PRINTED: 12/05/2018 FORM APPROVED

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` , | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | | | | |
|---|---|---|---------------------|--|--------------------------------------|--------------|--|--|--|--|
| | | MHL098-148 | B. WING | | F 12/0 | R 14/2018 | | | | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1315 COLONIAL AVENUE | | | | | | | | | | |
| BAILEY'S RESPITE CARE #2 WILSON, NC 27896 | | | | | | | | | | |
| (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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY) | CTION SHOULD BE O THE APPROPRIATE | | | | | |
| V 000 | INITIAL COMMENTS | | V 000 | | | | | | | |
| | | w up survey was completed 18. A deficiency was cited. | | | | | | | | |
| | category: 10A NCA | sed for the following service AC 27G .5600C, Supervised h Developmental Disabilities. | | | | | | | | |
| V 114 | 27G .0207 Emerge | ncy Plans and Supplies | V 114 | | | | | | | |
| | AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved be authority. (b) The plan shall be and evacuation pro- posted in the facility (c) Fire and disaste shall be held at leas repeated for each s under conditions the | n for each facility and plan shall be developed and by the appropriate local e made available to all staff cedures and routes shall be of the developed and routes shall be of the developed and routes shall be of the developed and routes shall be hift. Drills shall be conducted at simulate fire emergencies. | | | | | | | | |
| | facility failed to ensu | et as evidenced by: views and interviews, the ure fire and disaster drills were rly and repeated on each shift. | | | | | | | | |
| | stated the facility ha (Monday - Friday) 1 2nd shift 4:00 pm - | 12/4/18 the House Manager ad three shifts during the week st shift 8:00 am - 4:00 pm, 11:00 pm, and 3rd shift 11:00 e were two 12 hour shifts on | | | | | | | | |

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

(X6) DATE TITLE

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Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
|---|---|--|---|---|-------------------------------|--------------------------|--|
| | | | 7. BOILBING. | | F | 2 | |
| | | MHL098-148 | B. WING | | | 4/2018 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, STATE, ZIP CODE | | | | |
| BAILEY'S | S RESPITE CARE #2 | 1315 COL WILSON, I | ONIAL AVEN NC 27896 | NUE | | | |
| (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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY) | D BE | (X5) COMPLETE DATE | |
| V 114 | Continued From page 1 | | V 114 | | | | |
| | the weekends (Saturday - Sunday), 8:00 am - 8:00 pm and 8:00 pm - 8:00 am. | | | | | | |
| | Review on 12/4/18 of the facility's fire and disaster drill reports for January 2018 - November 2018 revealed: - No documented disaster drill for weekday 2nd or 3rd shift for the second quarter (April - June) 2018. - No documented fire or disaster drill for the weekday 2nd shift for the third quarter (July - September) 2018. - No documented fire or disaster drill for the weekend 8:00 pm - 8:00 am shift for the second quarter (April - June) 2018. - No documented fire or disaster drills for the weekend 8:00 pm - 8:00 pm or the 8:00 pm - 8:00 am shifts for the first quarter (January - March), and third quarter (July - September) 2018. During interview on 12/4/18 the Director/Owner | | | | | | |
| | the established shif schedule had been She would ensure s completion of fire a | stitutes a re-cited deficiency | | | | | |
| | | | | | | | |

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CKX511 If continuation sheet 2 of 2