# **Durham County Community Living Programs, Inc.**

P.O. Box 51159 Durham, NC 27717-1159 (919) 489-0682

Fax

To: Kimberly SAULS	From: KARYN Stoeck/ Extension #: 30
Fax: 919-715-8078	Pages: 7 (including cover)
Phone:	Date: 9/23/2021
Re:	CC:
☐ Urgent ☐ For Review ☐ Please Commen	t □ Please Reply □ Please Recycle
• Comments:	

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Durham County Community Living Programs, Inc. Fax Number: (919) 493-0869



ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

September 14, 2021

Elizabeth Scott, Executive Director
Durham County Community Living Programs, Inc.
P.O. Box 51159
Durham, NC 27717

Re: Annual and Follow up Survey completed September 10, 2021

Westglen Road Group Home, 3523 Westglen Road, Durham, NC 27705

MHL # 032-262

E-mail Address: ewscott-dcclp@ncrrbiz.com

Dear Ms. Scott:

Thank you for the cooperation and courtesy extended during the Annual and Follow up survey completed September 10, 2021.

As a regult of the follow up survey, it was determined that none of the deficiencies are now in compliance. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

#### Type of Deficiencies Found

Re-cited standard level deficiencies.

### Time Frames for Compliance

 Re-cited standard level deficiency must be corrected within 30 days from the exit of the survey, which is 10/10/21.

## What to include in the Plan of Correction

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NO DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603 MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718 www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

September 14, 2021

 Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).

DCCLP

- Indicate what measures will be put in place to prevent the problem from occurring again.
- Indicate who will monitor the situation to ensure it will not occur again.
- Indicate how often the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

> Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown at 919-855-3822.

Sincerely,

Kimberly R Sauls

Facility Compliance Consultant I

Mental Health Licensure & Certification Section

Cc:

DHSR@Alliancebhc.org Pam Pridgen, Administrative Assistant

PRINTED: 09/13/2021 FORM APPROVED

<u>Division</u>	of Health Service Re	<u>egulation</u>			FORM	APPROVED	
	NT OF DEFICIENCIES FOR CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		MHL032-262	8. WING			R 10/2021	
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	<ul> <li>(b) The plan shall be and evacuation proceed in the facility</li> <li>(c) Fire and disaster shall be held at least repeated for each slunder conditions that</li> </ul>	r drills in a 24-hour facility at quarterly and shall be hift. Drills shall be conducted at simulate fire emergencies.					
The second control of	(d) Each facility shal accessible for use.	Il have basic first aid supplies	The second secon			e e e e e e e e e e e e e e e e e e e	
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PRINTED: 09/13/2021 FORM APPROVED

Division	of Health Service R	<u>equiati</u> on			FORN	APPROVED
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	same time as a disa	aster drill.				İ
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PRINTED: 09/13/2021 FORM APPROVED

DIVISION	of Health Service Re	gulation		r	ORM APPROV
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V 114	The home does not staff work 7 days on She needed to pay and disaster docume. She thought staff we were doing fire and doing the drills.  She confirmed faciliand disaster drills unemergencies	thave three separate shifts, and 7 days off. closer attention to the fire ents submitted by staff, are just documenting they disaster drills and not really ty staff falled to conduct fire ider conditions that simulate titutes a re-cited deficiency	V 114		

# **Durham County Community Living Programs, Inc.**

Post Office Box 51159 Durham, N.C. 27717-1159 (919) 489-0682

Westglen Road Group Home MHL # 032-262 Plan of Correction to Survey Completed September 10, 2021

# V 114 Fire and Disaster Drills on All Shifts:

### To Correct the Deficiency:

I discussed and provided training fire and disaster drills at our staff meeting on September 22, 2021. I was able to do this in response to the exit interview. I assured that staff understands that a fire drill and disaster drill must be held monthly, with one on each shift in each quarter. We cannot do multiple drills at the same time or on the same day. We have in place a grid on which to track drills for each program, so I will train staff to make sure that drills happen as directed from this current quarter forward.

