

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-885</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/03/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DARDEN HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3104 DARDEN ROAD GREENSBORO, NC 27407</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on October 3, 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 Disabilities.</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></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 conduct fire and disaster drills at least quarterly for each shift. The findings are:</p> <p>Review on 10/3/23 of the facility's fire and disaster drills for 9/2022 to 9/2023 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"> <li>-No documentation completed for fire drills October through December 2022 on 2nd and 3rd shifts;</li> <li>-No documentation completed for disaster drills January through March 2023 on 1st, and 3rd shifts;</li> <li>-No documentation completed for disaster drill April through June 2023 on 1st shift;</li> <li>-No documentation completed for disaster drill July through September 2023 on 1st shift.</li> </ul> <p>Interview on 9/28/23 with client #3 revealed: -He participated in fire and disaster drills and pointed outside was where the clients met.</p> <p>Interview on 9/29/23 with client #1 revealed: -He participated in fire and disaster drills and ..., "they have to go outside."</p> <p>Interview on 9/28/23 with the Residential Director (RD) revealed: -"I try to do the fire and disaster drills around my schedule to ensure that the drills are getting done because I understand the importance of the clients knowing what to do during emergencies."</p> <p>Interview on 10/3/23 with the Qualified Professional revealed: -Staff completed fire and disaster drills every month; -Fire and disaster drill documentation was kept at the facility and, "The RD checks the book monthly."</p> <p>Interview on 9/29/23 with the Clinical Director revealed: -The RD was lead staff and worked 8am to 4pm; -Staff #1 and staff #3 worked second shift 4pm to 12am; -Staff #2 worked third shift 12pm to 8am.</p>	V 114		

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