

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-232	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/24/2021
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NAME OF PROVIDER OR SUPPLIER CHANGING LIVES FAMILY CARE HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 207 AARONS WAY BURLINGTON, NC 27217
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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>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on September 24, 2021. Deficiency cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness</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 review and interview the facility failed to conduct disaster drills on each shift at least quarterly. The findings are:</p> <p>Review on 9/23/21 of the facility's disaster drills record revealed: -There was one disaster drill conducted on 8/16/21 at 7:50 p.m. -No other disaster drills conducted in 2021.</p>	V 114	<p>QP will make sure Disaster Drills are conducted quarterly on each shift.</p> <p>QP will make weekly checks to make sure staff are conducting disaster Drills</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]

TITLE *owner*

(X6) DATE
10/19/21

RECEIVED
OCT 27 2021

Division of Health Service Regulation

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V 114	Continued From page 1 Interview on 9/24/21 with the Executive Director revealed: -He outlined when disaster drills should be conducted. -Confirmed disaster drills should be conducted at least quarterly on each shift. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		