

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-083	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/11/2023
NAME OF PROVIDER OR SUPPLIER CAMERON DRIVE FAMILY CARE FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 2608 CAMERON DRIVE SANFORD, NC 27332		
(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	INITIAL COMMENTS An annual survey was completed on July 11, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for three and currently has a census of two. The survey sample consisted of audits of 2 current clients.	V 000	The facility will ensure that disaster and/or evacuation drills are conducted at least quarterly on each shift in the group home. The QP will in-service the staff in the home on the evacuation process and implementation of the schedule. The evacuation schedule will be posted for staff review. The QP will track all disasters and fire drills monthly to ensure compliance.	9/11/23
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure disaster drills were done quarterly on each shift. The findings are: Review on 7/10/23 of the facility's fire drill log revealed:	V 114	The Quality Management Director will review all evacuation drills monthly to ensure compliance	9/11/23

RECEIVED

JUL 31 2023

DHSR-MH Licensure Sect

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

BZFH11

If continuation sheet 1 of 2

Division of Health Service Regulation

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V 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> -There were no fire drills for any shift for the 3rd quarter of 2022. -There were no fire drills for any shift for the 4th quarter of 2022. -There were no fire drills for the 1st and 3rd shift for 1st quarter of 2023. -There were no fire drills for 1st and 3rd shift for 2nd quarter of 2023. <p>Review on 7/10/23 of the facility's disaster log revealed:</p> <ul style="list-style-type: none"> -There were no disaster drills for any shift for the 3rd quarter of 2022. -There were no disaster drills for any shift for the 4th quarter of 2022. -There were no disaster drills for the 1st and 3rd shift for 1st quarter of 2023. -There were no disaster drills for 1st and 3rd shift for 2nd quarter of 2023. <p>Interview on 7/10/23 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -She was hired January 2023 and responsible for ensuring drills were completed. -Drills were to be completed monthly on each shift. -She was not aware of what happened to drills prior to her being hired. <p>Interview on 7/10/23 with the Director of Quality Management revealed:</p> <ul style="list-style-type: none"> -A previous QP abruptly left the agency. -The previous QP was responsible for scheduling the drills. -He was not able to locate the drills for this facility upon the QP departure from the agency. -Staff failed to conduct fire and disaster drills quarterly for each shift. 	V 114		

July 25, 2023

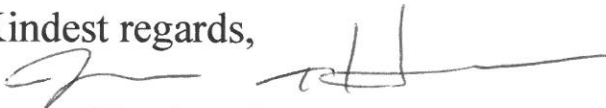
Ms. Tamara Gathers, MSW
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
N.C. Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Annual Survey completed July 11, 2023
Cameron Drive Family Care Facility
2608 Cameron Drive, Sanford, NC 27332
MHL#053-038

Dear Ms. Gathers:

See attached hard copy of the plan of correction (POC) for the Cameron Drive Family Care Facility's annual survey, completed July 11, 2023. We hope that you will find the attached POC acceptable. If you have questions, feel free to contact myself or Vidya Persad, Director of Operations. Otherwise, we very much look forward to your follow-up visit.

Kindest regards,

A handwritten signature in black ink, appearing to be 'James Harris', written over a horizontal line.

James Harris, Director Quality Management

919-718-4988