STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL013-140	A. BUILDING: _____ B. WING _____	11/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FACILITY BASED CRISIS OF CABARRUS	280 EXECUTIVE PARK DRIVE, SUITE 160 CONCORD, NC 28025

(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	INITIAL COMMENTS An annual and complaint survey was completed on 11/19/18. The complaint was unsubstantiated (Intake #NC143559). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of All Disability Groups.	V 000	DHSR - Mental Health DEC 07 2018 Lic. & Cert	
V 271	27G .5003 Facility Based Crisis - Operations 10A NCAC 27G .5003 OPERATIONS (a) Each facility shall have protocols and procedures for assessment, treatment, monitoring, and discharge planning for adults and for children of each disability group served in the facility. Protocols and procedures shall be approved by the area program's medical director or the medical director's designee, as well as the director of the appropriate disability unit of the area program. (b) Discharge Planning and Referral to Treatment/Rehabilitation Facility. Each facility shall complete a discharge plan for each client that summarizes the reason for admission, intervention provided, recommendations for follow-up, and referral to an outpatient or day program or residential treatment/rehabilitation facility. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure protocols and procedures for monitoring were implemented affecting 1 of 3 clients (#1). The findings are: Review on 11/15/18 of client #1's record revealed: -admission date of 11/8/18 with diagnoses of	V 271	1) Discussion w all staff 11-30-18 @ staff meeting regarding importance of ensuring MD orders are followed including eyes on monitoring of each patient q 30 minutes or, if on IVC protocol or per MD order, q 15 minutes 2) At each shift report, Nursing staff will report off any patients on 15 minute checks vs 30 minute 3) To ensure observation logs are completed correctly, PM shift nurses will review all obs logs & document on Spreadsheet	

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V 271	Continued From page 1 Depression and Cocaine Use Disorder Severe; -admission assessment dated 11/8/18 documented client #1 used cocaine daily for many years, tried to overdose last 3 days, was homeless, had been in prison for 5 years, a family member embezzled all his money, lost his girlfriend and all his possessions, has no friend or family for support, was a walk-in seeking help; -treatment plan dated 11/8/18 documented goals to achieve a safe detox, not have withdrawals for two consecutive days, develop ability to identify triggers, have improved mental health status, increase in sleep, increase in appetite, develop the ability to identify three community resources prior to discharge, and develop aftercare planning. Interview on 11/15/18 with client #1 revealed: -been battling drugs and depression; -was exploited by family members; -was at the "end of the road" when he came to this facility. Review on 11/15/18 of client #1's physicians' orders revealed the following: -a physician's order dated 11/8/18 ordered 15 minute checks on client #1; -a second physician's order dated 11/9/18 ordered 15 minute checks; -a physician's order dated 11/13/18 discontinued the 15 minute checks. Review on 11/15/18 of forms titled "Client Close Observation Log" for client #1 from 11/8/18-11/13/18 revealed the following: -forms had time broken up into 15 minute increments in military time; -staff initialed and recorded code for type of activity for client #1; -the form dated 11/10/18 had 30 minute checks	V 271	Verification of accuracy v/t time frame monitoring 4) Should discrepancy be found, corrections will be made @ that time + reported to Center Director 5) Center Director will maintain monitoring tools & review @ least weekly x 60 days 6) Spot checks will be made @ random times to continue & ongoing compliance	

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V 271	Continued From page 2 documented from 8:00(8am) to 20:30(8:30pm); -the form dated 11/11/18 had 30 minute checks documented from 12:45(12:45pm) to 23:30(11:30pm); -no 15 minute checks for client #1 was documented from 11/10/18 from 8:00-20:30; -no 15 minute checks for client #1 was documented from 12:45-23:30. Interview on 11/19/18 with the Center Director and the Operations Director revealed: -not aware of missing 15 minute checks on client #1; -will address issue.	V 271		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observations, records review and interviews, the facility failed to ensure in areas of the facility where clients were exposed to hot water, the temperature of the water was maintained between 100-116 degrees Fahrenheit. The findings are: Observations on 11/19/18 at 9:00am revealed: -hot water temperature in the female bathroom	V 752	1) Monthly checks on hot water temps will continue by Support Supervisor 12-1-18 2) New device for checking temps purchased: Infared LaserGrip 630 for greater accuracy 3) Center director will review temp logs & verify that water temps is between 100-116°F each month 4) Any discreparcies will be reported to	12-1-18

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V 752	Continued From page 3 was 122 degrees Fahrenheit in the sink and 120 degrees Fahrenheit in the shower; -hot water temperature in the male bathroom was 122 degrees Fahrenheit in the sink and 120 degrees Fahrenheit in the shower. Review on 11/15/18 of facility incident reports from 9/1/2018 to 11/15/18 revealed no client injuries as a result of the hot water. Review on 11/19/18 of the monthly facility's "Office Safety Inspection Checklist" from 8/2018-10/2018 revealed the following hot water temperature readings documented: -8/31/18 male bathroom 109 degrees, 110 degrees, female bathroom 109 degrees, 110 degrees; -9/30/18 male bathroom 109 degrees, 112 degrees, female bathroom 110 degrees, 110 degrees; -10/31/18 male bathroom 109 degrees, 109 degrees, female bathroom 110 degrees, 112 degrees. Interview on 11/19/18 with staff #4 revealed: -responsible for doing hot water checks monthly; -records the hot water temperatures on the logs each month; -can show what kind of thermometer she uses. Observation on 11/19/18 at approximately 10:10am revealed staff #4 produced a meat thermometer. Interview on 11/19/18 with the Center Director and Operations Director revealed: -was not aware the meat thermometer would not be accurate; -will obtain a more accurate thermometer to use.	V 752	Maintenance staff for water temp correction	

DAYMARK
Recovery Services

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Phone: (704) 933-3212

www.daymarkrecovery.org

December 4, 2018

Dear Ms. McLain,

Enclosed please find the plan of correction regarding the audit completed on November 19, 2018, at Facility Based Crisis of Cabarrus.

Please feel free to contact me with any questions you may have on these topics.

Respectfully,

Sharon Wilcox

Sharon Wilcox, RN, BS, BSN
FBC Operations Director
Daymark Recovery Services
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