

# North Carolina Department of Health and Human Services Division of Health Service Regulation Mental Health Licensure and Certification

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#### **EMERGENCY RELOCATION OF CLIENTS**

To: All Licensed N.C.G.S. §122C 24-hour Providers

From: Stephanie Alexander

**Date:** July 27, 2011

**Re:** Emergencies requiring relocation of clients

This notice provides guidelines for providers to follow if they experience an emergency which makes the facility unavailable for use and requires relocation of clients.

For the purpose of this notice, the term "emergency" refers to any situation which is sudden and unforeseen, such as a natural disaster, fire, or other facility catastrophe, which necessitates the removal of clients from the facility to protect their health and safety.

#### **Emergency Relocation Examples:**

- Hurricanes, snowstorms, tornados, floods, or other natural occurrence in which allowing clients to remain in the facility may jeopardize their health or safety.
- Facility fire, dysfunctional heating or cooling system (in cold or hot weather respectively), dysfunctional septic system, or other situation in which allowing clients to remain in the facility may jeopardize their health or safety.
- Other unforeseen occurrence not noted above in which allowing clients to remain in the facility may jeopardize their health or safety.

#### Relocations that do not qualify as "Emergency Relocation":

- Placements of clients outside of a facility due to behavior problems.
- Placements where there has been prior notice or knowledge of the need for relocation (eviction, foreclosure, disbanding of licensure relationship, etc.)

#### **Emergency Relocation Guidelines**

- 1. Ensure the safety and health of the clients by evacuating them to a safe and secure facility where the clients' health and safety needs will be met. There must be sufficient staff, food, medicine, medical equipment and supplies to ensure the safety and health needs of the clients.
- 2. Notify the DHSR Mental Health Licensure and Certification Section Team Leader for the facility's region and the DHSR Construction Section at 919-855-3893, as soon as possible after the evacuation, to explain the situation and the need for relocation of clients.
- 3. Submit the "Emergency Relocation of Clients" form (see below), by facsimile, e-mail, or hand-delivery, to the DHSR Mental Health Licensure and Certification Section Team Leader with the requested information.

Please contact this office if you have any questions about this procedure.

<sup>&</sup>lt;sup>1</sup> To find the team leader for your facility's region visit <a href="http://www.ncdhhs.gov/dhsr/mhlcs/mhstaff.html">http://www.ncdhhs.gov/dhsr/mhlcs/mhstaff.html</a>. Click on the territory map.



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### Division of Health Service Regulation Mental Health Licensure and Certification Section

## **Emergency Relocation of Clients**

## **Facility Information**

Facility Name:		
Liconcoo:		
Address:		
City:	State:	Zip:
Telephone:	Fax:	
MHL#:	License Capacity:	Current Census:
Facility Director Names	Contact Information	
Facility Director Name:	nh a vi	
Emergency Contact Name:	nber:	
Emergency Contact Name:		
Emergency Contact Number	:	
	Relocation Information	
Are you relocating to another	r licensed facility? Yes No	(if no. skip to unlicensed setting)
	capacity once you relocate clients?	
,		
Relocating to another licer	ised facility	
Facility Name:		
Licensee on current MH Lice	nse:	
Address:		
City	State:	Zip:
Telephone:	Fax:	
MHL#:	License Capacity:	Current Census:
Total number of clients in ho	me after relocation:	
Relocating to an Unlicense		
Type of Setting (i.e. hotel, shelt		
Address:		
City:	State:	Zip:
Telephone:	Fax:	
	Explanation for evacuating the fac	ility
	Attach additional page if needed.	<del>sinty</del>
	, ,	
Why did you need to evacuate you	r consumers from the facility?	

# <u>Facility Emergency Plan</u> Attach additional page if needed.

How did you implement your emergency plan?		
How are you monitoring the health, safety, welfare and treatment needs of your consumers in the new location?		
Future Plans		
Attach additional page if needed.		
1) When will you move back to the licensed facility?		
<ul> <li>If the return to the licensed facility will be longer than 2 weeks, what are your plans to ensure the health, safety, welfare and treatment needs of your consumers continue to be met?</li> </ul>		
wellare and treatment needs of your consumers continue to be met:		
2) If the facility cannot be used and you are not returning, what are your plans for relocating to a permanent, licensed		
facility?		
<ul> <li>How will you continue to ensure the health, safety, welfare and treatment needs of your consumers are met in the interim?</li> </ul>		

Please attach the following when sending this document:

- A copy of the facility's emergency plan. The facility's emergency plan should include the identification of potential evacuation sites to which clients might be moved in the event of an emergency, with assurance that the evacuation site will be able to accommodate the health and safety needs of the clients.
- Names and phone numbers of all client case managers and/or legal guardians. Include the
  date the case managers/legal guardians were notified of the evacuation and relocation.