Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '		X3) DATE SURVEY COMPLETED	
			A. BUILDING	i:		
	MHL019-041		B. WING		R <b>04/26/2022</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY,	STATE, ZIP CODE		
CAROLI	NA HOUSE			ESTEAD ROAD		
040.15	CLIMMADY CTA		I, NC 27713		1 (1/5)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 000	V 000 INITIAL COMMENTS		V 000			
		w-up survey was completed deficiency was cited.				
	categories: 10A NCAC 27G .11 Individuals who are	sed for the following service  00 Partial Hospitalization for Acutely Mentally III.  000A Supervised Living for Ilness.				
	This facility is licens consisted of audits	sed for 16. The survey sample of 3 current clients.				
V 114 27G .0207 Emergency Plans and Supplies		ncy Plans and Supplies	V 114	a). The Fire Plan is written and posted i	in the	
	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 se under conditions the	n for each facility and plan shall be developed and by the appropriate local e made available to all staff cedures and routes shall be of the developed and routes shall be of the developed at simulate fire emergencies. In the development of		<ul> <li>"Emergency Book" in the Homestead far</li> <li>b). The plan is available to all staff and i located in the nurses station and include evacuation procedures.</li> <li>c). Fire/Disaster Drills are scheduled quarterly, and during each shift.</li> <li>•The Drill Schedule/Log is posted in the Nurses Station. Times will be indicated of Fire/Disaster Drill Forms.</li> <li>•The Disaster Drills are scheduled once quarter, each shift.</li> <li>•Trainings were conducted for nurses dustaff meeting and will be followed up by Risk Manager/Safety Officer on a weekl basis.</li> <li>•Evacuation routes are posted in the Homestead in six different places to incl</li> </ul>	s es the on every uring the y	
Division of L	facility failed to con- under conditions the least quarterly and	et as evidenced by: views and interviews, the duct fire and disaster drills at simulate emergencies at repeated for each shift. The		the culinary office, the kitchen, living roo nursing station, the group room, and 3 p upstairs by the bedrooms.		
	ealth Service Regulation Y DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE	(X6) DATE	

STATE FORM 6899 6FH311 If continuation sheet 1 of 3

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			
MHL019-041		B. WING		R <b>04/26/2022</b>				
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE	•			
CAROLINA HOUSE 176 LASSITER HOMESTEAD ROAD DURHAM, NC 27713								
(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	findings are:  Records review on 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 -11/5/22- 2nd shift -1/5/22- 3rd shift -3/20/22- 1st shift -3/20/22- 1st shift -4/3/22- 2nd shift -There were no fire the 3rd quarter of 20-There were no fire quarter of 2021.  Records review on disaster drill log for -9/25/21- Listed as 8:03 PM (2nd shift)9/30/21- 2nd shift -10/15/21- 2nd shift -10/15/21- 1st 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 -1/17/22- 2nd shift -1/17/22- 2nd shift -1/17/22- 1st shift -1/17/	4/26/22 of the facility's fire drill nonths revealed:  2nd and 3rd. Performed at  drills for 1st and 3rd shift for 021. drills for 3rd shift for the 4th  4/26/22 of the facility's the last 12 months revealed: 2nd and 3rd. Performed at  aster drills for 1st, 2nd and 3rd rter of 2021. aster drills for 3rd shift for the aster drills for 3rd shift for the	V 114					
		=						

Division of Health Service Regulation

STATE FORM 6899 6FH311 If continuation sheet 2 of 3

Ay time CEO, Carolina House 5/5/2022

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			
			7 BOILBING.		F	₹		
		MHL019-041	B. WING			6/2022		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
CAROLINA HOUSE 176 LASSITER HOMESTEAD ROAD DURHAM, NC 27713								
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
V 114	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2  revealed: -Facility operated under three shifts. 1st shift was from 7:00 Am to 3:00 PM. 2nd shift was from 3:00 PM to 11:00 PM. 3rd shift was from 11:00 PM to 3:00 PMNurses performed Fire and Disaster DrillsNurses worked 12 hour shiftsNurses may had combined shifts for drills because they may had been working the two shifts togetherDrills for 2nd quarter were not locatedDirector of Nursing implemented new schedule for Fire and Disaster Drills when she started working in September of 2021New calendar would be created to include drills for each shift and for each quarterShe confirmed staff failed to conduct drills under conditions that simulate fire and disaster emergencies under each shift and for each quarter.		V 114					

Division of Health Service Regulation

STATE FORM 6899 6FH311 If continuation sheet 3 of 3

All time CEO, Carolina House 5/5/2022