

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 03/04/2019
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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>An annual and follow-up survey was completed on March 4, 2019. A deficiency was cited.</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 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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 fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to hold disaster drills on each shift at least quarterly. The findings are:</p> <p>Review on 3/4/19 of fire and disaster drills for April 2018 through December 2018 revealed:</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <p>-No documentation of disaster drills having been conducted at all during the 3rd and 4th quarters of 2018.</p> <p>Interview on 3/4/19 with the Nurse Manager who was responsible for safety compliance revealed:</p> <ul style="list-style-type: none"> -The facility operated two 12 hour shifts every day of the week. -There was miscommunication regarding how often disaster drills should be conducted. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		