

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-260</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/03/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOUSE OF HOPE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>412 MAPLE AVENUE BURLINGTON, NC 27215</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual and follow-up survey was completed on May 3, 2022. There was a deficiency cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities</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 interview the facility failed to conduct fire and disaster drills on each shift at least quarterly. The findings are:</p> <p>Review on 5/3/22 of the facility's fire and disaster drills record revealed:</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"> <li>-There was one fire drill conducted on 8/27/2021.</li> <li>-There were no fire drills conducted from 9/2021 to 5/3/22.</li> <li>-There were no disaster drills conducted in 2021 to 5/3/22.</li> </ul> <p>Interview on 5/3/22 with the Director revealed:</p> <ul style="list-style-type: none"> <li>-She confirmed there was only one fire drill conducted in 2021.</li> <li>-Confirmed there were no fire drills conducted from 9/2021 to 5/3/22.</li> <li>-Confirmed there were no disaster drills conducted in 2021 to 5/3/22.</li> <li>-She was aware fire and disaster drills should be conducted on each shift at least quarterly.</li> </ul>	V 114		