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 MHL032-639 11/15/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 201 BROADWAY STREET APT 1,2,3,5,6,7,8 TRIANGLE RESIDENTIAL OPTIONS FOR SUBS DURHAM, NC 27701 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on November 15, 2024. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .4300 Therapeutic Community. This facility is licensed for 28 and has a current census of 9. The survey sample consisted of audits of 4 clients. V 114 27G .0207 Emergency Plans and Supplies V 114 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS Quarterly fire and disaster drills have been held since August 1, 2024 and will AND SUPPLIES continue to be held quarterly for each of (a) Each facility shall develop a written fire plan our 3 shifts (1st, 2nd, and 3rd) going and a disaster plan and shall make a copy of forward. these plans available to the county emergency services agencies upon Our Continuing Care Office is responsible request. The plans shall include evacuation for performing these shifts at the 201 procedures and routes. Broadway St. property and will continue to (b) The plans shall be made available to all staff log the fire and disaster drills as they are and evacuation procedures and routes shall be performed. The Graduate Services posted in the Manager, vill supervise and facility. ensure that these drills continue to be (c) Fire and disaster drills in a 24-hour facility performed. The drills will be checked for shall be held at least quarterly and shall be timely performance by the Director of repeated for each shift. Compliance. at least once Drills shall be conducted under conditions that per quarter. simulate the facility's response to fire emergencies. RECEIVED (d) Each facility shall have a first aid kit accessible for use. NOV 27 2024 **DHSR-MH Licensure Sect**

Division of Health Service Regulation

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

TITLE

Director of Compliance

(X6) DATE

9 QEWD11

PRINTED: 11/19/2024 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 MHL032-639 11/15/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 201 BROADWAY STREET APT 1,2,3,5,6,7,8 TRIANGLE RESIDENTIAL OPTIONS FOR SUBS DURHAM, NC 27701 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 114 V 114 Continued From page 1 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: 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 guarter (July, August, September) of 2024. 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 guarter (July, August, September) of 2024. Interview on 11/15/24 with the Director of Compliance revealed: -Facility opened in January of 2024.

Division of Health Service Regulation STATE FORM

simultaneously.



-For the purpose of emergency drills, the facility

-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

operated under three shifts.

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING _ MHL032-639 11/15/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 201 BROADWAY STREET APT 1,2,3,5,6,7,8 TRIANGLE RESIDENTIAL OPTIONS FOR SUBS DURHAM, NC 27701 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 114 | Continued From page 2 V 114 -He acknowledged the facility failed to ensure fire and disaster drills were done quarterly on each shift.

Division of Health Service Regulation STATE FORM

