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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		MHL001-263	B. WING		10/2	9/2021		
NAME OF F	MHL001-263  B. WING  10/29/2021  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE							
LEGACY LIVING CENTER 215 RUFFIN STREET								
BURLINGTON, NC 27215								
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ECTIVE ACTION SHOULD BE COMPLÉTE DATE			
V 000	INITIAL COMMENTS		V 000					
	An annual survey w 2021. A deficiency	vas completed on October 29, was cited.						
		sed for the following service C 27G. 5600A Supervised th Mental Illness						
V 114	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.		V 114					
	facility failed to con under the condition	et as evidenced by: eview and interviews, the duct fire and disaster drills s that simulate emergencies and repeated for each shift.						
	drills revealed: -There was no evid	0/28/21 of the facility's fire ence that fire drills had been st and 3rd shift of the 4th						

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

(X6) DATE TITLE

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MHL001-263 B. WING 10/29/202	9/2021						
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	ŀ						
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BURLINGTON, NC 27215							
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CON	JLD BE COMPLETE						
V 114 Continued From page 1 V 114							
quarter of 2020.  -There was no evidence that fire drills had been conducted during the 1st and 3rd shift of the 2nd quarter of 2021.  -There was no evidence that fire drills had been conducted during any shifts of the 1st and 3rd quarters of 2021.  Record review on 10/28/21 of the facility's disaster drills revealed:  -There was no evidence that disaster drills had been conducted during 2nd and 3rd shift of the 4th quarter of 2020.  -There was no evidence that disaster drills had been conducted during any shifts of the 1st, 2nd and 3rd quarter of 2021.  Interview on 10/28/21 with Staff #1 revealed:  -Staff stated she had completed more drills and not sure where the documentation for the 2021 is located.  -She had completed drills but not sure if was every month.  Interview on 10/28/21 with the Director revealed:  -Staff have been trained to complete fire and disaster drills monthly for each shift during the weekday and weekends.  -All documentation for fire and disaster drills should be filed in the cabinet in the home.  -She confirmed staff failed to conduct drills under conditions that simulate emergencies under each shift on each quarter.							

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FUX911 If continuation sheet 2 of 2