STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED		
		DENTIFICATION NOMBER.	A. BUILDING:			
		MHL001-016	B. WING			R 11/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
HALL AV	ENUE FACILITY		L AVENUE GTON, NC 272	215		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	An annual and follow-up survey was completed on July 11, 2022. A deficiency was cited.					
	categories: 10A NCAC 27G .31 Detoxification-Indiv Abusers. 10A NCAC 27G .50 Service for Individu 10A NCAC 27G .56 Adults with Substar This facility is licens census of 15. The s	sed for the following service 100 Non-hospital Medical iduals who are Substance 000 Facility Based Crisis als of all Disability Groups. 600E Supervised Living for nce Abuse Dependency. sed for 27 and currently has a survey sample consisted of clients and 1 former client.				
V 114		ncy Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved b authority. (b) The plan shall b and evacuation pro posted in the facility (c) Fire and disaster shall be held at lease repeated for each s under conditions th	er drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies				
	This Rule is not me ealth Service Regulation	et as evidenced by:				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R	
		MHL001-016	B. WING		07/11/2022	
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		
HALL AV	ENUE FACILITY		L AVENUE GTON, NC 272	215		
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE AC	TION SHOULD BE	(X5) COMPLET
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIENC		DATE
V 114	Continued From page 1		V 114			
	Based on record review and interview, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies quarterly and for each shift. The findings are:					
	Review on 7/11/22 of the facility's fire drill log revealed: -6/22/22- 2nd shift. -6/15/22- 1st shift. -6/8/22- 3rd shift.					
	-5/31/22- 3rd shift. -5/26/22- 1st shift. -4/14/22- 1st shift. -3/31/22- 3rd shift. -1/1/22- 1st shift.					
	-12/31/21- 3rd shift. -11/17/21- 2nd shift. -11/5/21- 1st shift. -8/25/21- 2nd shift. -8/2/21- 3rd shift. -7/30/21- 1st shift.					
	-There were no fire for the first quarter	drills performed for 2nd shift of 2022.				
	Review on 7/11/22 revealed: -6/9/22- 1st shift.	of the facility's disaster drill log	9			
	-5/26/22- 2nd shift. -5/11/22- 2nd shift. -4/20/22- 2nd shift.					
	-4/6/22- 2nd shift. -3/23/22- 2nd shift. -12/9/21- 2nd shift.					
	-11/18/21- 3rd shift. -10/2/21- 3rd shift. -9/26/21- 3rd shift. 8/18/21- 3rd shift.					
	-8/18/21- 2nd shift. -8/6/21- 1st shift. -There were no disa shift for the fourth q	aster drill performed for 1st				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING:				
		MHL001-016	B. WING			R 11/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
IALL AV	ENUE FACILITY		L AVENUE GTON, NC 272	215		
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V 114	Continued From page 2		V 114			
	and 2nd shift for the -There were no dis 3rd shift for the sec Interview on 7/11/2 revealed: -He started working -He was unaware t supposed to be cor each quarter. -He confirmed the t disaster drills unde emergencies quart	aster drill performed for 1st e first quarter of 2022. aster drills performed for the cond quarter of 2022. 2 with the facility Manager g at facility on March of 2022. hat disaster drills were also inducted for each shift and facility failed to conduct fire r conditions that simulate erly and for each shift. institutes a re-cited deficiency cted within 30 days.				
ision of H	ealth Service Regulation					

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