Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED					
MHL053-083			B. WING			07/11/2023					
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE							
CAMERON DRIVE FAMILY CARE FACILITY 2608 CAMERON DRIVE SANFORD, NC 27332											
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	VE ACTION SHOULD BE COMP ED TO THE APPROPRIATE DATE						
V 000 INITIAL COMMENTS			V 000								
	2023. Deficiencies This facility is licens category: 10A NCA Living for Adults with	sed for the following service AC 27G .5600C Supervised h Developmental Disabilities.									
		sed for three and currently has he survey sample consisted of clients.									
V 114	10A NCAC 27G .02 AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved be authority. (b) The plan shall be and evacuation pro posted in the facility (c) Fire and disaster shall be held at lease repeated for each se under conditions the	ncy Plans and Supplies 207 EMERGENCY PLANS In for each facility and plan shall be developed and by the appropriate local e made available to all staff cedures and routes shall be of the conducted at simulate fire emergencies. It have basic first aid supplies	V 114								
	facility failed to ensi quarterly on each s	et as evidenced by: view and interviews, the ure disaster drills were done hift. The findings are: of the facility's fire drill log									

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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED						
		MHL053-083	B. WING		07/1	1/2023						
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V 114	V 114 Continued From page 1											
	-There were no fire quarter of 2022There were no fire quarter of 2022There were no fire for 1st quarter of 2023There were no fire 2nd quarter of 2023. Review on 7/10/23 revealed: -There were no dis 3rd quarter of 2022There were no dis 4th quarter of 2022There were no dis shift for 1st quarter -There were no dis for 2nd quarter of 2 Interview on 7/10/2 Professional (QP) resional (QP) resional (QP) resional quarter of 2 Interview on 7/10/2 Professional reverse were to be consiftShe was not award prior to her being here in the previous QP with drillsHe was not able to upon the QP depart	e drills for any shift for the 3rd drills for any shift for the 4th drills for the 1st and 3rd shift 023. In drills for 1st and 3rd shift for 3. In drills for 1st and 3rd shift for 3. In drills for any shift for the 1st and 3rd shift for the 1st and 3rd of 2023. In aster drills for 1st and 3rd shift for 1st and 3rd of 2023. In aster drills for 1st and 3rd shift for 2023. In aster drills for 1st and 3rd shift for 2023. In aster drills for 1st and 3rd shift for 2023. In aster drills for 1st and 3rd shift for 2023. In aster drills for 1st and 3rd shift for 2023. In aster drills for 1st and 3rd shift for 2023. In aster drills for 1st and 3rd shift for 2023. In aster drills for 1st and 3rd shift for 2023. In aster drills for 3 with the Qualified for sompleted monthly on each 2st and 3st and 3										
	quarterly for each s	shift.										

Division of Health Service Regulation STATE FORM

BZFH11 If continuation sheet 2 of 2