

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-276</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/07/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WOLFE &amp; JACKSON GROUP HOME, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>744 EAST SPRAGUE STREET WINSTON-SALEM, NC 27107</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 survey was completed on 4/7/22. 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>This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 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 interviews and record reviews, the facility failed to ensure fire and emergency drills were completed quarterly and repeated for each shift.</p> <p>Review on 4/7/22 of the completed fire drills</p>	V 114		

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>MHL034-276</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/07/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WOLFE &amp; JACKSON GROUP HOME, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>744 EAST SPRAGUE STREET WINSTON-SALEM, NC 27107</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>revealed no documentation that a fire drill was completed during the quarter of October 2021 - December 2021 for 2nd shift.</p> <p>Review on 4/7/22 of the completed emergency drills revealed: -No documentation of drills completed for the quarters of April 2021 - June 2021 and July 2021 - September 2021; -No documentation of a drill completed for the quarter of October 2021 - December 2021 for 2nd shift; -No documentation of drills completed for the quarter of January 2022 - March 2022.</p> <p>Interview on 4/7/22 with client #1 revealed: -He was unable to remember participating in an emergency drill; -He wasn't sure what to do in case of an emergency such as a hurricane.</p> <p>Interview on 4/7/22 with the Owner revealed: -Staff worked 12 hour shifts when possible; -She was aware that fire and emergency drills were required to be completed quarterly and repeated for each shift; -She thought there had been 1 or 2 more emergency drills completed but was unable to find documentation.</p>	V 114		