

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-095	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/07/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON AVENUE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 529 WILLIAMSON AVENUE ELON, NC 27244
---	--

(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 7, 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 5 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> </p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to conduct disaster drills on every shift at least quarterly. The findings are:</p> <p> </p> <p>Review on 3/7/24 of the facility's disaster drills</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: MHL001-095	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/07/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON AVENUE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 529 WILLIAMSON AVENUE ELON, NC 27244
---	--

(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>records revealed:</p> <ul style="list-style-type: none"> -No disaster drills were conducted for 1st and 3rd shift for the 4th quarter of 2023. -No disaster drills were conducted for 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 3/7/24 with the Program Assistant revealed:</p> <ul style="list-style-type: none"> -She was newly hired. -One of her responsibilities was to train fire and disaster drills to agency's staff. -She taught staff about how to do the fire and disaster drills and when to make them. -She had identified this house as a place that needed additional training. <p>Interview on 3/7/24 with the Vice President revealed:</p> <ul style="list-style-type: none"> -A new staff was hired to conduct fire and disaster drills trainings to group home staff. -Fire and disaster drill trainings had started to be given to staff. -He confirmed the facility had not conducted 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		