

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL032-440</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>11/23/2022</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SECURING RESOURCES FOR CONSUMERS, II</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1809 COLLIER DRIVE<br/>DURHAM, NC 27707</b> |
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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><b>INITIAL COMMENTS</b></p> <p>An annual and follow-up survey was completed on November 23, 2022. Deficiencies were 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 is licensed for 3 and currently has a census of 2. The survey sample consisted of 2 current clients.</p>  | V 000         |   |                    |
| V 114              | <p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></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:<br/>Based on record reviews and interviews the facility failed to conduct quarterly fire drills for each shift under conditions that simulate emergencies. The findings are:</p> <p>Review on 11/23/22 of the facility's fire drill log</p> | V 114         |   |                    |

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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| V 114              | <p>Continued From page 1</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-1/15/22- 3rd shift.</li> <li>-2/15/22- 1st shift.</li> <li>-3/15/22- 3rd shift.</li> <li>-4/15/22- 1st shift.</li> <li>-5/15/22- 1st shift.</li> <li>-6/15/22- 3rd shift.</li> <li>-7/15/22- 3rd shift.</li> <li>-8/15/22- 1st shift.</li> <li>-9/15/22- 3rd shift.</li> <li>-10/15/22- 1st shift.</li> <li>-11/15/22- 1st shift.</li> </ul> <p>-There were no fire drills for 2nd shift for the first, second or third quarter of 2022.</p> <p>Interview on 11/23/22 with the Supervisor revealed:</p> <ul style="list-style-type: none"> <li>-Facility operated under three shifts.</li> <li>-He was not aware that no fire drills had been conducted for the 2nd shift for all of 2022.</li> <li>-There were normally no clients at the house during the day, which is second shift. Except on the weekends or holidays.</li> <li>-He would review fire and disaster drills calendars with the house staff in order to conduct the appropriate number of drills.</li> <li>-He confirmed the facility failed to conduct quarterly fire drills for each shift under conditions that simulate emergencies.</li> </ul> | V 114         |   |                    |