

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/06/2024
NAME OF PROVIDER OR SUPPLIER HUFFINES GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3372 HUFFINES DRIVE BURLINGTON, NC 27217		
(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 and follow up survey was completed on March 6, 2024. 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 6 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 interview the facility failed to conduct fire and disaster drills on every shift at least quarterly. The findings are:</p> <p>Review on 3/6/24 of the facility's fire drills records</p>	V 114		

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: MHL001-088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/06/2024
NAME OF PROVIDER OR SUPPLIER HUFFINES GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3372 HUFFINES DRIVE BURLINGTON, NC 27217		
(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 114	<p>Continued From page 1</p> <p>revealed:</p> <ul style="list-style-type: none"> -No fire drills were conducted for 2nd shift for the 4th quarter of 2023. -No fire drills were conducted for 3rd shift for the 3rd quarter of 2023. -No fire drills were conducted for 2nd shift for the 2nd quarter of 2023. <p>Review on 3/6/24 of the facility's disaster drills records revealed:</p> <ul style="list-style-type: none"> -No disaster drills were conducted for 1st shift for the 4th quarter of 2023. -No disaster drills were conducted for 1st and 3rd shift for the 3rd quarter of 2023. -No disaster drills were conducted for 3rd shift for the 2nd quarter of 2023. <p>Interview on 3/6/24 with the Vice President revealed:</p> <ul style="list-style-type: none"> -He was not aware that staff at the facility did not follow guidelines for fire and disaster drills for 2023. -He was not aware that some of the shifts had been omitted for certain quarters of 2023 -He confirmed the facility had not conducted fire and disaster drill on every shift and for each quarter. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		