

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 03/22/2022
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on March 22, 2022. 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> <p>The facility is licensed for 4 beds and currently has a census of 1. The survey sample consisted of audits of 1 current client.</p>	V 000	<p>The Resource Center Director and Lead Counselor will schedule fire and disaster drills and notify the program director when they have been completed. In addition to notifying the Program Director, the Resource Center Director / Lead Counselor will upload the completed forms to the sharedrive as well as file them at the Resource Center. The Program Director will verify this is completed each quarter.</p> <p>DHSR - Mental Health</p>	
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 have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE APR 13 2022	(X6) DATE
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V 114	<p>Continued From page 1</p> <p>Review on 03/22/22 of facility records for 2021 revealed:</p> <ul style="list-style-type: none"> - No 3rd shift fire drills for the 3rd and 4th quarter of 2021. - No disaster drills documented for 1st, 2nd and 3rd shift for the 3rd quarter of 2021. - No disaster drills documented for 2nd and 3rd shift for the 4th quarter of 2021. <p>Interview on 03/22/22 the Lead Counselor stated:</p> <ul style="list-style-type: none"> - The facility had three shifts. - 1st shift 7am to 3pm. - 2nd shift 3pm to 11pm. - 3rd shift 11pm to 7am. - She understood fire and disaster drills should be completed on each shift quarterly. <p>Interview on 03/22/22 the Qualified Professional (QP) stated:</p> <ul style="list-style-type: none"> - The previous director had left and she was unable to locate some of the drills. - She understood fire and disaster drills should be completed on each shift quarterly. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		