

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/15/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G042</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/13/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ERWIN #2</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>202 WEST B STREET ERWIN, NC 28339</b>		
(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) COMPLETION DATE	
W 441	<p><b>EVACUATION DRILLS</b> CFR(s): 483.470(i)(1)</p> <p>and under varied conditions to- This STANDARD is not met as evidenced by: Based on document review and interviews, the facility failed to ensure fire drills were conducted at varying times and conditions. This potentially affected all clients in the home (#1, #2, #3, #4, #5 and #6). The finding is:</p> <p>Review on 6/12/23 of facility fire drills reports from July 2022 until March 2023 revealed the following:</p> <p>Second Shift Drills: 11/14/22 at 6:08 pm 2/13/23 at 6:45 pm</p> <p>Third Shift Drills: 7/25/22 at 1:05 am 12/30/22 at 1:17 am 3/14/23 at 1:15 am</p> <p>An additional review of the facility's Emergency Drills Schedule listed drills on 2nd shift should be conducted at 6:00 pm in February and November; 3rd shift should be conducted at 1:00 am in March and December.</p> <p>Interview on 6/13/23 with the Home Manager (HM) revealed she followed the fire drill schedule provided by management. Further interview with the HM also revealed that she had interpreted the drills had to be done only during the hour listed and did not know staff could do the drills at any time during the 8 hours shift to be compliant.</p> <p>Interview on 6/13/23 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she</p>	W 441			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 441	Continued From page 1 modified the fire drills schedule last month so that there would be not repeated times for drills.	W 441			