

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL025-221	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/07/2018
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NAME OF PROVIDER OR SUPPLIER BLESSED HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1025 PLYMOUTH DRIVE NEW BERN, NC 28562
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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>A complaint and follow up survey was completed on June 7, 2018. The complaint was substantiated. (#NC00139162 & #NC00139664) Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10ANCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</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 have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 06/07/18 of the facility records of drills conducted for November 2017 through June 2018 revealed: Fire Drills:</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> <ul style="list-style-type: none"> - November 1, 2017 at 7:45 am (first shift) - November 3, 2017 at 4:30 pm (second shift) - November 6, 2017 at 6:30 am (third shift) - No fire drills documented for December 2017. - No fire drills documented for January 2018. - February 9, 2018 at 7 am (first shift) - February 16, 2018 at 5 pm (second shift) - February 23, 2018 at 6:02 am (third shift) - March 2, 2018 at 6:04 am (third shift) - March 15, 2018 at 5:43 pm (second shift) - April 6, 2018 at 12:15 am (third shift) - April 24, 2018 at 7:30 am (first shift) - April 25, 2018 at 4:30 pm (second shift) <p>No fire drills documented for May 2018.</p> <p>Disaster Drills:</p> <ul style="list-style-type: none"> - November 14, 2017 at 4 pm (second shift) - November 27, 2017 at 6:30 am (third shift) <p>No Disaster drills documented for December 2017.</p> <p>No Disaster drills documented for January 2018.</p> <p>No Disaster drills documented for February 2018.</p> <ul style="list-style-type: none"> - March 24, 2018 at 4:02 pm (second shift) - April 1, 2018 at 5:30 pm (second shift) <p>No Disaster drills documented for May 2018.</p> <ul style="list-style-type: none"> - No documentation of disaster drills conducted for each shift and each quarter at the facility. <p>Interview on 06/07/18 the Licensee stated:</p> <ul style="list-style-type: none"> - The facility had three shifts during the weekdays and 12 hour shifts on the weekends. - Monday - Friday 6:30 am - 8:30 am (first shift); 3:30 pm - 7:30 pm (second shift); 7:30 pm - 6:30 am (third shift). - She would ensure fire and disaster drills were completed as required. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		

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