PRINTED: 05/17/2024 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G204	B. WING		05	5/16/2024	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 185 MARTINDALE RD WINSTON SALEM, NC 27107	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF COF X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
E 039	CFR(s): 483.475(d) §416.54(d)(2), §418 §460.84(d)(2), §482 §483.475(d)(2), §482 §485.542(d)(2), §482 *[For ASCs at §416 at §485.542, OPO, §485.727, CMHCs at §491.12, and ESRD (2) Testing. The [fact to test the emergence must do all of the formulated of the following community-based error (A) When a community-based error (B) If the [facility natural or man-made activation of the emergence must do all of the following community-based or functional exercise factual event. (ii) Conduct an addit years, opposite the years, opposite yea	3.113(d)(2), §441.184(d)(2), 2.15(d)(2), §483.73(d)(2), 34.102(d)(2), §485.68(d)(2), 35.625(d)(2), §485.727(d)(2), 31.12(d)(2), §494.62(d)(2). 54, CORFs at §485.68, REHs 'Organizations" under at §485.920, RHCs/FQHCs at a Facilities at §494.62]: illity] must conduct exercises by plan annually. The [facility] llowing: Ill-scale exercise that is every 2 years; or an ity-based exercise is not a facility-based functional exercises are emergency that requires be emergency plan, the [facility] is no in its next required individual, facility-based bellowing the onset of the exercise at least every 2 ever the full-scale or noder paragraph (d)(2)(i) of coted, that may include, but is bowing: Ille exercise that is individual, facility-based or	EO		ct		

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

A

O(X6) DATE

Any delicency statement ending with an asterisk (*) denotes a deliciency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	a narrated, clinically scenario, and a set directed messages, designed to challent (iii) Analyze the [fac maintain documents exercises, and eme [facility's] emergenc *[For Hospices at 4' (2) Testing for hosp patient's home. The exercises to test the annually. The hospic (i) Participate in a facommunity based ev (A) When a community based ev (A) When a community based ev (B) If the hospice ex man-made emergenthe emergency plan, engaging in its next a community-based ev facility-based function onset of the emerger (ii) Conduct an addition onset of the emerger (iii) Conducted, that mato the following: (A) A second full-sca community-based or exercise; or (B) A mock disaster (C) A tabletop exercise.	dudes a group discussion using a relevant emergency of problem statements, or prepared questions ge an emergency plan. ility's] response to and ation of all drills, tabletop regency events, and revise the y plan, as needed. 18.113(d):] ices that provide care in the encypice must conduct emergency plan at least are must do the following: all-scale exercise that is every 2 years; or not y based exercise is not an individual facility based every 2 years; or periences a natural or required full scale exercise or individual nal exercise following the not y event. Itional exercise every 2 years, encyperiences and the following the not y event. Itional exercise every 2 years, encyperiences are full-scale or functional graph (d)(2)(i) of this section and include, but is not limited alle exercise that is a facility based functional	E 03			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		34G204	B. WING		0	5/16/2024
NAME OF PROVIDER OR SUPPLIER WILSON SMITH COTTAGE				STREET ADDRESS, CITY, STATE, ZIP COD 185 MARTINDALE RD WINSTON SALEM, NC 27107	E	
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	a narrated, clinically scenario, and a set directed messages, designed to challen (3) Testing for hospicare directly. The hexercises to test the year. The hospice r (i) Participate in an is community-based (A) When a community-based function (B) If the hospice ex man-made emerger the emergency plan engaging in its next based or facility-based following the onset of (ii) Conduct an addit may include, but is r (A) A second full-sc community-based or exercise; or (B) A mock disaster (C) A tabletop exercise facilitator that include narrated, clinically-reand a set of problem messages, or preparchallenge an emerger (iii) Analyze the hospimaintain documental	or prepared questions ge an emergency plan. Ices that provide inpatient ospice must conduct emergency plan twice per must do the following: annual full-scale exercise that larger in the hospice is exempt from periences a natural or perience full-scale community ed functional exercise of the emergency event. It it is a facility based functional exercise that is a facility based functional drill; or perience is exempt from required full-scale community end functional exercise that is a facility based functional exercise that is a facility based functional drill; or perience is exempt from the exercise is exempt from the exercise is exempt from the hospice is exempt from the hospic is exem	E 039			

