

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL079-139</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/31/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LAVERNE'S HAVEN RESIDENTIAL SERVICES,</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>811 OAKWOOD DRIVE EDEN, NC 27288</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	<p><b>INITIAL COMMENTS</b></p> <p>An Annual Survey was completed on August 31, 2021. A deficiency was cited.</p> <p>This facility is licensed for the following service category:</p> <ul style="list-style-type: none"> <li>- 10A NCAC 27G .5600C: Supervised Living for Adults with Developmental Disabilities</li> </ul>	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 interview and record review, the facility staff failed to hold fire and disaster drills at least quarterly, repeated for each shift, and conducted under conditions that simulate a real emergency. The findings are:</p>	V 114		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL079-139</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/31/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LAVERNE'S HAVEN RESIDENTIAL SERVICES,</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>811 OAKWOOD DRIVE EDEN, NC 27288</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 114	<p>Continued From page 1</p> <p>Review on 8-30-21 of emergency drills for the last 12 months found in the Drill Log Notebook revealed:</p> <ul style="list-style-type: none"> <li>- for drills held in 2020;               <ul style="list-style-type: none"> <li>- third quarter, fire drills were recorded</li> <li>- fourth quarter, fire drills were recorded</li> <li>- third quarter, disaster drills were recorded</li> <li>- fourth quarter, disaster drills were recorded</li> </ul> </li> </ul> <p>further review of drills for the current 2021 year revealed:</p> <ul style="list-style-type: none"> <li>- first quarter no fire drills were recorded</li> <li>- second quarter no fire drills were recorded</li> <li>- first quarter no disaster drills were recorded</li> <li>- second quarter no disaster drills were recorded</li> </ul> <p>Interview on 8-31-21 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>- no fire drills had been held since last year (2020)</li> <li>- no disaster drills had been held since last year</li> <li>- if there was a fire, "I would stay in a corner"</li> </ul> <p>Interview on 8-31-21 with client #2 revealed:</p> <ul style="list-style-type: none"> <li>- when asked if he had been practicing emergency drills responded, "no, not really"</li> <li>- client #2 added, "sometimes the alarm (smoke detector) will go off, but we haven ' t done any drills"</li> </ul> <p>Interview on 8-31-21 with client #3 revealed:</p> <ul style="list-style-type: none"> <li>- "we haven ' t done fire drills lately"</li> <li>- "it ' s good to do a fire drill every once in awhile, that way we ' ll know what to do if there ' s a fire"</li> <li>- "I ' ll remind them, I ' ll remind Ms. [staff #1]"</li> </ul>	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL079-139</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/31/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LAVERNE'S HAVEN RESIDENTIAL SERVICES,</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>811 OAKWOOD DRIVE EDEN, NC 27288</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 114	<p>Continued From page 2</p> <p>Interview on 8-31-21 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>- the facility ' s policy was to hold drills monthly</li> <li>- they were to be done on each shift</li> <li>- "they ' re important for safety, licensure and accreditation"</li> <li>- "clients need to know how to respond in a fire or disaster situation"</li> </ul> <p>Interview on 8-30-21 with the Director/Licensee revealed:</p> <ul style="list-style-type: none"> <li>- fire and disaster drills had not been held since December of 2020</li> <li>- he was aware the drills should have been held at least each quarter for each shift</li> <li>- "I know I ' ll have to take the ding on that one"</li> <li>- "we ' ll start back (doing the drills) immediately"</li> </ul>	V 114		