

Division of Health Service Regulation

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|--------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------|
| 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 |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

| (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 |
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| 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 | <p>DHSR - Mental Health</p> <p>JUN 20 2018</p> <p>Lic. & Cert. Section</p> | |
| 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 | <p><i>Policy in place to conduct quarterly disaster drills Program Director with assistance of Morse Clinic Security Director will schedule disaster drills for remainder of 2018. Implementation of existing Policy. Monthly review of all safety drills + procedure will be completed and documented by the Program Director w/ the assistance of the Security Director the monitoring</i></p> | |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bellie Alexander Avery Program Director

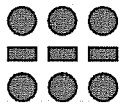
TITLE

(X6) DATE

6-18-2018

Division of Health Service Regulation

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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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| V 114 | <p>Continued From page 1</p> <p>Interview on 6/6/18 with random clients revealed:</p> <ul style="list-style-type: none"> -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>Interview on 6/6/18 with the Program Director revealed:</p> <ul style="list-style-type: none"> -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. | V 114 | <p>will assist in the prevention of the problem occurring again!</p> <p>Client Orientation is completed at least twice monthly. The process of fire drills and disaster drills will be added to the curriculum for clients. This will be completed by June 26th.</p> | |



Morse Clinic of North Raleigh

Your Recovery Starts Today

Morse Clinic of North Raleigh
3209 Gresham Lake Rd Suite 113
Raleigh, NC 27615

DHSR - Mental Health

JUN 20 2018

Lic. & Cert. Section

June 18, 2018

Dear Bryson Brown,

Please find the statement of deficiencies with the plan of corrections for Morse Clinic of North Raleigh MHL092-938. If you have any further questions, please contact me at 919-9775993

Sincerely yours,

Billie Alexander Avery

Program Director

Morse Clinic of North Raleigh

3209 Gresham Lake Rd. Suite 113

Raleigh, NC 27615