

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-414	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2024
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NAME OF PROVIDER OR SUPPLIER BREAK OUT, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 412 PINELAND AVENUE DURHAM, NC 27704
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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 survey was completed on July 17, 2024. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>The facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p style="text-align: center;">RECEIVED JUL 22 2024 DHSR-MH Licensure Sect</p>	
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans 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 the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p>	V 114		<p><i>Facility Staff was retrained on 07/18/24 to complete disaster drills every quarter on every shift. Owner + OP will monitor Drill logs quarterly to ensure drills are taking place on all 3 shifts. Staff signed acknowledgement of requirement to complete quarterly disaster drills on all shifts</i></p>

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Shivella Water

TITLE

Owner

(X6) DATE

07/18/2024

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V 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to conduct disaster drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 7/5/24 of the facility's disaster drills logbook revealed: -There were no disaster drills for the 1st shift for the 2nd quarter of 2024. -There were no disaster drills for the 1st and 2nd shift for the 1st quarter of 2024. -There were no disaster drills for the 1st and 3rd shift for the 4th quarter of 2023.</p> <p>Interview on 7/17/24 with the Owner revealed: -She was not aware that all needed disaster drills had been performed by the facility staff. -She acknowledged the facility staff did not complete disaster drills as they were supposed to do. -Facility staff will be retrained in order to conduct all required drills for each shift.</p>	V 114		