Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-093					(X3) DATE SURVEY COMPLETED		
		B. WING		11/04/2021			
			DDRESS, CITY, STATE, ZIP CODE				
SECOND	STREET GROUP HO	OME	TH SECOND S , NC 27302	STREET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLET DATE	
∨ 000	INITIAL COMMENTS		V 000				
	An annual survey was completed on November 4, 2021. A deficiency was 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				
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved b authority. (b) The plan shall b and evacuation pro posted in the facilit (c) Fire and disaster shall be held at lea repeated for each s under conditions th	er drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies					
	Based on record re facility failed to con under conditions th least quarterly and findings are:	et as evidenced by: eviews and interviews, the duct fire and disaster drills at simulate emergencies at repeated for each shift. The 11/4/21 of the facility's fire drill					
	log revealed: -9/1/21- 3rd shift -8/11/21- 3rd shift						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED 11/04/2021	
		MHL001-093			11/		
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			04/2021	
		700 SOL	JTH SECOND S				
ECOND	STREET GROUP HC)MF	E, NC 27302				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF		()		
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 114	Continued From pa	ge 1	V 114				
	-7/14/21- 2nd shift						
	-5/1/21- 2nd shift						
	-4/4/21-1st shift						
	-3/1/21-3rd shift						
	-2/1/21- 1st shift						
	-1/1/21- 1st shift						
	-1/1/21- 2nd shift						
	-12/4/20-1st shift						
	-12/4/20- 2nd shift						
	-11/2/20-2nd shift						
	-11/2/20-1st shift						
	-For the fourth quarter of 2020, there were no fire drills for 3rd shift.		;				
		arter of 2021 there were no					
	-For the second quarter of 2021, there were no fire drills for 3rd shift.						
	-For the third quarter of 2021, there were no fire						
	drills for 1st shift.						
	Record review on 1 drill log revealed:	1/4/21 of the facility's disaster					
	-9/1/21-2nd shift						
	-8/11/21- 2nd						
	-4/14/21- 2nd						
	-6/3/21- 2nd						
	-6/3/21- 1st shift						
	-5/1/21- 1st shift						
	-4/4/21- 2nd shift						
	-3/1/21- 1st shift						
	-2/1/21- 2nd shift						
	-1/1/21- 2nd shift						
	-12/4/20-2nd shift						
	-11/2/20- 2nd shift	L					
	-For the fourth quarter of 2020, there were no						
	disaster drills for 1st and 3rd shift. -For the first quarter of 2021, there were no						
	disaster drills for 3r	a snift.					
	disaster drills for 3r						
		er of 2021, there were no					
	disaster drills for 1s	$\mathbf{U} = \mathbf{U} \mathbf{U} \mathbf{U} \mathbf{U}$, $\mathbf{U} = \mathbf{U} \mathbf{U} \mathbf{U}$					

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL001-093	B. WING		11/	04/2021
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
ECOND	STREET GROUP HO		JTH SECOND S E, NC 27302	IREEI		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 114	Continued From pa	age 2	V 114			
	revealed: -Facility operated u -He confirmed staff conditions that sim	Home Manager on 11/4/21 Inder three shifts. If failed to conduct drills under ulate fire and disaster r each shift on each quarter.				
	ealth Service Regulation					

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