

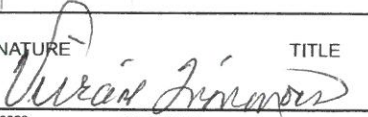
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-148</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/21/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RESTORATIONS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2211 ROGERS STREET</b> <b>BURLINGTON, NC 27217</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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on August 21, 2024. A deficiency was 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 has a current 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) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans 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 the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p>	V 114	<p><b>RECEIVED</b></p> <p><b>SEP 03 2024</b></p> <p><b>DHSR-MH Licensure Sect</b></p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>CEO</b>	(X6) DATE <b>08-30-24</b>
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-148</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/21/2024</b>
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V 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 8/21/24 of the facility's fire drills records for the last 12 months revealed: -There were no fire drills for 1st and 2nd shift for the 4th quarter of 2023. -There were no fire drills for 1st shift for the 1st quarter of 2024. -There were no fire drills for 1st and 2nd shift for the 2nd quarter of 2024.</p> <p>Review on 8/21/24 of the facility's disaster drills records for the last 12 months revealed: -There were no disaster drills for 1st shift for the 4th quarter of 2023. -There were no disaster drills for 1st and 2nd shift for the 1st quarter of 2024. -There were no disaster drills for 2nd shift for the 2nd quarter of 2024.</p> <p>Interview on 8/21/24 with the Owner revealed: -She was not aware that they needed to do one drill per shift each quarter. -She was under the impression that they only needed to do one drill per quarter. -She used to do them monthly, but then changed her policy. -She acknowledged that the facility failed to do fire and disaster drills for each shift and for each quarter.</p>	V 114	<p>Fire and disaster drills will be performed quarterly on each shift and documented.</p>	8/30/24
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