

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-263	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/11/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WATTS STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 506 WATTS STREET DURHAM, NC 27701
--	---

(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 on January 11, 2023. 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 is licensed for 6 and currently has a census of 5. 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 conduct fire and disaster drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are:</p>	V 114		

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-263	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/11/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WATTS STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 506 WATTS STREET DURHAM, NC 27701
--	---

(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 114	<p>Continued From page 1</p> <p>Record review on 1/11/23 of the facility's fire drill log revealed:</p> <ul style="list-style-type: none"> -1/12/22- 2nd shift -2/11/22- 1st shift -3/11/22- 1st shift -4/11/22- 1st shift -5/5/22- 1st shift -6/17/22- 1st shift -7/8/22- 1st shift -8/11/22- 1st shift -9/13/22- 1st shift -10/9/22- 1st shift -11/5/22- 1st shift -11/10/22- 1st shift -12/1/22- 1st shift <p>-There was no evidence that fire drills had been conducted on the 3rd shift for the 1st quarter of 2022.</p> <p>-There was no evidence that fire drills had been conducted on the 2nd and 3rd shift for the 2nd quarter of 2022.</p> <p>-There was no evidence that fire drills had been conducted on the 2nd and 3rd shift for the 3rd quarter of 2022.</p> <p>-There was no evidence that fire drills had been conducted on the 2nd and 3rd shift for the 24th quarter of 2022.</p> <p>Record review on 1/11/23 of the facility's disaster drill log revealed:</p> <ul style="list-style-type: none"> -1/13/22- 1st shift -2/12/22- 2nd shift -3/12/22- 2nd shift -4/13/22- 2nd shift -5/7/22- 2nd shift -6/20/22- 1st shift -7/9/22- 1st shift -8/13/22- 1st shift -9/14/22- 1st shift -10/10/22- 2nd shift 	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-263	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/11/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WATTS STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 506 WATTS STREET DURHAM, NC 27701
--	---

(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 114	<p>Continued From page 2</p> <ul style="list-style-type: none"> -11/11/22- 2nd shift -11/28/22- 1st shift -12/8/22- 2nd shift -There was no evidence that disaster drills had been conducted on the 3rd shift for the 1st quarter of 2022. -There was no evidence that disaster drills had been conducted on the 2nd and 3rd shift for the 2nd quarter of 2022. -There was no evidence that disaster drills had been conducted on the 3rd shift for the 4th quarter of 2022. <p>Interview on 1/11/23 with the Assistant Director revealed:</p> <ul style="list-style-type: none"> -Staff were confused regarding number of drills they had to conduct. -Staff work at the house normally for 7 days and then off for 7 days. -Assistant Director acknowledged that Fire and Disaster drills worksheet had three different shifts written in them to be completed. -First shift was from 7:00 am to 3:00 pm. Second shift was from 3:00 pm to 11:00 pm. Third shift was from 11:00 pm to 7:00 am. -There was also a calendar of drills to be conducted at three shifts during each quarters. -She confirmed staff failed to conduct drills under conditions that simulate emergencies under each shift on each quarter. 	V 114		