

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL079-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2021
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NAME OF PROVIDER OR SUPPLIER ACADEMY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1216 WEST ACADEMY STREET MADISON, NC 27025
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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 8/4/21. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</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 review and interview, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 8/4/21 of the facility's fire drill log from 1/18/20 to 9/15/20 revealed: - No documentation a fire drill was conducted during the fourth quarter of 2020 (October - December of 2020); the first quarter of 2021</p>	V 114		

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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>(January - March) and the second quarter of 2021 (April - May of 2021)</p> <p>Review on 8/4/21 of the facility's disaster drill log from 1/17/20 to 9/9/20 revealed:</p> <ul style="list-style-type: none"> - No documentation a disaster drill was conducted during the fourth quarter of 2020 (October - December); the first quarter of 2021 (January - March) and the second quarter of 2021 (April - May) <p>Interview with the House Manager revealed:</p> <ul style="list-style-type: none"> - Fire and disaster drills had been conducted monthly; however, since September of 2020, she had failed to ensure the drills were done as required - Going forward, she would ensure the fire and disaster drills were done at least monthly and on a different shift each time. 	V 114		