

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-597	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/09/2021
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NAME OF PROVIDER OR SUPPLIER ATHENS PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1921 ATHENS AVENUE DURHAM, NC 27707
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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 survey was completed on December 9, 2021. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600 Supervised Living for Adults with Developmental Disabilities.</p> <p>The survey sample consisted of 2 current clients.</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 reviews and interviews, the facility failed to conduct fire drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are:</p> <p>Record review on 11/4/21 of the facility's fire drill log revealed: -12/7/21- 1st shift</p>	V 114		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> -10/17/21- 1st shift -10/8/21- 1st shift -9/18/21- 1st shift -8/6/21- 1st shift -7/6/21- 1st shift -6/17/21-3rd shift -6/24/21- 2nd shift -6/27/21- 3rd shift -5/7/21- 1st shift -5/14/21- 2nd shift -5/21/21- 3rd shift -4/13/21- 1st shift -4/21/21- 2nd shift -4/18/21- 3rd shift -3/24/21- 1st shift -3/14/21- 2nd shift -3/3/21- 3rd shift -2/10/21- 1st shift -2/29/21- 2nd shift -2/13/21- 3rd shift -1/12/21- 1st shift -1/13/21- 2nd shift -1/23/21- 3rd shift <p>-For the third quarter of 2021, there were no fire drills for 1st and 2nd shift.</p> <p>Interview on 12/9/21 with the Director revealed:</p> <ul style="list-style-type: none"> -Facility operated under three shifts. -First shift was from 8:00 am to 4:00 pm. Second shift was from 4:00 pm to 12:00 am; Third shift was from 12:00 am to 8:00 pm. -She believed some of the fire drills from the third quarter of 2021 had been completed, but may had been misfiled. -She confirmed staff failed to conduct drills under conditions that simulate fire emergencies under each shift on each quarter. 	V 114		