

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-361</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/13/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>TRIANGLE RESIDENTIAL OPTIONS FOR SUBS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1815 JAMES STREET DURHAM, NC 27707</b>		
(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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on August 13, 2025. 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 92 and has a current census of 45. The survey sample consisted of audits of 5 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> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure fire and disaster drills were conducted quarterly and on each shift. The findings are:</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>Review on 8/12/25 of facility's fire and disaster drill log from July 2024 through July 2025 revealed: -1st quarter (January, February, and March) 2025: No fire or disaster drills conducted on 1st shift, 2nd shift, or 3rd shift.</p> <p>Interview on 8/13/25 with client #1 revealed: -Emergency drills were being completed. -Drills were done during different times of the day.</p> <p>Interview on 8/13/25 with client #3 revealed: -Fire and disaster drills had been done.</p> <p>Interview on 8/13/25 with client #4 revealed: -She recalled having "1 or 2" fire/disaster drills.</p> <p>Interview on 8/13/25 with client #5 revealed: -"I think we will be having them (fire and disaster drills) soon." -"I have been told where to go (in the event of a fire/disaster)." -"There are signs telling me where to go and what to do."</p> <p>Interview on 8/12/25 with Director of Compliance revealed: -"We didn't do those drills (fire and disaster), you're right." -He did not know why the fire and disaster drills were not conducted as required.</p>	V 114		