

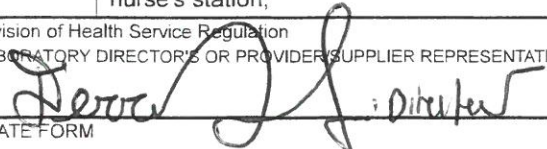
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL014-089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/25/2018
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NAME OF PROVIDER OR SUPPLIER FOOTHILLS REGIONAL TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2415 MORGANTON BOULEVARD, SUITE 200 LENOIR, NC 28645
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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>A complaint survey was completed on April 25, 2018. The complaints were substantiated (Intake #NC 136211 and Intake #NC 136731). A deficiency was cited. For confidentiality purposes and to protect the identities of staff, some identifiers and specific interview dates have been omitted. All interviews were conducted between 4/18/18 and 4/25/18.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3100 Nonhospital Medical Detoxification for Individuals Who Are Substance Abusers 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of All Disability Groups</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to be maintained in a safe and orderly manner. The findings are:</p> <p>Observations on 4/18/18 between 4:30PM and 6:00PM and on 4/19/18 between 9:30AM and 6:00PM revealed: - There were 3 bathrooms on the crisis/detox unit; - Bathroom #1 was located across from the nurse's station;</p>	V 736	<p>A. RHA has installed shower mats in bathroom 2 and 3 as recommended by DHSR. However, bathroom 1 remains unused at this moment due to inability to close the bathroom door with industrial mat on the floor surface. These mats will be rotated to prevent mildew and cleaned routinely.</p> <p>B. RHA will refrain from leaving towels on the floor surface and utilize squeegee option to prevent fall risk from soiled towels.</p> <p>The proposed resolution should serve as a permanent resolution. The facility director, nurse manager, and business manger will monitor for compliance as stated above. Monitoring will take place Mon-Friday by administrative support staff as listed and nursing staff for weekend and over night assessment.</p>	<p>Mats ordered and installed</p> <p>Squeegee & Caution sign Ordered 5/16/18</p>

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



TITLE

5/16/18

(X6) DATE

MAY 17 2018

Lic. & Cert. Section

Division of Health Service Regulation

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V 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> - Bathroom #2 and Bathroom #3 were located beside the nurse's station and were side by side; - The Program Director (PD) turned on Bathroom #1's shower which sprayed water across the floor and out into the hallway; - The shower curtain was a partial barrier but had not prevented the water from spraying and running across both floors; - Bathroom #2 and Bathroom #3 had piles of towels on the floors which had been placed to absorb water visible outside each shower; - The tile floors in all three bathrooms had a rough surface, but the tile floors in the hallways were smooth and shiny; - A DHSR Construction Section Team Leader (CSTL) was notified and arrived onsite on 4/19/18; - The CSTL made observations and comments regarding the facility's showers; - He planned to follow up with specific findings and recommendations via an email to Mental Health Licensure and Certification Section. <p>Review on 4/18/18 of an area MCO (Managed Care Organization) form dated 4/2/18 and titled, "Report of Findings" revealed:</p> <ul style="list-style-type: none"> - "Contract Performance Specialists (CPS)" had conducted an unannounced visit to the facility on 3/1/18 to investigate an allegation of "inadequate member safety;" - The investigation resulted in an "Area of Potential Findings Substantiated" related to water flowing from one shower into the hallway; - Towels had been placed on the floors outside the showers in the other two bathrooms for water absorption; - The MCO had required a "Plan of Correction (POC)" as the facility had not tried to fix the issue of water standing on the floor. 	V 736	<p>RHA Director met with Clark, Patterson , & Lee (CPL) engineering firm who designed the facility to determine permanent resolution. Scope of work recommended by CPL is noted below:</p> <p>A.CPL recommends installing trench drains within each shower/bathroom to catch any water that evades the existing floor drains.</p> <p>B. The trench drains will run linear across the thresholds to ensure that water isn't able to run towards the corridor doors.</p> <p>C.Scope of work will include minor floor demolition in order to tie-in the new floor drain, as well as replacing existing floor tile once drain tie in is complete. This will be completed one room at a time.</p> <p>D.CPL will speak with all sub-contractors providing quotes on the above scope in order to confirm there is a consensus agreement on the proposed scope.</p> <p>E .Additonally, a lower flow (gallon per minute) shower head is recommended to help with the velocity of water within each shower.</p>	
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V 736	<p>Continued From page 2</p> <p>Review on 4/20/18 of an email dated 4/20/18 from the DHSR-CSTL regarding his onsite visit on 4/19/18 revealed:</p> <ul style="list-style-type: none"> - The surface of the corridor floor outside Bathroom #1 was not designed to be wet; - The corridor floor was a slip/fall hazard when wet; - The facility's plan to not use Bathroom #1's shower was a good plan; - If forced to use the shower, the facility should continuously squeegee water toward the drain or use something to dam water from going into the corridor; - The facility could put out hazard signs and if water got into the corridor the water could be immediately mopped up; - The floors of all 3 bathrooms were designed to get wet and did not pose a slip/fall hazard; - The facility could get two bath mats for each bathroom but water would still need to be removed from the floor to prevent mildew and algae growth; - A complete plan of correction was needed even though the facility had implemented protection measures. <p>Interview of Client #3 on 4/19/18 revealed:</p> <ul style="list-style-type: none"> - She had taken showers since she was admitted; - The water would go out onto the floor but towels had been put down; - One time the water had soaked her clothes. <p>Interview of Client #4 on 4/19/18 revealed:</p> <ul style="list-style-type: none"> - Client #4 had not seen water from the showers go out into the hallway; - Water had come out of the shower past the curtain. <p>Interviews with facility staff from 4/18/18 through 4/25/18 revealed:</p>	V 736		
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V 736	<p>Continued From page 3</p> <ul style="list-style-type: none"> - Shower #1 had been closed almost since the facility had opened one year ago; - Shower #1 had always leaked out into the bathroom floor and into the hallway; - Water leaked out of all three of the showers, but Shower #1 was the only one which leaked water into the hallway; - Towels were used in the bathroom floors to catch the water; - Towels in the floor were always a fall risk for the clients in the facility; - Several clients had fallen, but there had not been any injuries, so far. <p>Interviews with the PD from 4/18/18 through 4/25/18 revealed:</p> <ul style="list-style-type: none"> - Shower #1 had not been used since the facility opened one year ago; - He had made multiple attempts to contact the building architect, contractor and tile installer regarding the leaking showers; - There was ongoing contacts with the aforementioned professionals, but the problem had not been resolved; - He and the staff had implemented measures to try and ensure client safety; - The PD acknowledged the safety risks of water and towels on the bathroom floors including Bathroom #1 which would leak into the hallway, if used. 	V 736		