

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/23/2023
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NAME OF PROVIDER OR SUPPLIER PORT HEALTH SERVICES - GREENVILLE DET	STREET ADDRESS, CITY, STATE, ZIP CODE 203 GOVERNMENT CIRCLE GREENVILLE, NC 27834
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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 January 23, 2023. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of All Disability Groups.</p> <p>This facility is licensed for 10 and currently has a census of 8. The survey sample consisted of audits of 3 current clients.</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 ensure disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>Review on 01/23/23 of facility records for 2022</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>revealed:</p> <ul style="list-style-type: none"> - No disaster drills documented for 1st shift, 2nd shift and 3rd shift during the first quarter of 2022. <p>Interview on 01/20/23 and 01/23/23 the Program manager stated:</p> <ul style="list-style-type: none"> - The facility had 3 shifts. - 1st shift 8am to 4pm. - 2nd shift 4pm to 12 midnight. - 3rd shift 12 midnight to 8am. - She began employment at the facility in March 2022. - She was not able to locate the disaster drills for the first quarter of 2022. - She made sure fire and disaster drills were conducted quarterly and repeated on each shift. 	V 114		