

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-262	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/10/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WESTGLEN ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WESTGLEN ROAD DURHAM, NC 27705
---	---

(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 and follow up survey was completed on September 10, 2021. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600 C 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 reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies. The findings are:</p> <p>Review on 9/7/21 of the facility's fire drill log revealed the following: -7/5/21-10:35 am -6/7/21-6:45 am -5/13-21-5:00 pm</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: MHL032-262	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/10/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WESTGLEN ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WESTGLEN ROAD DURHAM, NC 27705
---	---

(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> <ul style="list-style-type: none"> -3/30/21-6:50 am -2/25/21 4:20 pm -1/11/21 10:30 am -12/21/20 7:00 am -11/23/20 5:15 pm -9/24/20-6:52 am -The fire drill on 12/21/20 was conducted the same time as a disaster drill. <p>Review on 9/7/21 of the facility's disaster drill log revealed the following:</p> <ul style="list-style-type: none"> -7/31/21-12:00-did not indicate am or pm -6/28/21-6:58 am -6/28/21-7:00 am -5/8/21-6:00 pm -3/29/21-5:35 pm -3/29/21 5:30 pm -2/29/21 4:10 pm -2/28/21 4:00 pm -1/11/21 11:00 am-bomb threat -1/11/21 11:00 am-snow/ice emergency -12/10/20 4:00 pm -12/21/20 7:00 am -11/23/20 5:35 pm -11/23/20 5:40 pm -9/24/20 12:05 -am/pm not indicated -9/24/20 12:00 -am/pm not indicated -The disaster drill on 12/21/20 was conducted the same time as a fire drill. -On 1/11/21-Staff conducted a bomb threat and snow/ice emergency at the same time. <p>Interview with client #2 on 9/9/21 revealed:</p> <ul style="list-style-type: none"> -Staff had conducted fire and disaster drills with them. -She thought staff were doing drills every 3-4 months. <p>Interview with the Assistant Director on 9/7/21 revealed:</p>	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-262	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/10/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WESTGLEN ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WESTGLEN ROAD DURHAM, NC 27705
---	---

(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> <ul style="list-style-type: none"> -The home does not have three separate shifts, staff work 7 days on and 7 days off. -She needed to pay closer attention to the fire and disaster documents submitted by staff. -She thought staff were just documenting they were doing fire and disaster drills and not really doing the drills. -She confirmed facility staff failed to conduct fire and disaster drills under conditions that simulate emergencies <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		