

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 018030031	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/28/2019
NAME OF PROVIDER OR SUPPLIER DREAM CATCHER IN THE WOODS		STREET ADDRESS, CITY, STATE, ZIP CODE 286 FOUR POINTS ROAD JACKSON, GA 30233	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{A 000}	Opening Comments. >>>>The purpose of this visit was to conduct a compliance inspection.		
{A 1301} SS= D	<p>111-8-62-.13(1) Physical Plant Health and Safety Standards.</p> <p>Each home must be in compliance with fire and safety rules promulgated by the Office of the Safety Fire Commissioner for the personal care homes it regulates.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and staff interview, the facility failed to ensure compliance with fire and safety rules promulgated by the Office of the Safety Fire Commissioner which requires that a total of six (6) fire drills are conducted annually, with two drills being conducted during sleeping hours. Findings include:</p> <p>A record review of the 2018 - 2019 fire drills, showed no documentation of two (2) fire drills being conducted during sleeping hours.</p> <p>During an interview at 5:30 p.m., Staff A stated he/she was unaware of the need for two (2) fire drills being conducted during sleeping hours.</p>		