STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
A. BOILDING.					
	MHL011-415	B. WING		08/0	8/2018
VIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ASHEVILLE		· · · · · · · · · · · · · · · · · · ·			
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETE DATE
IITIAL COMMENT	ΓS	V 000			
ompleted on 8/8/1 nsubstantiated (In	8. The complaint was take # NC140091).				
ategory: 10A NCA	C 27G .1100 Partial				
7G .0202 (F-I) Per	rsonnel Requirements	V 108			
10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.					
TO THE CARDINATION OF THE CONTROL OF	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L ITTIAL COMMENT In annual and compounded on 8/8/1 Insubstantiated (Interception of the substantiated (Intercept	MHL011-415 WIDER OR SUPPLIER ASHEVILLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INTIAL COMMENTS In annual and complaint up survey was propleted on 8/8/18. The complaint was insubstantiated (Intake # NC140091). efficiencies were cited. In facility is licensed for the following service ategory: 10A NCAC 27G .1100 Partial pospitalization Program. AN CAC 27G .0202 PERSONNEL EQUIREMENTS Continuing education shall be documented. EQUIREMENTS Continuing education shall be documented. EQUIREMENTS Continuing education shall be documented. Training on client rights and confidentiality as elineated in 10A NCAC 27C, 27D, 27E, 27F and DA NCAC 26B; Training to meet the mh/dd/sa needs of the lent as specified in the treatment/habilitation an; and Training in infectious diseases and condown pathogens. Except as permitted under 10a NCAC 27G 602(b) of this Subchapter, at least one staff ember shall be available in the facility at all nes when a client is present. That staff ember shall be trained in basic first aid cluding seizure management, currently trained provide cardiopulmonary resuscitation and ained in the Heimlich maneuver or other first aid chniques such as those provided by Red Cross, e American Heart Association or their	MHL011-415 MHL011-415 MHL011-415 STREET ADDRESS, CITY, S 119 TUNNEL ROAD, S ASHEVILLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) IN annual and complaint up survey was completed on 8/8/18. The complaint was consubstantiated (Intake # NC140091). efficiencies were cited. Inis facility is licensed for the following service attegory: 10A NCAC 27G .1100 Partial cospitalization Program. IN ANCAC 27G .0202 PERSONNEL EQUIREMENTS Continuing education shall be documented. Employee training programs shall be ovided and, at a minimum, shall consist of the llowing: I general organizational orientation; I training on client rights and confidentiality as elineated in 10A NCAC 27C, 27D, 27E, 27F and DA NCAC 26B; I training to meet the mh/dd/sa needs of the lent as specified in the treatment/habilitation an; and I training in infectious diseases and coodborne pathogens. Except as permitted under 10a NCAC 27G 602(b) of this Subchapter, at least one staff ember shall be available in the facility at all mes when a client is present. That staff ember shall be trained in basic first aid cluding seizure management, currently trained provide cardiopulmonary resuscitation and ained in the Heimlich maneuver or other first aid chiques such as those provided by Red Cross, e American Heart Association or their quivalence for relieving airway obstruction. The governing body shall develop and	MHL011-415 MHL011-415 MHL011-415 MHL011-415 MHL011-415 MHL011-415 MHL011-415 MHL011-415 MHL011-415 STREET ADDRESS, CITY, STATE, ZIP CODE 119 TUNNEL ROAD, SUITE G ASHEVILLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ITIAL COMMENTS n annual and complaint up survey was simpleted on 8/8/18. The complaint was substantiated (Intake # NC140091). eficiencies were cited. nis facility is licensed for the following service tegory: 10A NCAC 27G, 1100 Partial ospitalization Program. PG .0202 (F-I) Personnel Requirements OA NCAC 27G .0202 PERSONNEL EQUIREMENTS Continuing education shall be documented.) O general organizational orientation; I training on client rights and confidentiality as elineated in 10A NCAC 27C, 27D, 27E, 27F and NA NCAC 26B; I) training to meet the mh/dd/sa needs of the ent as specified in the treatment/habilitation an; and I) training in infectious diseases and oodborne pathogens. Except as permitted under 10a NCAC 27G 602(b) of this Subchapter, at least one staff ember shall be available in the facility at all ness when a client is present. That staff ember shall be trained in basic first aid cluding seizure management, currently trained provide cardiopulmonary resuscitation and ained in the Heimlich maneuver or other first aid chinques such as those provided by Red Cross, e American Heart Association or their pulvalence for relieving airway obstruction.	MHL011-115 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 119 TUNNEL ROAD, SUITE G ASHEVILLE, NC 28805 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PILL, REGULATORY OR ISC IDENTIFYING INFORMATION) ITITIAL COMMENTS ITITIAL COMMENTS In annual and complaint up survey was simpleted on 8/8/18. The complaint was insubstantiated (Intake # NC140091). efficiencies were cited. Inis facility is licensed for the following service integory: 10A NCAC 27G, 1100 Partial ospitalization Program. IG. 0202 (F-I) Personnel Requirements OA NCAC 27G .0202 PERSONNEL EQUIREMENTS Continuing education shall be documented. () Employee training programs shall be ovided and, at a minimum, shall consist of the llowing: () general organizational orientation; () training to inclient rights and confidentiality as slineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 28B; () training to meet the mh/dd/sa needs of the ent as specified in the treatment/habilitation and; and) training in infectious diseases and oodborne pathogens. () Except as permitted under 10a NCAC 27G 602(b) of this Subchapter, at least one staff ember shall be trained in basic first aid cluding seizure management, currently trained provide cardiopulmonary resuscitation and ained in the Heimlich maneuver or other first aid cluding seizure management, currently trained provide cardiopulmonary resuscitation and ained in the Heimlich maneuver or other first aid cluding seizure management, currently trained provide cardiopulmonary resuscitation and ained in the Heimlich maneuver or other first aid chinques such as those provided by Red Cross, e American Heart Association or their The governing body shall develop and