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	*[For PRFTs at §44 §482.15(d), CAHs at (2) Testing. The [PF conduct exercises to twice per year. The dothe following: (i) Participate in an is community-based (A) When a community-based function (B) If the [PRTF, Ho actual natural or marequires activation of [facility] is exempt for required full-scale of facility-based functionset of the emergen (ii) Conduct an and that may include following: (A) A second full-sc community-based or functional exercise; (B) A mock of (C) A tabletop exiled by a facilitator and discussion, using a remergency scenario statements, directed questions designed to plan. (iii) Analyze the [maintain documenta]	1.184(d), Hospitals at at §485.625(d):] RTF, Hospital, CAH] must of test the emergency plants [PRTF, Hospital, CAH] must annual full-scale exercise that d; or nity-based exercise is not an annual individual, and exercise; or aspital, CAH] experiences an annual emergency that of the emergency plan, the amount by based or individual, and exercise following the ency event. [additional] annual exercise or a, but is not limited to the ale exercise that is individual, a facility-based or disaster drill; or a cercise or workshop that is ad includes a group arrated, clinically-relevant, and a set of problem messages, or prepared to challenge an emergency afacility's] response to and tion of all drills, tabletop gency events and revise the plan, as needed.	E 03	9		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		10 10	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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E 039	exercises to test the annually. The PACE following: (i) Participate in an is community-based (A) When a community-based function (B) If the PACE exp man-made emergenthe emergency plan engaging in its next based or individual, exercise following the event. (ii) Conduct an a years opposite the yexercise under parais conducted that matthe following: (A) A second full-secommunity-based of functional exercise; (B) A mock disaster (C) A tabletop exercise a facilitator and inclusing a narrated, clir scenario, and a set of directed messages, designed to challeng (iii) Analyze the PAC maintain documenta exercises, and emer PACE's emergency participated in the pace of the pac	CE organization must conduct be emergency plan at least annual full-scale exercise that distriction or nity-based exercise is not an annual individual, and exercise; or eriences an actual natural or noty that requires activation of the PACE is exempt from required full-scale community facility-based functional ne onset of the emergency additional exercise every 2 fear the full-scale or functional graph (d)(2)(i) of this section and individual, a facility based for drill; or sise or workshop that is led by incally-relevant emergency of problem statements, or prepared questions in an emergency plan. CE's response to and tion of all drills, tabletop gency events and revise the plan, as needed.	E 0:	39		

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	test the emergency including unannour emergency proced ICF/IID] must do th (i) Participate in ar is community-base (A) When a community-base (A) When a community-based function (B) If the [LTC facility-based function actual natural or marequires activation (LTC facility is exemined a full-scale individual, facility-based following the onset (ii) Conduct an additional exercise; (B) A second full-scale functional exercise; (B) A mock disaste (C) A tabletop exerta facilitator includes narrated, clinically-rand a set of problem messages, or preparatellenge an emerg (iii) Analyze the [LT and maintain docume exercises, and eme [LTC facility] facility's *[For ICF/IIDs at §48 (2) Testing. The ICF to test the emergence The ICF/IID must document of the ICF in ICF/IID must document of the ICF in I	r plan at least twice per year, need staff drills using the ures. The [LTC facility, e following: a annual full-scale exercise that d; or unity-based exercise is not t an annual individual, sonal exercise. Ity] facility experiences an an-made emergency that sof the emergency plan, the upt from engaging its next excommunity-based or ased functional exercise of the emergency event. In the limited to the following: cale exercise that is an individual, facility based or r drill; or cise or workshop that is led by a group discussion, using a elevant emergency scenario, a statements, directed ared questions designed to ency plan. C facility] facility's response to nentation of all drills, tabletop regency events, and revise the semergency plan, as needed. B3.475(d)]: //IID must conduct exercises by plan at least twice per year.	E 03				

