

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411151</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/02/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HICKS HOUSE OF CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2611 ZOLA DRIVE</b> <b>GREENSBORO, NC 27405</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 9/2/21. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</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 interviews. the facility failed to ensure fire and disaster drills in a 24-hour facility were held at least quarterly and repeated for each shift. The findings are:</p> <p>Interview on 8/30/21 with staff #1 revealed staff worked 3 shifts that consisted of 1st (9:00 am - 3:00 pm), 2nd (3:00 pm - 11:00 pm) and 3rd (11:00 pm - 9:00 am).</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>Review on 8/31/21 of the documented fire drills completed revealed: -During the quarters of July 2020 - September 2020 and October 2020 - December 2020, there were no drills documented for 1st or 3rd shifts; -During the quarter of April 2021 - June 2021, there were no drills documented for 3rd shift.</p> <p>Review on 8/31/21 of the documented disaster drills completed revealed: -During the quarters of July 2020 - September 2020 and October 2020 - December 2020, there were no drills documented for 1st of 3rd shifts; -During the quarters of January 2021 - March 2021 and April 2021 - June 2021, there were no drills documented for 3rd shift.</p> <p>Interview on 9/2/21 with the Owner revealed: -He was not aware that fire and disaster drills were required to be completed for each shift during each quarter; -He thought fire and disaster drills were required to be completed once per quarter; -"You're (facility staff) supposed to do it (fire and disaster drills) quarterly, but we do it every month;" -"We do it (fire and disaster drills) morning one month and evening one month;" -"I didn't know we were supposed to do them (fire and disaster drills) on each shift."</p>	V 114		