

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-130	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/30/2022
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NAME OF PROVIDER OR SUPPLIER EL OGDEN	STREET ADDRESS, CITY, STATE, ZIP CODE 129 EL OGDEN DRIVE WILMINGTON, NC 28405
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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, complaint and follow up survey was completed on November 30, 2022. The complaint was unsubstantiated (intake #NC00192555). 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>The facility is licensed for 3 and currently has a census of 3 clients. 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 have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</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	Continued From page 1 Review on 11/30/22 of facility records from 4/1/22 - 9/30/22 revealed: - 1st quarter (4/01/22 - 6/30/22): No fire or disaster drills documented on the 4th and 5th shifts. - 2nd quarter (7/01/22 - 9/30/22): No fire or disaster drills documented on the 4th and 5th shifts. Interview on 11/30/22 the Qualified Professional (QP) stated: - There were 3 shifts during the weekdays (M - F) and 2 shifts on the weekends (wknd). - 1st shift was 6am - 2pm (M - F). - 2nd shift was 2pm- 10pm (M - F). - 3rd shift was 10pm- 6am (M - F). - 4th shift was 8am - 8pm (wknd). - 5th shift was 8pm - 8am (wknd). - He would make sure that the new QP included the 4th and 5th shifts in fire/disaster drills.	V 114		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between	V 752		

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V 752	<p>Continued From page 2</p> <p>100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are:</p> <p>Observation on 11/30/22 at approximately 4:00pm revealed:</p> <ul style="list-style-type: none"> -The hot water temperature in bathroom #1 was 122 degrees Fahrenheit at the sink. -The hot water temperature at the kitchen sink was 121 degrees Fahrenheit. <p>Interview on 11/30/22 the Qualified Professional stated:</p> <ul style="list-style-type: none"> -He would follow up to ensure the proper range of water temperature was maintained. 	V 752		