

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-887	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2021
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NAME OF PROVIDER OR SUPPLIER SUMMERWOOD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5316 SUMMERWOOD DRIVE GREENSBORO, NC 27455
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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 survey was completed on 7/8/21. 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 hold fire and disaster drills at least quarterly on each shift. The findings are:</p> <p>Interview on 7/7/21 with the Residential Director (RD) revealed: -The facility had 3 shifts that consisted of a Sunday, Tuesday and Thursday shift, a Monday and Wednesday shift and a Friday and Saturday shift;</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>-He was responsible for ensuring that fire and disaster drills were completed; -He was aware that fire and disaster drills were required to be held quarterly for each shift.</p> <p>Review on 7/7/21 of the of fire drills completed during the months of July 2020 - June 2021 revealed there were no drills documented as completed on the Friday and Saturday shift.</p> <p>Review on 7/7/21 of the disaster drills completed during the months of July 2020 - June 2021 revealed: -For the quarters of July 2020 - September 2020 and October 2020 - December 2020, there was no documentation of completed drills on the Monday and Wednesday shift or the Friday and Saturday shift; -For the quarters of January 2021 - March 2021 and April 2021 - June 2021, there was no documentation of completed drills on the Sunday, Tuesday and Thursday shift or the Friday and Saturday shift.</p> <p>Interview on 7/7/21 with client #1 revealed: -The facility held fire drills twice a month; -The facility didn't hold disaster drills.</p> <p>Interview on 7/7/21 with client #2 revealed: -The facility held fire drills, but he wasn't sure how often; -The facility didn't hold disaster drills.</p>	V 114		