

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-414</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/11/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BREAK OUT, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>412 PINELAND AVENUE DURHAM, NC 27704</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>An annual survey was completed on January 11, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></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 under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are:</p> <p>Record review on 1/11/19 of the facility's disaster drill log revealed the following: -12/18/18-2nd shift -10//16/18-1st shift</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"> <li>-11/18/18-2nd shift</li> <li>-9/15/18-2nd shift</li> <li>-8/12/18-2nd shift</li> <li>-7/15/18-1st shift</li> <li>-6/15/18-2nd shift</li> <li>-5/15/18-1st shift</li> <li>-4/16/18-1st shift</li> <li>-3/15/18-2nd shift</li> <li>-2/15/18-1st shift</li> </ul> <p>-There were no disaster drills completed during 3rd shift for the 1st, 2nd, 3rd and 4th quarters of 2018.</p> <p>Interview with client #1 on 1/10/19 revealed:</p> <ul style="list-style-type: none"> <li>-Staff did disaster drills with them.</li> <li>-He was not sure how often staff were conducting the disaster drills.</li> </ul> <p>Interview with the Licensee on 1/10/19 and 1/11/19 revealed:</p> <ul style="list-style-type: none"> <li>-Group home staff worked three separate shifts.</li> <li>-The staff who worked 3rd shift was responsible for ensuring the fire and disaster drills were conducted.</li> <li>-She did not realize 3rd shift staff were not conducting the disaster drills.</li> <li>-She confirmed staff failed to conduct disaster drills under conditions that simulate emergencies.</li> </ul>	V 114		