Division of Health Service Regulation												
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING:		(X3) DATE SURVEY COMPLETED							
AND PLAN OF CORRECTION		A, BUILDING.										
MHL065-231		B. WING		09/1	09/19/2024							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
MCGEE-HUDSON HOME 1304 DUCKS BILL COURT												
WILMINGTON, NC 20411												
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE						
V 000	0 INITIAL COMMENTS		V 000									
	An annual survey was completed on September 19, 2024. A deficiency was cited.											
	category: 10A NCA	sed for the following service AC 27G .5600C Supervised th Developmental Disabilities.										
	This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.											
V 114	27G .0207 Emergency Plans and Supplies		V 114			1						
	10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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		The list of times that is indicated									
			the fire drill book are the times the									
			drills should be done, especially 11-18-24									
			on third shift. This is an inservice									
			that you understand the expectation									
			on completing fire drills that each									
			shift per quarter needs to have a fire									
			drill completed within the required time.									
			Once fire drills complete, they will be									
	emergencies. (d) Each facility shall have a first aid kit accessible for use.	sent to the VP/Chief Regional Officer										
		or Designee to review and sign off to										
			ensure in compliance with the rule.									
			Failure to complete per requirement									
Division of L	ealth Service Regulation			esult in a performan	ice pl							
Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE												
Whet I was other 1018 70 20 1 If continuation sheet 1 of 3												
STATE FOR	М	1	0000	FE6G11	301111141	1						

PRINTED: 09/30/2024 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL065-231 09/19/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1304 DUCKS BILL COURT MCGEE-HUDSON HOME WILMINGTON, NC 28411 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 114 Continued From page 1 V 114 This Rule is not met as evidenced by: Based on record review and interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are: Review on 9/19/24 of the facility's documented fire and disaster drills for 7/01/23 - 6/30/24 revealed: -Second quarter (10/01/23 - 12/31/23); no third shift fire or disaster drills documented. -Third quarter (1/01/24 - 3/31/24); no third shift fire or disaster drills documented. Interview on 9/19/24 client #1 stated: He completed fire drills and disaster drills. -He would "go outside" if there was a fire and "stay inside" if there was a disaster. Interview on 9/19/24 client #3 stated: She completed fire drills and disaster drills. -She went to "the meeting place outside by the mailbox" for fire drills. -She went to the "bathroom" for disaster drills. Interview on 9/19/24 staff #1 stated: -She had worked at the facility since November. 2022. -Fire and disaster drills were completed monthly. Interview on 9/19/24 staff #2 stated: -She had worked at the facility since 7/12/24. -Fire and disaster drills were completed once a month.

month.

Division of Health Service Regulation

Interview on 9/19/24 the Residential Manager

-She had worked with the facility since 11/27/23.
-Fire and disaster drills were completed each

Division of Health Service Regulation													
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPI		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED								
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:											
		D WING											
		MHL065-231	B. WING		09/1	9/2024							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE													
MCGEE-HUDSON HOME 1304 DUCKS BILL COURT													
MCGEE-	HUDSON HOME	WILMING	TON, NC 28										
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	SHOULD BE COMPLETE								
V 114	Continued From pa	nge 2	V 114										
V 114	V 114 Continued From page 2 -There were three shifts that fire and disaster												
	drills were schedule	ed to be completed within											
	(rain - spin, spin -	(7am - 3pm, 3pm - 11pm, and 11pm - 7am)											
	Interview on 9/19/24 the Quality Services Director stated: -Fire and disaster drills were completely monthly and rotated to include each shift.												
	-She would ensure	that staff were educated on											
	fire and disaster dri	ill expectations for each shift.											

Division of Health Service Regulation STATE FORM

FE6G11

From:

Sent:

Tuesday, October 8, 2024 12:36 PM

To:

Subject:

Please print and send to me to send to state on POC mcgee thanks

Importance:

High

The list of times that is indicated the fire drill book are the times the drills should be done, especially on third shift. This is an inservice that you understand the expectation on completing fire drills that each shift per quarter needs to have a fire drill completed within the required time. Once fire drills complete, they will be sent to the VP/Chief Regional Officer or Designee to review and sign off to ensure in compliance with the rule. Failure to complete per requirement will result in a performance plan.

Please sign this and return.

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