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	is community-based (A) When a community-based function (B) If the ICF/IID ex man-made emergenthe emergency planengaging in its next community-based of functional exercises emergency event. (ii) Conduct an addit may include, but is referred (A) A second full-scat community-based of functional exercises; (B) A mock disaster (C) A tabletop exercial facilitator and inclusing a narrated, clinis cenario, and a set of directed messages, designed to challeng (iii) Analyze the ICF/maintain documental exercises, and emer ICF/IID's emergency *[For HHAs at §484. (d)(2) Testing. The Hoto test the emergency least annually. The Ferred (A) When a community-based; of (A) When a community-based; or conduct as accessible, conduct accessible, conduct accessible, conduct accessible, conduct accessible accessible.	d; or inity-based exercise is not an annual individual, onal exercise; or. periences an actual natural or ney that requires activation of the ICF/IID is exempt from required full-scale rindividual, facility-based following the onset of the tional annual exercise that not limited to the following: ale exercise that is ran individual, facility-based or drill; or ise or workshop that is led by ides a group discussion, nically-relevant emergency of problem statements, or prepared questions ge an emergency plan. IID's response to and tion of all drills, tabletop gency events, and revise the plan, as needed. 102] IHA must conduct exercises y plan at HAA must do the following: I-scale exercise that is rumunity-based exercise is not	E 03	9			

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E 039	(B) If the HHA or man-made emer of the emergency pengaging in its next community-based of functional exercise emergency event. (ii) Conduct an addition opposite the year the exercise under parais conducted, that limited to the followity (A) A second furcommunity-based of functional exercise; (B) A mock disation (C) A tabletop eled by a facilitator and discussion, using a emergency scenario statements, directed questions designed plan. (iii) Analyze the HHA documentation of all emergency events, a emergency plan, as	experiences an actual natural gency that requires activation lan, the HHA is exempt from required full-scale or individual, facility based following the onset of the tional exercise every 2 years, e full-scale or functional egraph (d)(2)(i) of this section to may include, but is not ng: Ill-scale exercise that is rean individual, facility-based or ster drill; or exercise or workshop that is not includes a group narrated, clinically-relevant or, and a set of problem of messages, or prepared to challenge an emergency existed to challenge and maintain drills, tabletop exercises, and and revise the HHA's needed.	E 0	39			
	to test the emergence following: (i) Conduct a paper-laworkshop at least an led by a facilitator an discussion, using a remergency scenario	based, tabletop exercise or anually. A tabletop exercise is					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	questions designed plan. If the OPO ex man-made emerge the emergency plar engaging in its next following the onset (ii) Analyze the OPO documentation of a emergency events, OPO's] emergency *[RNCHIs at §403.* (d)(2) Testing. The I exercises to test the must do the followin (i) Conduct a paperleast annually. A tab discussion led by a clinically-relevant en of problem statement prepared questions emergency plan. (iii) Analyze the RNH maintain documenta and emergency evenemergency plan, as This STANDARD is Based on record refailed to conduct bie Emergency Prepare finding is: Review of the facility no evidence of a full-facility-based emergmock drill or tabletop Interview with the quantum conduction in the sum of the sum of the facility or tabletop.	to challenge an emergency periences an actual natural or ney that requires activation of a, the OPO is exempt from required testing exercise of the emergency event. O's response to and maintain and tabletop exercises, and and revise the [RNHCI's and plan, as needed. 748]: RNHCI must conduct emergency plan. The RNHCI g: based, tabletop exercise at alletop exercise is a group facilitator, using a narrated, mergency scenario, and a set a set of the emergency scenario, and a set of the facility of all tabletop exercises, and revise the RNHCI's needed. To response to and the facility in the facility of the facility's dness Plan (EPP). The	E 03	9		

