on 6/28/21 with the Owner revealed: -She worked 24 hours a day 7 days a week except on Tuesdays and Thursdays from 3:00pm - 5:00pm when a part time employee was scheduled;</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>-She understood that fire and disaster drills were required to be held on both shifts (the Owners shift, and the part time employees shift) quarterly; -She was aware that during April 2020 - March 2021 disaster drills had not been completed but she thought that fire drills had been held as required; -It was her responsibility to ensure that all drills were completed as required.</p> <p>Review on 6/28/21 of the fire drill log from April 2020 - March 2021 revealed during the quarters from July 2020 - September 2020, October 2020 - December 2020 and January 2021 - March 2021, there were no drills completed during the part time employees shift.</p> <p>Review on 6/28/21 of the disaster drill log from April 2020 - March 2021 revealed there were no drills completed.</p> <p>Interview on 6/29/21 with staff #1 revealed: -She had worked at the facility since September 2019; -She was scheduled to work every Tuesday and Thursday from 3:00pm - 5:00pm; -She had participated in a fire drill at the facility but thought it had been about a year prior; -She had been informed during orientation by the Owner that fire drills were required to be held monthly; -She had participated in a disaster drill since she was hired but she was unable to remember when..."the only time we do that (disaster drill) is when a storm is coming."</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		