

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL053-082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/17/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ANDREWS DRIVE FAMILY CARE FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2621 ANDREWS DRIVE SANFORD, NC 27332</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual and follow-up survey was completed on August 17, 2021. 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><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></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 interview the facility failed to conduct fire and disaster drills under conditions that simulate emergencies quarterly for each shift. The findings are:</p> <p>Review on 8/17/21 of the facility's Fire Drills revealed: -There were no records available to review.</p> <p>Review on 8/17/21 of the facility's Disaster Drills</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>revealed: -There were no records available to review.</p> <p>Interview on 8/17/21 with the Director of Quality Management revealed: -He was aware that the facility had not been doing the drills as mandated, but was under the impression that at least some had been completed. -Agency typically had a sheet that staff completed monthly for each shift. He would make sure that staff got re-trained on completing the fire and disaster drills. -He acknowledged that the facility failed to complete fire and disaster drills quarterly and for each shift.</p>	V 114		