

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-639	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2024
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NAME OF PROVIDER OR SUPPLIER TRIANGLE RESIDENTIAL OPTIONS FOR SUBS	STREET ADDRESS, CITY, STATE, ZIP CODE 201 BROADWAY STREET APT 1,2,3,5,6,7,8 DURHAM, NC 27701
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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>INITIAL COMMENTS</p> <p>An annual survey was completed on November 15, 2024. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .4300 Therapeutic Community.</p> <p>This facility is licensed for 28 and has a current census of 9. The survey sample consisted of audits of 4 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) 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		

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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>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were conducted quarterly and on each shift. The findings are:</p> <p>Review on 11/15/24 of the facility's fire drills log from January 2024-November 2024 revealed: -There were no fire drills conducted for 1st, 2nd and 3rd shift for the 1st quarter (January, February, March) of 2024. -There were no fire drills conducted for 1st, 2nd and 3rd shift for the 2nd quarter (April, May, June) of 2024. -There was no differentiation between fire and disaster drills conducted for all shifts for the 3rd quarter (July, August, September) of 2024.</p> <p>Review on 11/15/24 of the facility's disaster drills log from January 2024-November 2024 revealed: -There were no disaster drills conducted for 1st, 2nd and 3rd shift for the 1st quarter (January, February, March) of 2024. -There were no disaster drills conducted for 1st, 2nd and 3rd shift for the 2nd quarter (April, May, June) of 2024. -There was no differentiation between fire and disaster drills conducted for all shifts for the 3rd quarter (July, August, September) of 2024.</p> <p>Interview on 11/15/24 with the Director of Compliance revealed: -Facility opened in January of 2024. -For the purpose of emergency drills, the facility operated under three shifts. -Emergency drills may had been forgotten to be conducted for the first two quarters of 2024. -When the facility conducted emergency drills, the fire and disaster drills were conducted simultaneously.</p>	V 114		

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V 114	Continued From page 2 -He acknowledged the facility failed to ensure fire and disaster drills were done quarterly on each shift.	V 114		