# To Prevent the Deficiency from Occurring Again:

Fire drill and disaster drill information will be submitted monthly to program supervisors to track and make sure that drills are occurring as required at each program site. A tracking grid has been developed to be posted at each program site to assure that staff are aware of the requirements of the regulation and are conducting drills appropriately. This tracking form will also be used by program supervisors and the Assistant Director to monitor drills to make sure they occur appropriately. Training will occur annually during our training on handling emergencies and health and safety, and such training will be tracked on a grid generated by our office manager.

#### Who will Monitor:

Program supervisors will monitor the fire and disaster drills monthly to make sure that they are occurring as required, by reviewing the fire and emergency drill forms and/or by participating in the fire/emergency drills. Tracking of drills will occur on the tracking grid. The Assistant Director will monitor the fire and disaster drills monthly to see that they are occurring as per the regulations and will ultimately be responsible for monitoring these drills.

Training will be monitored on a training grid generated monthly by our office manager. Program supervisors will be responsible for monitoring the training of their staff.

# How Often the Monitoring will Take Place:

The monitoring will take place monthly.

Karyn Stoeckl, BSW, QDDP Assistant Director September 23, 2021

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING MHL032-262 09/10/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WESTGLEN ROAD WESTGLEN ROAD GROUP HOME DURHAM, NC 27705 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on September 10, 2021. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600 C Supervised Living for Adults with Developmental Disabilities. V 114 27G .0207 Emergency Plans and Supplies V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. **DHSR** - Mental Health SEP 2 7 2021 This Rule is not met as evidenced by: Lic. & Cert. Section Based on record reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies. The findings are: 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

Division of Health Service Regulation

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

Sharung Starll TITLE assistant Ous Elvi

(X6) DATE 3/202/

PRINTED: 09/13/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER** A. BUILDING: \_\_ COMPLETED R B. WING MHL032-262 09/10/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WESTGLEN ROAD WESTGLEN ROAD GROUP HOME DURHAM, NC 27705 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 114 Continued From page 1 V 114 -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. Review on 9/7/21 of the facility's disaster drill log revealed the following: -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. Interview with client #2 on 9/9/21 revealed: -Staff had conducted fire and disaster drills with them.

revealed:

Division of Health Service Regulation

-She thought staff were doing drills every 3-4

Interview with the Assistant Director on 9/7/21

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ R B. WING\_ MHL032-262 09/10/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WESTGLEN ROAD WESTGLEN ROAD GROUP HOME DURHAM, NC 27705 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 2 V 114 -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 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.

Division of Health Service Regulation

# **Durham County Community Living Programs, Inc.**

Post Office Box 51159 Durham, N.C. 27717-1159 (919) 489-0682

Westglen Road Group Home
MHL # 032-262
Plan of Correction to Survey Completed September 10, 2021

# V 114 Fire and Disaster Drills on All Shifts:

### To Correct the Deficiency:

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Karyn Stoeckl, BSW, QDDP Assistant Director September 23, 2021



ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

September 14, 2021

Elizabeth Scott, Executive Director Durham County Community Living Programs, Inc. P.O. Box 51159 Durham, NC 27717

Re: Annual and Follow up Survey completed September 10, 2021

Westglen Road Group Home, 3523 Westglen Road, Durham, NC 27705

MHL # 032-262

E-mail Address: ewscott-dcclp@ncrrbiz.com

Dear Ms. Scott:

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Re-cited standard level deficiencies.

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# What to include in the Plan of Correction

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to *prevent* the problem from occurring again.
- Indicate who will monitor the situation to ensure it will not occur again.
- · Indicate how often the monitoring will take place.
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Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the <u>original</u> completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown at 919-855-3822.

Sincerely.

Kimberly R Sauls

Facility Compliance Consultant I

KAL Sal

Mental Health Licensure & Certification Section

Cc:

DHSR@Alliancebhc.org

Pam Pridgen, Administrative Assistant