

Durham County Community Living Programs, Inc.
P.O. Box 51159 Durham, NC 27717-1159
(919) 489-0682

Fax

To: *Kimberly SAULS*

From: *KARYN STOECKI*

Extension #: *30*

Fax: *919-715-8078*

Pages: *7* (including cover)

Phone:

Date: *9/23/2021*

Re:

CC:

Urgent For Review Please Comment Please Reply Please Recycle

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



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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 result 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
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 27689-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

September 14, 2021
Elizabeth Scott

- 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.
- 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

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
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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	INITIAL COMMENTS 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 000		
V 114	27G .0207 Emergency Plans and Supplies 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 authority. (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. 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: 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	V 114		

Division of Health Service Regulation

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

Yvonne Stally TITLE *Assistant Director*

(X6) DATE
9/13/2021

PRINTED: 09/13/2021
FORM APPROVED

Division of Health Service Regulation

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

PRINTED: 09/13/2021
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF CORRECTION	IDENTIFICATION NUMBER: MHL032-262	A. BUILDING: _____ B. WING: _____	COMPLETED R 09/10/2021
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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 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
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Division of Health Service Regulation

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

Karen Stadel TITLE *Assistant Director*

(X6) DATE *9/23/2021*

Division of Health Service Regulation

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Elizabeth Scott, Executive Director
Durham County Community Living Programs, Inc.
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What to include in the Plan of Correction

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Westglen Road Group Home
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Kimberly R Sauls
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc:

DHSR@Alliancebhc.org
Pam Pridgen, Administrative Assistant