

Division of Health Service Regulation

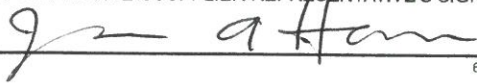
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL053-082</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>08/17/2021</b> |
|--|---|---|---|

|   |  |
|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ANDREWS DRIVE FAMILY CARE FACILITY</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2621 ANDREWS DRIVE<br/>SANFORD, NC 27332</b> |
|---|--|

| (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              | INITIAL COMMENTS<br><br>An annual and follow-up survey was completed on August 17, 2021. A deficiency was cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.   | V 000         | The facility will implement a system to ensure that fire and disaster drills are conducted quarterly for all shifts in the home  | 10-16-21           |
| V 114              | 27G .0207 Emergency Plans and Supplies<br><br>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES<br>(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.<br>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.<br>(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.<br>(d) Each facility shall have basic first aid supplies accessible for use.<br><br>This Rule is not met as evidenced by:<br>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:<br><br>Review on 8/17/21 of the facility's Fire Drills revealed:<br>-There were no records available to review.<br><br>Review on 8/17/21 of the facility's Disaster Drills | V 114         | The home manager (QP) will review and develop a schedule for staff in the home to implement fire and disaster drill evacuations quarterly for all 3 shifts (1st, 2nd, 3rd).<br><br>The QP will inservice all staff on the update evacuation schedule with emphasis on conducting quarterly drills on all 3 shifts, under varied conditions.<br><br>The QP and Director of Quality Management will monitor evacuation drills on a monthly basis to ensure continuous compliance | 10-16-21           |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Director Quality Management

(X6) DATE

8/25/21

STATE FORM

6899

SLDN11

If continuation sheet 1 of 2

DHSR - Mental Health

AUG 30 2021

Lic. & Cert. Section

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ANDREWS DRIVE FAMILY CARE FACILITY</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2621 ANDREWS DRIVE<br/>SANFORD, NC 27332</b> |
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| V 114              | <p>Continued From page 1</p> <p>revealed:<br/>-There were no records available to review.</p> <p>Interview on 8/17/21 with the Director of Quality Management revealed:<br/>-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.<br/>-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.<br/>-He acknowledged that the facility failed to complete fire and disaster drills quarterly and for each shift.</p> | V 114         |   |                    |



**Victor**  
& ASSOCIATES INC.

*Provider of MH/DD/SA Services*

August 25, 2021

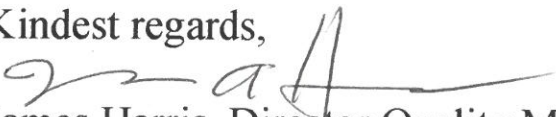
Mr. Edgar Garrido, MSW  
Facility Compliance Consultant I  
Mental Health Licensure and Certification Section  
N.C. Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

Re: Annual Survey completed August 17, 2021  
Andrews Drive Family Care Facility  
2621 Andrews Drive, Sanford, NC 27332  
MHL#053-082

Dear Mr. Garrido:

See attached hard copy of the plan of correction (POC) for the Andrews Drive Family Care Facility's annual survey, completed 8/17/21. We hope that you will find the attached POC acceptable. If you have questions, feel free to contact myself or Vidya Persad, Director of Operations. Otherwise, we very much look forward to your follow-up visit.

Kindest regards,

  
James Harris, Director Quality Management