

Division of Health Service Regulation

|  |   |   |   |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL032-578</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>11/08/2023</b> |
|--|---|---|---|

|  |  |
|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>NC START CENTRAL RESPITE HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3817 CHEEK ROAD</b><br><b>DURHAM, NC 27704</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 |
|--------------------|---|---------------|---|--------------------|
| V 000              | <p><b>INITIAL COMMENTS</b></p> <p>An annual and follow-up survey was completed on November 8, 2023. 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 (Residential)</p> <p>The facility is licensed for 4 and currently has a census of 2.</p> <p>The survey sample consisted of audits of 2 current clients.</p>   | V 000         |   |                    |
| V 114              | <p><b>27G .0207 Emergency Plans and Supplies</b></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:<br/>Based on record review and interview the facility failed to conduct fire and disaster drills on each shift at least quarterly. The findings are:</p> | V 114         |   |                    |

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

|  |   |   |   |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL032-578</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>11/08/2023</b> |
|--|---|---|---|

|  |  |
|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>NC START CENTRAL RESPITE HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3817 CHEEK ROAD</b><br><b>DURHAM, NC 27704</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 |
|--------------------|--|---------------|---|--------------------|
| V 114              | <p>Continued From page 1</p> <p>Review on 11/8/23 of the facility's fire and disaster drills record revealed:<br/>-There were no fire and disaster records to review.<br/>-The record was not made available.<br/>-There were no fire and disaster drills conducted on each shift at least quarterly.</p> <p>Interview on 11/8/23 with the Program Director revealed:<br/>-The facility was without a resource center director since February 2023 and the new director started 2 months ago.<br/>-She would work on a schedule for fire and disaster drills to be conducted on each shift at least quarterly.</p> | V 114         |   |                    |