

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-510	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2021
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NAME OF PROVIDER OR SUPPLIER NEW BEGINNING	STREET ADDRESS, CITY, STATE, ZIP CODE 2303 NC 55 HIGHWAY DURHAM, NC 27707
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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 complaint survey was completed on September 10, 2021. The complaint was substantiated (Intake #NC00178640). Deficiencies was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</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 review and interview, the facility failed to assure fire and disaster drills were conducted at least quarterly on each shift. The findings are:</p> <p>During record review on 9/9/21 revealed: - no documentation of fire and disaster drills being conducted on atleast a quarterly basis.</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>During an interview on 9/9/21 client #1 stated - they conducted fire and diseaster; however; he confirmed they were not conducted atleast quarterly. He was able to explain the difERENCE between both drills.</p> <p>During an interview on 9/9/21 client #2 stated - they did not conducted fire and diseaster drills quarterly.</p> <p>During interview on 9/9/21 the Facility Administrator stated: - they were not conducting disaster drills on a quarterly basis on each shift.</p>	V 114		