

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-938	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/06/2018
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NAME OF PROVIDER OR SUPPLIER THE MORSE CLINIC OF NORTH RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 3209 GRESHAM LAKE ROAD, SUITE 113 RALEIGH, NC 27615
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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 survey was completed on June 6, 2018. There was a deficiency cited.</p> <p>The facility was serving 169 clients.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.</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 interviews the facility failed to conduct disaster drills at least quarterly. The findings are:</p> <p>Review on 6/5/18 of the facility's disaster drills record revealed: -There were disaster drills conducted in 2017. -There were no disaster drills conducted in 2018.</p>	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> <p>Interview on 6/6/18 with random clients revealed: -They were not aware of fire or disaster drills being conducted at the facility. -They were not at the facility during fire or disaster drills.</p> <p>Interview on 6/6/18 with the Program Director revealed: -She started working at the facility in February 2018. -The facility operated on first shift. -On average there were about 15 clients in attendance during other drills. -She confirmed there were no disaster drills conducted in 2018.</p>	V 114		