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

TITLE (X6) DATE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.			
		MHL011-415	B. WING		08/0	8/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
TAPEST	RY-ASHEVILLE		EL ROAD, S LE, NC 2880			
040.15	CLIMMAN DV CTA				ON	0/5
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 108	Continued From pa	ge 1	V 108			
		ting and controlling infectious diseases of personnel and				
	facility failed to prove mh/sa/dd needs of their treatment plan one staff was availatrained in First Aid f (Behavioral Health findings are: Record review on 8 -Date of Hire was 1 -No documentation recordNo documentation	view and interviews, the vide training to meet the each client as specified in as and failed to ensure at least able at all times who was for 1 of 3 current sampled staff Technician (BHT)#1). The				
	-She had complete program, NCI and t interviewing. She h	with BHT #1 revealed: d on line trainings for the raining in motivational nad not had training in Eating ic trainings in mental health				
	Director revealed: -She arranged for s Training which inclu	with the Human Resources staff to take Basic Life Support uded CPR. e BLS did not also include First				

Division of Health Service Regulation STATE FORM

6899 MY3B11 If continuation sheet 2 of 5

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMBER.	A. BUILDING:		COMP	LLILD
		MHL011-415	B. WING		08/0	8/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
TAPEST	RY-ASHEVILLE		IEL ROAD, S			
	-		LE, NC 2880			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 108	Continued From pa	ige 2	V 108			
	revealed: -A comprehensive in Eating Disorders are	with Executive Director training curriculum regarding and Co-Occurring Disorders her and introduced to all staff at sister facility.				
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification		V 131			
	G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.					
	facility failed to ens substantiated findir on the North Caroli Registry (HCPR) pi	et as evidenced by: eview and interviews, the ure each staff member had no egs of abuse or neglect listed na Health Care Personnel rior to hire for 1 of 3 sampled ettor). The findings are:				
	revealed: -Date of hire- 12/1/ -HCPR review comhire date.	pleted 3/28/18, not prior to				
	Interview on 8/2/18 Director revealed:	with Human Resources				

6899

Division of Health Service Regulation STATE FORM

MY3B11 If continuation sheet 3 of 5

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
MHL011-415		B. WING		08/0	08/2018		
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	00/0	76/2016	
TAPEST	RY-ASHEVILLE		IEL ROAD, S LE, NC 2880				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 131	completed prior to I -Will clarify with sta	e that HCPR had to be	V 131				
V 173	10A NCAC 27G .11 (a) A physician shatreatment planning, decisions. This phyunless a psychiatris good cause cannot (b) Each facility sh four hours per day	all participate in diagnosis, and admission and discharge ysician shall be a psychiatrist st is unavailable or for other be obtained. all operate for a minimum of (exclusive of transportation week, excluding legal or	V 173				
	failed to include a parteatment planning, decisions. The find Record review on 8 psychiatrist reveale-Contract effective signed 9/26/17. Interview on 8/2/18 revealed: -He participated in appropriateness.	iews and interviews, the facility sychiatrist in diagnosis, and admission and discharge lings are:					

Division of Health Service Regulation

STATE FORM 6899 MY3B11 If continuation sheet 4 of 5

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 -	E CONSTRUCTION	(X3) DATE COMP	PLETED
		MHL011-415	B. WING		08/0	8/2018
NAME OF PROVIDER OR SUPPLIER TAPESTRY-ASHEVILLE STREET ADDRESS, CITY, STATE, ZIP CODE 119 TUNNEL ROAD, SUITE G ASHEVILLE, NC 28805						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 173	treatment planning-feedbackHe met with his su and would sometim issues. They did not hospitalization Prog-He did not have an as it was up to the to Interview on 8/2/18 revealed: -The Licensee cont He chose set up the provide services for -The contracted psy supervision for the -The contracted psy-She was not award psychiatrist was in c-The Licensee already	pervising psychiatrist monthly es review complex client of discuss each Partial gram (PHP) client. By involvement in discharges reatment team. With the Executive Director reacted with local psychiatrist. Be procedure for his NP to the facilities. By ychiatrist provided the	V 173			

6899

Division of Health Service Regulation STATE FORM

MY3B11 If continuation sheet 5 of 5