

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080-164</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/07/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CABARRUS COUNTY GROUP HOME 5</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>106 SOUTH FRANKLIN STREET CHINA GROVE, NC 28023</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 complaint survey was completed on May 7, 2024. The complaints were unsubstantiated (intake #'s NC00213516, NC00214182 and NC00214368). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>The facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></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 interviews, the facility failed to conduct fire and disaster drills</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> <p>quarterly and for each shift. The findings are: Review on 5/3/24 of the facility's fire and disaster drills from April 2023 to April 2023 revealed: -No documentation of fire or disaster drills having been conducted from January 2024 to March 2024 on second shifts (3pm to 11pm); -No documentation of fire or disaster drills having been conducted from April 2023 to June 2023 on first shifts (7 am to 3 pm); -No documentation of fire or disaster drills having been conducted from July 2023 to September 2023 for first and third shifts (7am to 3pm and 11pm to 7am); -No documentation of fire or disaster drills having been conducted from October 2023 to December 2023 on first shifts (7am to 3pm); -No documentation of fire drills having been conducted from October 2023 to December 2023 on second shifts (3pm to 11pm); -No documentation of disaster drills having been conducted from October 2023 to December 2023 on third shifts (11pm to 7 am).</p> <p>Interview on 5/3/24 with client #1 revealed: -She participated in fire and disaster drills and the meeting place is outside by the big tree.</p> <p>Interview on 5/3/24 with client #2 revealed: -She participated in fire and disaster drills.</p> <p>Interview on 5/3/24 with client #3 revealed: -"They had not done a fire drill in a long time. She thought they needed to in case of an emergency."</p> <p>Interview on 5/6/24 with staff #2 revealed: -"I complete fire and disaster drills on my shift." Initially, she was not properly trained to conduct fire and disaster drills. The Administrator brought the fire and disaster drills to her attention, and she began conducting drills.</p>	V 114		

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