

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-568	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/14/2023
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NAME OF PROVIDER OR SUPPLIER ENHANCEMENT HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 917 LANCASTER STREET DURHAM, NC 27701
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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 on February 14, 2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 4 and currently has a census of 4. 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 interviews, the facility failed to ensure fire and disaster drills were done quarterly on each shift. The findings are:</p> <p>Review on 2/14/23 of the facility's fire and disaster drill log 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"> -The 4th quarter of 2022 there was no fire drill completed for 3rd shift. -The 3rd quarter of 2022 there were no fire drills completed for 1st and 2nd shifts. -The 2nd quarter of 2022 there was no fire drill completed for 2nd shift. -There were no disaster drills completed for 2022/2023. <p>Interview on 2/13/23 with client #3 revealed:</p> <ul style="list-style-type: none"> -She thought they did a fire drill last year with staff. -She was not sure which month the fire drill was done. -She didn't think they did any disaster drills with staff. <p>Interview on 2/14/23 with the Residential Supervisor revealed:</p> <ul style="list-style-type: none"> -They do have three separate staff shifts. -Staff were doing fire and disaster drills with the clients. -They had an accreditation survey just recently. She thought some of the fire and disaster were misplaced because she uploaded documentation for that accreditation survey. -She confirmed staff failed to ensure fire and disaster drills were done quarterly on each shift. 	V 114		