

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL025-215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/05/2019
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NAME OF PROVIDER OR SUPPLIER START RESPITE HOME - EASTERN REGION	STREET ADDRESS, CITY, STATE, ZIP CODE 605 PINE TREE DRIVE NEW BERN, NC 28562
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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>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on November 5, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5100, Community Respite Services for Individuals of All Disability Groups.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</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 reviews and interview the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>Review on 11/5/19 of the facility's fire and disaster drill records revealed: - No documented fire drill held on the 2nd shift for the third quarter (July - September) 2019, or on</p>	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>the 3rd shift for the second quarter (April - June) 2019.</p> <ul style="list-style-type: none"> - No documented disaster drill held on 2nd shift for the fourth quarter (October - December) 2018, or on the 3rd shift for the second quarter (April - June) 2019, or third quarter (July - September) 2019. <p>During interview on 11/5/19 the Resource Center Director stated:</p> <ul style="list-style-type: none"> - Shift start times were staggered amongst staff. - 1st shift 6:30 am - 2:30 pm. - 2nd shift 2:00 pm - 10:00 pm. - 3rd shift 10:00 pm - 6:00 am. - The fire and disaster drills were "a little disorganized." - He did not see documentation for the drills listed above. - He understood the requirement for fire and disaster drills to be held quarterly across all shifts. - He would set a schedule for drills to be held. 	V 114		