

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-061	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/23/2018
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NAME OF PROVIDER OR SUPPLIER NEW DAY NEW BEGINNING	STREET ADDRESS, CITY, STATE, ZIP CODE 616 ATLANTIC AVENUE ROCKY MOUNT, NC 27801
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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 and follow up survey was completed on May 23, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</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) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan 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 fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure disaster drills were completed on a quarterly basis. The findings are:</p> <p>Review on 5/22/18 of the facility's disaster drill log revealed the following:</p> <ul style="list-style-type: none"> - no disaster drills documented for 2018 - "fire/disaster - 10/31/17 - 3:50pm-4:00pm (corner of [street names]) former staff (FS) #1" - "fire/disaster - 9/5/17 - 8:30am - 9:00am (corner of [street]) FS #1" 	V 114		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> - "fire/disaster - 8/10/17 - 8am - 8:30am...Licensee & FS#1" <p>During interview on 5/23/18 client #1 - #6 reported the following for a disaster drill:</p> <ul style="list-style-type: none"> - disaster drills are practiced by going in the hallway or in a closet - clients go to the basement - staff used to tell them to get in the tub, however the facility no longer had a tub "I guess we would go to the basement" - "we have a basement but I never been in it" - ...go outside...later we haven't practiced...I don't know what I would do <p>During interview on 5/23/18 the Licensee reported:</p> <ul style="list-style-type: none"> - disaster drills are completed at the facility - the clients line up in the facility's hallway 	V 114		