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		lucted a full-scale community, gency drill, mock drill or	E 03 W 24			
	As soon as the interformulated a client's each client must rectreatment program conterventions and seand frequency to su	rdisciplinary team has individual program plan, beive a continuous active consisting of needed ervices in sufficient number pport the achievement of the in the individual program				
	Based on observati interview, the facility (#3) received a cont program consisting of	not met as evidenced by: ons, record review and failed to ensure 1 of 6 clients inuous active treatment of needed interventions as idual habilitation plan (IHP).				
	5/15-16/24 survey re on all three exit door 5/15/24 revealed all non-functional. Obse	group home throughout the evealed door alarms present is. Continued observations on three door alarms to be ervations on 5/16/24 revealed arm to be functional.				
	dated 9/29/23 which one-on-one supervis should be closely wa group home, and is k	r client #3 revealed an IHP indicated the client requires ion throughout the day, tched when he is in the known for going out of the up home. For this reason				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	0.00 25	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	alarms are on all the Continued review of behavior support plaindicated target behavior, aggression destruction/misuse, elopement. Interview with the qualification of the client of th	e group home exit doors. If client #3's record revealed a an dated 8/4/23 which haviors to include self-injurious in, property agitation, disrobing, and ualified intellectual disabilities on 5/16/24 confirmed the blace for client #3. Continued IDP revealed they were larms were not working. Ith the QIDP confirmed the on should also be included in ORING & CHANGE 3)(i) uld review, approve, and rograms designed to manage ior and other programs that, committee, involve risks to	W 24				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3	(X3) DATE SURVEY COMPLETED	
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	Review of records for dated 9/29/23 which required on all the ground for continued review of no guardian consen (HRC) approval preserview with the quarteriew with the quarteriew with the quarteriew with the quarteriew of the door alarms. EVACUATION DRIL CFR(s): 483.470(i)(at least quarterly for This STANDARD is Based on record refailed to ensure evaculeast quarterly for eafinding is: A review of the facility revealed that the fact drills each quarter, be shift drill conducted of quarters of that period literview with the fact of the same continued in the same conti	or client #3 revealed an IHP in indicated door alarms are group home exit doors. If client #3's record revealed it or human rights committee sent for the door alarms. Calified intellectual disabilities on 5/16/24 confirmed there is it or HRC approval currently. LS 1) LS 1) each shift of personnel. not met as evidenced by: view and interview, the facility cuation drills were held at each shift of personnel. The sty fire drill reports on 5/15/24 cility conducted multiple fire ut that there was no second during the first and third od. cility administrator on 5/16/24 should have been conducted	W 2				



Response To Deficiencies/Wilson Smith

May 22, 2024

Id Prefix Tag E039

Deficiencies:

1. No mock disaster plan exercise

Corrective Action:

As part of the correction plan, Wilson Smith staff will have an in-service training reviewing the detailed aspects of the disaster plan. Ie location, how often this exercise is required, procedures.

Wilson Smith will have a mock disaster plan exercise to meet state requirements. Wilson Smith will conduct this exercise yearly as required.

Completion Date:

The in service will be completed by July 1, 2024. The mock exercise will be completed by July 8, 2024.

By Whom: Tiffany Grant, Program Director

Id Prefix Tag W249

Deficiencies:

2. Door alarms not working

Corrective Action:

During monthly inspections, staff will be sure door alarms are working. If they are not working, this will be reported to the manager and will need to be working within 5 days.

The BSP will add that consumer number 3 needs doorbell chimes for safety purposes.

Wilson Smith will have an in-service training to discuss procedures around checking door alarms and a review of the BSP when additional information pertaining to doorbell chimes is added to the plan.

Completion Date:

Doorbells corrected on 5/22/24.

The BSP plan will be updated by July 1, 2024.

Wilson Smith will have in-service training by July 1, 2024

By Whom: Tiffany Grant, Program Director

Id Prefix Tag W262

Deficiencies:

3. Human Rights Committee nor the Guardian has given approval for the Doorbells to be implemented via the BSP.

Corrective Action:

The case will be presented to the Human Rights Committee for approval of the doorbells.

The guardian will be presented with the case and if agrees with the doorbell chimes, will sign off on the BSP.

Completion Date:

This will be completed by July 1, 2024

ID Prefix Tag W440

Deficiencies:

4. No evacuation drills on the 2nd and 3rd shift.

Corrective Action:

Supervisors will check the drill book weekly to make sure evacuation drills are done weekly.

There will be an in-service to review the drill process and scheduling to ensure all staff members are aware of protocol and procedures.

Completion Date:

This will be completed by July 1, 2024

Signature

rogram Directo

Date