

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL098-148</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>12/04/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BAILEY'S RESPITE CARE #2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1315 COLONIAL AVENUE WILSON, NC 27896</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
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V 000	INITIAL COMMENTS  An annual and follow up survey was completed on December 4, 2018. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.	V 000		
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use.  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift. The findings are:  During interview on 12/4/18 the House Manager stated the facility had three shifts during the week (Monday - Friday) 1st shift 8:00 am - 4:00 pm, 2nd shift 4:00 pm - 11:00 pm, and 3rd shift 11:00 pm - 8:00 am. There were two 12 hour shifts on	V 114	<p style="text-align: right; color: blue;">DHSR - Mental Health</p> <p style="text-align: center; color: red;">DEC 17 2018</p> <p style="text-align: center; color: blue;">Lic. &amp; Cert. Section</p> <p>HOUSE MANAGER WILL CREATE A NOTEBOOK WITH TABS SEPARATING MONTHS. HOUSE MANAGER WILL PRE-POPULATE THE FORMS LISTING WHICH DISASTER &amp; FIRE DRILL WILL BE COMPLETED ON WHICH SHIFT. HOUSE MANAGER WILL INFORM STAFF WHEN THEY ARE TO DO DRILL.</p> <p>THERE WILL DRILLS <sup>WILL BE</sup> DONE ON 8a-4p 4p-12a 12a-8a 8a-8p 8p-8a.</p> <p>ON A MONTHLY SCHEDULE HOUSE SUPERVISOR WILL CONFIRM THIS IS BEING CORRECTLY</p> <p>QP WILL ALSO CHECK ON A MONTHLY SCHEDULE THIS IS CORRECT</p>	12/28/18

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

TITLE

(X6) DATE

*April Bailey/Butcher*

CEO

12/11/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL098-148</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/04/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>BAILEY'S RESPITE CARE #2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1315 COLONIAL AVENUE WILSON, NC 27896</b>		
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V 114	<p>Continued From page 1</p> <p>the weekends (Saturday - Sunday), 8:00 am - 8:00 pm and 8:00 pm - 8:00 am.</p> <p>Review on 12/4/18 of the facility's fire and disaster drill reports for January 2018 - November 2018 revealed:</p> <ul style="list-style-type: none"> <li>- No documented disaster drill for weekday 2nd or 3rd shift for the second quarter (April - June) 2018.</li> <li>- No documented fire or disaster drill for the weekday 2nd shift for the third quarter (July - September) 2018.</li> <li>- No documented fire or disaster drill for the weekend 8:00 pm - 8:00 am shift for the second quarter (April - June) 2018.</li> <li>- No documented fire or disaster drills for the weekend 8:00 am - 8:00 pm or the 8:00 pm - 8:00 am shifts for the first quarter (January - March), and third quarter (July - September) 2018.</li> </ul> <p>During interview on 12/4/18 the Director/Owner stated sometimes staff worked hours other than the established shifts. A fire and disaster drill schedule had been developed for staff to follow. She would ensure staff were re-trained regarding completion of fire and disaster drills.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		