PRINTED: 07/13/2021 FORM APPROVED

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					
		MHL0411031	B. WING		07/09/2021					
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE						
LODGE II			NSTAN ROAD	_						
	GREENSBORO, NC 27405									
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION)								
V 000	INITIAL COMMENTS		V 000							
	An annual survey was deficiency was cited.	s completed on 7/9/2021. A								
	category:	d for the following service								
	10A NCAC 27G .3400 Treatment/Rehabilita Substance Abuse Dis	tion for Individuals with								
V 114	27G .0207 Emergend	y Plans and Supplies	V 114							
	AND SUPPLIES (a) A written fire plan area-wide disaster plashall be approved by authority. (b) The plan shall be and evacuation proceposted in the facility. (c) Fire and disaster ashall be held at least repeated for each shi under conditions that	an shall be developed and								
	failed to conduct fire a shift at least quarterly	ew and interview, the facility and disaster drills on each . The findings are: of the facility's fire and aled: of fire drills during the								

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

DIVISION	n Health Service Negu	ialion	_									
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY							
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED							
			1									
		MHL0411031	B. WING		07/0	9/2021						
NAME OF DE	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZID CODE								
NAME OF TE	TOVIDER OR SOLT LIER			TE, ZII GODE								
LODGE II												
GREENSBORO, NC 27405												
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	٧	(X5)						
PRÉFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE						
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE	DATE						
				DEFICIENCY)								
V 114	Continued From page 1		V 114									
	Continued From page 1											
	- July - September 20	020: 3rd shift										
	- October - December	r 2020: 2nd shift										
	- January - March 202	21: 1st shift										
	- April - June 2021: 3	rd shift										
	•	isaster drills were as follows:										
	- July-September 2020: 1st & 3rd shift drills were											
	documented as having been completed together											
	on 7/14/2020 from 6:59am to 7:05am											
	- October-December 2020: no documentation of											
	3rd shift disaster drill											
	- January-March 2021: 2nd & 3rd shift drills were											
	documented as having been completed together on 2/11/2021 from 12:00am-12:12am; and 1st &											
	2nd completed together on 3/18/2021 from											
	4:45pm-5:52pm											
	- April-June 2021: 3rd & 1st shift drills were											
	documented as having been completed together											
	on 5/20/2021 from 7:04 to 7:10 (am or pm not											
	noted)											
	- The disaster drills that were documented as											
	combined shifts did not clearly demonstrate that a											
	distinct disaster drill was completed on each shift.											
	Interview on 7/8/2021 with the Facility Services											
	Director revealed:											
	- He thought that the facility had been told by											
	someone from an oversight or accrediting agency											
	that disaster drills could be conducted at shift											
	change while staff from the transitioning shifts											
	were present together.											
	- A former staff was supposed to ensure that fire											
	drills were conducted on each shift every quarter,											
	but it was discovered that he had not done so											
	after he left employment.											
	The state of the s											
	- He would ensure fire and disaster drills were											
	completed on each shift every quarter.											

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