

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-210	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/23/2022
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NAME OF PROVIDER OR SUPPLIER GEORGE STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 217 GEORGE STREET FOUR OAKS, NC 27524
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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>INITIAL COMMENTS</p> <p>An Annual Survey was completed March 23, 2022. A deficiency was 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>This facility has a current census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</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 ensure disaster drills were completed on each shift quarterly as well as simulated in the manner of an emergency. The findings are:</p> <p>Interview and review on 3/18/22 of the facility's records revealed:</p>	V 114		

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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"> - Facility operated using 7 day shifts - Two staff (#1 and #2) rotated shifts rotating 7 days on and 7 days off <p>Review on 3/18/22 of the facility's Fire & Disaster Drill Logs revealed:</p> <ul style="list-style-type: none"> - There were no fire or disaster drills documented conducted by staff #1 between October 2021-March 2022. <p>Interviews on 3/21/22 2 of 3 clients stated:</p> <ul style="list-style-type: none"> - Don't recall practicing disaster drills - Staff talked with them about where to go incase of a disaster - Client #1- thought he would hide under his desk if a tornado occurred. He then stated the desk was near a window so he thought it was not a good idea. - Client #5 said she would go in her closet but thought she could not fit in her closet. <p>Interview on 3/18/22 staff #1 stated:</p> <ul style="list-style-type: none"> - Staff #2 just completed the fire and disaster drills. <p>Interview on 3/22/22 staff #2 stated:</p> <ul style="list-style-type: none"> - The drills were scheduled and had to be completed within 10 days of the notification. - Drills were conducted the same day and within 15 minutes of each other. 	V 114		