

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/15/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WARREN STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 200 WARREN STREET WARRENTON, NC 27589
--	---

(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 October 15, 2019. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000	<i>In order to comply with 10A NCAC 27G .0207 the following will take place:</i>	
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 ensure fire and disaster drills were conducted at least quarterly and be repeated for each shift. The findings are: During an interview on 10/14/19, the Director of Mental Health Services reported that the three time shifts used for drills were: - 1st: 8:00am - 3:00pm - 2nd: 3:00pm - 10:00pm	V 114	<i>The Director of Mental Health Services will meet with group home staff defining and clarifying what constitutes 1st, 2nd and 3rd shifts for fire and disaster drills. She will continue to address this issue and review the drill logs during ongoing supervision to ensure all drills are conducted as required.</i>	<i>12/14/19</i>

DHSR-Mental Health

OCT 29 2019

Lic. & Cert. Section

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

Jeane Harrison

TITLE

Executive Director

(X6) DATE

10/24/19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/15/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WARREN STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 200 WARREN STREET WARRENTON, NC 27589
--	---

(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 114	<p>Continued From page 1</p> <p>- 3rd: 10:00pm - 8:00am</p> <p>Review on 10/14/19 of the fire and disaster drill reports revealed:</p> <ul style="list-style-type: none"> - the fire drill on: <ul style="list-style-type: none"> - 5/25/19 was listed as a second shift drill but was timed at 7:33am - 6/28/19 was listed as a third shift drill but was timed at 7:33 with no am or pm shown - 7/25/19 was listed as a first shift drill but was timed at 6:40 with no am or pm shown - the disaster drill on <ul style="list-style-type: none"> - 5/25/19 was listed as a second shift drill but was timed at 7:40am - 6/28/19 was listed as a third shift drill but was timed at 7:40 with no am or pm shown - 5/25/19 was listed as a first shift drill but was timed at 7:33 with no am or pm shown - 9/14/19 was listed as a third shift drill but was timed at 10:00am <p>During an interview on 10/15/19, the Lead Staff reported that the three time shifts used for drills were:</p> <ul style="list-style-type: none"> - 1st: 6:30am - 8:00pm - 2nd: 3:30pm - 7:00pm - 3rd: 7:30pm - 8:00pm <p>She also reported the times staff actually worked were different from these times.</p> <p>During an interview on 10/15/19, staff #1 reported that the three time shifts used for drills were:</p> <ul style="list-style-type: none"> - 1st: 7:00am - 3:00pm - 2nd: 3:00pm - 11:00pm - 3rd: 11:00pm - 7:00am <p>Due to conflicting and confusing reports of what constituted 1st, 2nd and 3rd shifts for fire and disaster drills the surveyor was unable to determine whether drills were conducted as</p>	V 114		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 10/15/2019
NAME OF PROVIDER OR SUPPLIER WARREN STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 200 WARREN STREET WARRENTON, NC 27589		
(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 114	Continued From page 2 required. The review of additional drills listed for these shifts suggest that the rule was not in compliance	V 114		