

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601300</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/10/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ANUVIA PREVENTION AND RECOVERY CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>429 BILLINGSLEY ROAD CHARLOTTE, NC 28211</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 12/10/18. A deficiency was cited.</p> <p>The facility is licensed for the following service categories: 10A NCAC 27G .3100 Non-hospital Medical Detoxification for Individuals who are Substance Abusers, 10A NCAC 27G .3200 Outpatient Detoxification for Substance Abusers, and 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders.</p>	V 000		
V 108	<p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> <li>(1) general organizational orientation;</li> <li>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</li> <li>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</li> <li>(4) training in infectious diseases and bloodborne pathogens.</li> </ol> <p>(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</p>	V 108		

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

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V 108	<p>Continued From page 1</p> <p>equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure staff completed trainings to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan for 1 of 5 staff(the LPN/Licensed Practical Nurse). The findings are:</p> <p>Review on 11/27/18 of personnel records revealed: -the LPN was hired on 6/27/18; -no documentation of completed trainings in Substance Abuse and Mental Health/Co-Occurring Disorders.</p> <p>Interview on 11/26/18 with the LPN revealed: -been on her job since 6/26/18; -worked in past substance abuse treatment facilities; -pass medications, communicate with the Nurse Practitioner, work with the Physician when he is on site, assist with admissions; -not had trainings in specific Substance Abuse and Mental Health here, had at previous substance abuse facility.</p> <p>Interview on 11/27/18 with Human Resources revealed: -LPN not had trainings in Substance Abuse and</p>	V 108		

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V 108	Continued From page 2  Mental Health; -not set up as her curriculum through the Relias on-line trainings required; -LPN had experience in these areas in prior jobs; -did not bring her past training certificates with her; -will ensure LPN completes training.	V 108		