

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-412</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/03/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BAART COMMUNITY HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>800 NORTH MANGUM STREET, SUITE 300 &amp; 400 DURHAM, NC 27701</b>
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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><b>INITIAL COMMENTS</b></p> <p>A follow up survey was completed on 10/3/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3600 Outpatient Opioid Treatment, 10A NCAC 27G . 4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G . 4500 Substance Abuse Comprehensive Outpatient Treatment Program</p> <p>The client census was 448 at the time of the survey.</p>	{V 000}		
{V 114}	<p><b>27G .0207 Emergency Plans and Supplies</b></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 reviews and interview, the facility failed to conduct disaster drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are:</p>	{V 114}		

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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>Record review on 10/3/18 of the facility's fire drill log revealed the following: -9/30/18- no specific shift -8/7/18- no specific shift</p> <p>Record review on 10/3/18 of the facility's disaster drill log revealed the following: -No documentation of disaster drills.</p> <p>Interview with the Clinic Director on 10/3/18 revealed: -She thought staff were doing the fire and disaster drills. -She thought staff just recently did a drill related to the hurricane. -She confirmed staff failed to conduct fire and disaster drills under conditions that simulate emergencies.</p>	{V 114}		