Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL019-041	B. WING			R 26/2022	
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE ZIP CODE	1 0-411	20,2022	
			SITER HOMES	•			
CAROLI	NA HOUSE	DURHAN	I, NC 27713				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	on April 26, 2022. A This facility is licens categories: 10A NCAC 27G .11 Individuals who are 10A NCAC 27G .56 Adults with Mental I This facility is licens consisted of audits	sed for 16. The survey sample of 3 current clients.					
V 114	10A NCAC 27G .02 AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved be authority. (b) The plan shall be and evacuation pro posted in the facility (c) Fire and disaste shall be held at leas repeated for each s under conditions the	ncy Plans and Supplies 207 EMERGENCY PLANS In for each facility and plan shall be developed and by the appropriate local e made available to all staff cedures and routes shall be an a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. Ill have basic first aid supplies	V 114				
	facility failed to condunder conditions the	et as evidenced by: views and interviews, the duct fire and disaster drills at simulate emergencies at repeated for each shift. The					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		F	R	
		MHL019-041	B. WING		04/26/2022		
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
CAROLII	NA HOUSE		ITER HOME: NC 27713	STEAD ROAD			
(V4) ID	SLIMMA DV STA	TEMENT OF DEFICIENCIES		PROVIDER'S DI AN DE CORRECTI	ON.	(VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE DSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE		
V 114	Continued From page 1		V 114				
	findings are:						
	log for the last 12 m -6/23/21- 2nd shift -9/25/21- Listed as 7:13 PM (2nd shift) -10/5/21- 2nd shift -11/7/21- 2nd shift -12/5/21- 1st shift -1/5/22- 2nd shift -2/8/22- 3rd shift -3/20/22- 1st shift -4/3/22- 2nd shift -There were no fire the 3rd quarter of 2 -There were no fire quarter of 2021.	2nd and 3rd. Performed at drills for 1st and 3rd shift for 021. drills for 3rd shift for the 4th					
	disaster drill log for -9/25/21- Listed as 8:03 PM (2nd shift) -9/30/21- 2nd shift -10/15/21- 2nd shift -10/27/21- 1st shift -11/10/21- Listed as 7:38 PM (2nd shift) -12/4/21- 3rd shift -1/17/22- 2nd shift -2/19/22- 2nd shift -2/16/22- 2nd shift -3/20/22- 1st shift -4/8/22- 1st shift -1/17/19/19/19/19/19/19/19/19/19/19/19/19/19/	s 2nd and 3rd. Performed at s 2nd and 3rd. Performed at aster drills for 1st, 2nd and 3rd arter of 2021. aster drills for 3rd shift for the					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION							
		MHL019-041	B. WING		04/2	R 6/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE			
CAROLINA HOUSE 176 LASSITER HOMESTEAD ROAD DURHAM, NC 27713							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
V 114	revealed: -Facility operated u from 7:00 Am to 3:0 PM to 11:00 PM. 3r 3:00 PMNurses performed -Nurses worked 12 -Nurses may had obecause they may bifts togetherDrills for 2nd quart -Director of Nursing for Fire and Disaste working in SeptembleNew calendar wou for each shift and for-She confirmed star conditions that simulations.	nder three shifts. 1st shift was 20 PM. 2nd shift was from 3:00 d shift was from 11:00 PM to Fire and Disaster Drills. hour shifts. ombined shifts for drills had been working the two er were not located. g implemented new schedule or Drills when she started over of 2021. Id be created to include drills	V 114				

6899

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