PRINTED: 07/08/2021 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL041-887 NAME OF PROVIDER OR SUPPLIER STREET			(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHI 041-887	B. WING		07/08/2021		
		DDRESS, CITY, STATE,	07				
	WOOD GROUP HOME	5316 SU		E			
		GREEN	SBORO, NC 27455				
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE		
V 000	INITIAL COMMENTS		V 000				
	An annual survey was completed on 7/8/21. Deficiencies were cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.						
V 114	27G .0207 Emergen	cy Plans and Supplies	V 114				
	AND SUPPLIES (a) A written fire plan area-wide disaster pl shall be approved by authority. (b) The plan shall be and evacuation proce posted in the facility. (c) Fire and disaster shall be held at least repeated for each sh under conditions that	an shall be developed and the appropriate local made available to all staff edures and routes shall be					
	facility failed to hold to quarterly on each shi Interview on 7/7/21 w (RD) revealed: -The facility had 3 sh Sunday, Tuesday an	iews and interviews the fire and disaster drills at least					

U8C611

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OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL041-887				07/08/2021	
ROVIDER OR SUPPLIER					
WOOD GROUP HOME			-		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
Continued From page 1		V 114			
-He was responsible disaster drills were co -He was aware that fi required to be held qu Review on 7/7/21 of t during the months of revealed there were r completed on the Frio Review on 7/7/21 of t during the months of revealed: -For the quarters of J and October 2020 - E no documentation of Monday and Wednes Saturday shift; -For the quarters of J and April 2021 - June documentation of con Tuesday and Thursda Saturday shift. Interview on 7/7/21 w -The facility held fire o often;	for ensuring that fire and ompleted; ire and disaster drills were uarterly for each shift. the of fire drills completed July 2020 - June 2021 no drills documented as day and Saturday shift. the disaster drills completed July 2020 - June 2021 uly 2020 - September 2020 December 2020, there was completed drills on the day shift or the Friday and anuary 2021 - March 2021 e 2021, there was no npleted drills on the Sunday, ay shift or the Friday and with client #1 revealed: drills twice a month; d disaster drills. rith client #2 revealed: drills, but he wasn't sure how				
	ROVIDER OR SUPPLIER NOOD GROUP HOME SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page -He was responsible disaster drills were co -He was aware that fir required to be held qu Review on 7/7/21 of to during the months of revealed there were re completed on the Frid Review on 7/7/21 of to during the months of revealed: -For the quarters of J and October 2020 - E no documentation of Monday and Wedness Saturday shift; -For the quarters of J and April 2021 - June documentation of cor Tuesday and Thursda Saturday shift. Interview on 7/7/21 w -The facility held fire for -The facility held fire for often;	DEF CORRECTION IDENTIFICATION NUMBER: MHL041-887 ROVIDER OR SUPPLIER STREET/ NOOD GROUP HOME 5316 SL GREEN SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 -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. 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. 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. Interview on 7/7/21 with client #1 revealed: -The facility held fire drills twice a month; -The facility held fire drills twice a month; -The facility held fire drills, but he wasn't sure how	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL041-887 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, NOOD GROUP HOME STREET ADDRESS, CITY, STATE, SUMMARY STATEMENT OF DEFICIENCIES ID REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG Continued From page 1 V 114 -He was responsible for ensuring that fire and disaster drills were completed; V 114 -He was aware that fire and disaster drills were required to be held quarterly for each shift. 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. 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 - 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. Interview on 7/7/21 with client #1 revealed: -The facility held fire drills twice a month; -The facility held fire drills, but he wasn't sure how often; Intherwiew on 7/7	ope correction IDENTIFICATION NUMBER: A. BUILDING: MHL041-887 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SOUDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLANC (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 V 114 V 114 -He was aware that fire and disaster drills were required to be held quarterly for each shift. 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. 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 Monday and Thursday shift or the Friday and Saturday shift. Interview on 7/7/21 with client #1 revealed: -The facility held fire drills twice a month; -The facility held fire drills, but he wasn't sure how often;	PF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:

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