Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: ___ B. WING MHL001-016 07/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 136 HALL AVENUE HALL AVENUE FACILITY BURLINGTON, NC 27215 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow-up survey was completed on July 11, 2022. A deficiency was cited. This facility is licensed for the following service categories: 10A NCAC 27G .3100 Non-hospital Medical Detoxification-Individuals who are Substance Abusers. 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of all Disability Groups. 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency. This facility is licensed for 27 and currently has a census of 15. The survey sample consisted of audits of 3 current clients and 1 former client. V 114 27G .0207 Emergency Plans and Supplies In order to correct the deficient area V 114 of practice; Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS Hall Avenue Manager will develop a yearly plan/schedule for the AND SUPPLIES (a) A written fire plan for each facility and area wide diaster plan and Fire plan. area-wide disaster plan shall be developed and The Fire and Diaster Dirlls will be shall be approved by the appropriate local added to the monthly walk through check authority. list in order to be in compliance with (b) The plan shall be made available to all staff deficient area. As required the drills and evacuation procedures and routes shall be will be conducted on a quarterly basis. posted in the facility. With all drills being repeated on each (c) Fire and disaster drills in a 24-hour facility shift. shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

This Rule is not met as evidenced by:

TITLE

(X6) DATE

STATE FORM

Clecter Drests

If continua

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:			
		MHL001-016	B. WING		07/1	₹ 1/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
136 HALL AVENUE						
HALL AVENUE FACILITY BURLINGTON, NC 27215						
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	IVE ACTION SHOULD BE COMPLETE ED TO THE APPROPRIATE DATE	
V 114	Continued From page 1		V 114			
V 114	Based on record refailed to conduct fire conditions that simuland for each shift. The revealed: -6/22/22- 2nd shift6/15/22- 1st shift6/8/22- 3rd shift5/31/22- 3rd shift5/26/22- 1st shift5/26/22- 1st shift4/14/22- 1st shift1/1/22- 1st shift1/1/22- 1st shift1/1/21- 2nd shift11/5/21- 1st shift8/25/21- 2nd shift8/2/21- 3rd shift7/30/21- 1st shiftThere were no fire for the first quarter of	view and interview, the facility e and disaster drills under plate emergencies quarterly he findings are: of the facility's fire drill log he drills performed for 2nd shift	V 114			
	-11/18/21- 3rd shift. -10/2/21- 3rd shift. -9/26/21- 3rd shift. -8/18/21- 2nd shift. -8/6/21- 1st shift.	aster drill performed for 1st				

Division of Health Service Regulation

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING MHL001-016 07/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **136 HALL AVENUE** HALL AVENUE FACILITY **BURLINGTON, NC 27215** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) V 114 | Continued From page 2 V 114 -There were no disaster drill performed for 1st and 2nd shift for the first quarter of 2022. -There were no disaster drills performed for the 3rd shift for the second quarter of 2022. Interview on 7/11/22 with the facility Manager revealed: -He started working at facility on March of 2022. -He was unaware that disaster drills were also supposed to be conducted for each shift and each quarter. -He confirmed the facility failed to conduct fire disaster drills under conditions that simulate emergencies quarterly and for each shift. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.

Division of Health Service Regulation