Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: R B. WING 09/02/2021 MHL0411151 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2611 ZOLA DRIVE **HICKS HOUSE OF CARE GREENSBORO, NC 27405** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 **INITIAL COMMENTS** An annual and follow up survey was completed on 9/2/21, Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. 9/09/2021 The agency's owner reviewed the Emergency V 114 27G .0207 Emergency Plans and Supplies disaster plan and Emergency Plan and Supplies Policy with all staff on September 9, 10A NCAC 27G .0207 EMERGENCY PLANS 2021. A signature sheet accompanies this POC. AND SUPPLIES (a) A written fire plan for each facility and Exit Evacuation procedures and routes has been area-wide disaster plan shall be developed and Posted in the bedroom of each client and shall be approved by the appropriate local Throughout the facility. authority. (b) The plan shall be made available to all The owner will ensure that Fire and disaster staff and evacuation procedures and routes Drills are held quarterly and conducted on shall beposted in the facility. Each shift. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be Drills will be conducted under situations that repeated for each shift. Drills shall be conducted Stimulate actual emergencies. under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. 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: 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). Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE STATE FORM 6899 LUMH11 If continuation sheet 1 of 2

Terrent Hart

9-9-21

| • | ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|--|---|---|--------------------------------------|-------------------------------|--|
| | | MHL0411151 | B. WING | | R 09/02 | /2021 | |
| | ROVIDER OR SUPPLIER | 2611 ZO | DDRESS, CITY, STATE, LA DRIVE SBORO, NC 27405 | ZIP CODE | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE | CTION SHOULD BE O THE APPROPRIATE | (X5) COMPLETE DATE | |
| V114 | completed revealed -During the quarters 2020 and October 2 were no drills docum -During the quarter there were no drills Review on 8/31/21 drills completed reversion -During the quarters 2020 and October 2 were no drills docum -During the quarters 2021 and April 2021 drills documented for the was not aware were required to be during each quarter -He thought fire and to be completed on -"You're (facility state disaster drills) quarter month;" -"We do it (fire and month and evening | of the documented fire drills is of July 2020 - September 2020 - December 2020, there mented for 1st or 3rd shifts; of April 2021 - June 2021, documented for 3rd shift. of the documented disaster realed: s of July 2020 - September 2020 - December 2020, there mented for 1st of 3rd shifts; s of January 2021 - March I - June 2021, there were no or 3rd shift. with the Owner revealed: that fire and disaster drills e completed for each shift r; d disaster drills were required ce per quarter; ff) supposed to do it (fire and terly, but we do it every disaster drills) morning one one month;" were supposed to do them (fire | V114 | | | | |

Teruin Hub CEO/Ap 9-9-21

Hicks House of Care, LLC

Sign in Sheet

Emergency Drill Review
Emergency disaster plan emergency plan supplies policy
September 9, 2021

Derrick Hicks, Facilitator

| Signature | Position |
|-------------------|----------|
| Just Singlined | AP |
| Never the | - Op |
| / Alexander Smith | <u> </u> |
| Shad har | PP |
| | |
| | |
| | |
| | |
| | |
| | |
| | |