

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL025-215</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R 11/05/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>START RESPITE HOME - EASTERN REGION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>605 PINE TREE DRIVE NEW BERN, NC 28562</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 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	<p>During the annual survey completed on 11-5-19, it was found that Fire Drill documentation was not located for 2<sup>nd</sup> shift during the third quarter (July-Sept.) 2019 or for 3<sup>rd</sup> shift during the second quarter (April-September).</p> <p>It was also found that disaster drill documentation was not located for 2<sup>nd</sup> shift for the fourth quarter (October - December) 2018, or for 3<sup>rd</sup> shift for the second quarter (April - June) 2019, or third quarter (July - September) 2019.</p> <p>On 11-11-19, a Fire &amp; Disaster Drill schedule was developed to be effective immediately. This schedule will ensure that fire and disaster drills will be completed for each shift every quarter: 1<sup>st</sup> shift will complete fire and disaster drills on the first month of each quarter; 2<sup>nd</sup> shift will complete both drills on the second month of each quarter and 3<sup>rd</sup> shift will complete both drills on the 3<sup>rd</sup> month of each quarter.</p> <p>RHA has a written policy regarding fire and disaster drill training and monthly drills.</p> <p>This Fire &amp; Disaster Drill schedule will be reviewed with and training will be provided for Resource Center staff at the next scheduled NC START East Resource Center staff meeting, 11-21-19. The NC START East Resource Center Director will monitor to ensure the policy and schedule is being followed, at least monthly.</p>	

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**DHSR-MH Licensure Sect**

V 114

27G .0207 Emergency Plans and Supplies

V 114

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 interview the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:

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

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Steve J. Tuzo*      *NC START East Resource Center Director*      *11-19-19*

STATE FORM

8889

JV8J11

If continuation sheet 1 of 2

PRINTED: 11/06/2019  
FORM APPROVED

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER  <b>START RESPITE HOME - EASTERN REGION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>605 PINE TREE DRIVE</b> <b>NEW BERN, NC 28562</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

<p>V 114</p>	<p>Continued From page 1</p> <p>the 3rd shift for the second quarter (April - June) 2019.</p> <ul style="list-style-type: none"> <li>- 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.</li> </ul> <p>During interview on 11/5/19 the Resource Center Director stated:</p> <ul style="list-style-type: none"> <li>- Shift start times were staggered amongst staff.</li> <li>- 1st shift 6:30 am - 2:30 pm.</li> <li>- 2nd shift 2:00 pm - 10:00 pm.</li> <li>- 3rd shift 10:00 pm - 6:00 am.</li> <li>- The fire and disaster drills were "a little disorganized."</li> <li>- He did not see documentation for the drills listed above.</li> <li>- He understood the requirement for fire and disaster drills to be held quarterly across all shifts.</li> <li>- He would set a schedule for drills to be held.</li> </ul>	<p>V 114</p>		
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November 18, 2019

Ms. Connie Anderson  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section  
2718 Mail Service Center, Raleigh, NC 27699-2718

Re: Annual and Follow Up Survey completed 11/05/19  
Start Respite Home-Eastern Region, 605 Pine Tree Drive, New Bern, NC 28560  
MHL # 025-215  
E-mail Address: lwolfe@rhanet.org; stuzo@rhanet.org

Dear Ms. Anderson,

Enclosed is the Plan of Correction for the deficiencies cited during the Annual Survey completed on November 5, 2019 at the START Respite Home-Eastern Region. Corrective action has begun and will be completed by the specified date on the attached Plan of Correction. Also, we have taken remedial action to prevent re-occurrence of the deficiency.

Thank you and your team for the recommendations and courtesies extended to our staff during the survey. Should you have any questions concerning the Plan of Correction, please do not hesitate to contact me at (252) 571-0013; stuzo@rhanet.org or you can contact Mr. Chip Callahan at (252) 638-9091 or john.callahan@rhanet.org.

Sincerely,

*Steven Tuzo*

Steven Tuzo  
Resource Center Supervisor, NC START East

*Chip Callahan*

Chip Callahan  
Eastern Regional Director, NC START

Enclosure: Plan of Correction