

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL079-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/01/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FAYETTEVILLE STREET COMMUNITY LIVING HOMES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>855 MORGAN ROAD</b> <b>EDEN, NC 27288</b>
---	--

(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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 2/1/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></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 interviews, the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>Interview on 1/31/22 with paraprofessional #1 revealed staff worked 3 shifts that included 1st</p>	V 114		

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL079-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/01/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>FAYETTEVILLE STREET COMMUNITY LIVING HOMES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>855 MORGAN ROAD</b> <b>EDEN, NC 27288</b>
---	--

(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 114	<p>Continued From page 1</p> <p>(8:00am - 4:00pm), 2nd (4:00pm - 12:00am) and 3rd (12:00am - 8:00am).</p> <p>Review on 1/31/22 of the fire drill logs for the months of January 2021 - December 2021 revealed: -No documentation that a 2nd shift drill was completed during the 3rd quarter of July 2021 - September 2021; -No documentation that 2nd or 3rd shift drills were completed during the 4th quarter of October 2021 - December 2021.</p> <p>Review on 1/31/22 of the disaster drill logs for the months of January 2021 - December 2021 revealed: -No documentation that a 3rd shift drill was completed during the 1st quarter of January 2021 - March 2021 or the 2nd quarter of April 2021 - June 2021; -No documentation that a 1st shift drill was completed during the 3rd quarter of July 2021 - September 2021 or the 4th quarter of October 2021 - December 2021.</p> <p>Interview on 2/1/22 with the Qualified Professional revealed that it was the responsibility of the Owner to ensure that drills were completed as required.</p> <p>Interview on 2/1/22 with the Owner revealed: -It was her responsibility to ensure fire and disaster drills were completed as required; -She was aware that fire and disaster drills were required to be completed quarterly for each shift; -She was sure that the drills had been completed as required but the staff had failed to document accurately.</p>	V 114		