

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL091-103</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/28/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>RECOVERY RESPONSE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 PARKVIEW DRIVE WEST HENDERSON, NC 27536</b>		
(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	INITIAL COMMENTS  An annual and follow up survey was completed on 2/28/19. A deficiency was cited.  This facility is licensed for the following service categories: 10A NCAC 27G .3100 Non-hospital Medical Detoxification and 10A NCAC 27G .5000 Facility Crisis Services for all Disability Groups.	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 review and interview, the facility failed to conduct fire and disaster drills quarterly on each shift. The findings are:  Review on 2/28/19 of the facilities fire and disaster drills revealed no drills were conducted between 7/1/18 and 9/30/18 (3rd quarter).  During an interview on 2/28/19, the Director	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>reported:</p> <ul style="list-style-type: none"> <li>- they did fire and disaster drills quarterly based on the following schedule:</li> <li>- 1st - 7:00am - 7:30pm</li> <li>- 2nd - 7:00pm - 7:30am</li> <li>- clients were generally in residence for 7 days; an exception for longer stays was made if needed</li> <li>- looked for additional drills not filed but was not able to locate any more.</li> </ul> <p>During interviews on 2/28/19, 3 of 3 clients interviewed reported they had been at this facility more than one time over the years and had all been there 7 days. They had all participated in fire and disaster drills. None had participated in any drills in the last 7 days.</p>	V 114		