Division of Health Service Regulation  (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		1
	MHL001-263				10/29/2021
NAME OF PE	ROVIDER OR SUPPLIER			STATE, ZIP CODE	
	LIVING CENTER		IN STREET TON, NC 2		
LEGACT			ID	DROVIDER'S PLAN OF CORRECT	ION (X5) COMPLETE
(X4) ID PREFIX TAG	THE PERIODENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODEFICIENCY)	PRIATE
14 000	INITIAL COMMEN	TS	V 000	In order to corr	ect
V 000	INITIAL COMMENTS			this deficiency as	ll
	An annual survey	was completed on October 29,		This action	trained
	2021. A deficienc			Staff will be re-	Trance
	This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness			on how and when	1 to
				on how with	dicasila
			V 114	conduct fire +	Clisaster
V 114 27G .0207 Emer		ency Plans and Supplies	V 114	drills. The direction	or I
	10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and			drills. The all	1
				will monitor al	'
				no mo	th 14/19/00
	shall be approved	by the appropriate local		drills each	
	authority	be made available to all staff		I there	1 are
	and evacuation p	rocedures and routes shall be		to ensure	
	nocted in the fact	litv.		being document	
	(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be			property. In o	
	reported for eac	h shift Drills shall be conducted		property. In o	rev
	under conditions	that simulate fire emergencies. shall have basic first aid supplies	1	1	is
- 1	accessible for us	se.		to prevent th	
				deficiency in the future. The divi	he
	This Rule is not	met as evidenced by:		future, the div	citar
	This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to conduct fire and disaster drills under the conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are:			will ensure Am	2)
				disaster drills a	are
				conducted at lea	ast
	Record review on 10/28/21 of the facility's fire drills revealed:			once a month	
	Thora was no	evidence that fire drills had been	1	each shift.	
Division		ng 1st and 3rd shift of the 4th	CICNATURE	TITLE	(X6) DATE
LABORATO	ORY DIRECTOR'S OR PR	OVIDERGOOFFEIGHT	SIGNATURE	director	4129/202
		Sharde Ix		Unicolo	If continuation sheet 1 o

**DHSR** - Mental Health

FUX911

STATE FORM

MAY 0 2 2022

Division of Health Service Regulation  STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		egulation  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		204 202	B. WING			10/29/2021
		MHL001-263	DRESS, CITY, ST	ATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER	215 RUFF	IN STREET			
LEGACY	LIVING CENTER	BURLING	TON, NC 272	SECURIFICION DE CORRECT	ION	(X5)
(X4) ID PREFIX TAG		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETE DATE:
V 114	quarter of 2020.  -There was no evidence that fire drills had been conducted during the 1st and 3rd shift of the 2nd quarter of 2021.  -There was no evidence that fire drills had been conducted during any shifts of the 1st and 3rd quarters of 2021.		V 114			
	disaster drills reve -There was no eve been conducted of 4th quarter of 202	vidence that disaster drills had during 2nd and 3rd shift of the 20. Vidence that disaster drills had during any shifts of the 1st, 2nd				
	-Staff stated she not sure where t	28/21 with Staff #1 revealed: had completed more drills and he documentation for the 2021 i eted drills but not sure if was	s			
	-Staff have beer disaster drills m weekday and w -All documentat should be filled i	ion for fire and disaster diffis n the cabinet in the home. staff failed to conduct drills und simulate emergencies under ea	er			

Division of Health Service Regulation STATE FORM