Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED MHL076-083 11/13/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **842 EAST PRITCHARD STREET** ALCOHOL AND DRUG SERVICES-WALKER CE ASHEBORO, NC 27203 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on 11/13/19. Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders, 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Program V 108 27G .0202 (F-I) Personnel Requirements V 108 Counselor #1 is scheduled to attend CPR and First Aid training on 10A NCAC 27G .0202 PERSONNEL December 5th, 2019. REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be Moving forward, supervisor's will provided and, at a minimum, shall consist of the be responsible for ensuring that following: new employees who are not (1) general organizational orientation; certified in CPR/First Aid are (2) training on client rights and confidentiality as scheduled to attend training prior delineated in 10A NCAC 27C, 27D, 27E, 27F and to providing services without other 10A NCAC 26B: certified staff on site. (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.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 11/13/2019 MHL076-083 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 842 EAST PRITCHARD STREET ALCOHOL AND DRUG SERVICES-WALKER CE ASHEBORO, NC 27203 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 108 Continued From page 1 V 108 (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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff had training in Cardiopulmonary Resuscitation and First Aid for one of two audited staff (Counselor #1). The findings are: Review on 11/13/19 of the facility's personnel files -Counselor #1 had a hire date of 7/8/19. - Counselor #1 was hired as a Behavioral Health Counselor. -There was no documentation of training in Cardiopulmonary Resuscitation and First Aid for Counselor #1. Interview on 11/13/19 with the Quality & Compliance Director revealed: -Counselor #1 did work alone with clients. -Counselor #1 told her she had Cardiopulmonary Resuscitation and First Aid with another agency. -Counselor #1 told her the Cardiopulmonary Resuscitation and First Aid expired about two -She confirmed there was no documentation of training in Cardiopulmonary Resuscitation and First Aid for Counselor #1.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL076-083 B. WING 11/13/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 842 EAST PRITCHARD STREET ALCOHOL AND DRUG SERVICES-WALKER CE ASHEBORO, NC 27203 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 736 Continued From page 2 V 736 V 736 27G .0303(c) Facility and Grounds Maintenance V 736 The damage to the wall in Bathroom #2 has been repaired. 10A NCAC 27G .0303 LOCATION AND **EXTERIOR REQUIREMENTS** Moving forward, the Facilities Manager (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly will identify any areas of the facility manner and shall be kept free from offensive that are not maintained in a safe, clean, odor. attractive and orderly manner during his semi-annual inspections and arrange for repairs in a timely manner. In addition, staff are responsible for This Rule is not met as evidenced by: notifying the Facilities Manager of any Based on observation and interviews, the facility areas they may identify that are not failed to ensure facility grounds were maintained maintained in a safe, clean, attractive in a safe, clean, attractive and orderly manner. and orderly manner. The findings are: Observation on 11/13/19 at approximately 11:10 AM of the facility revealed the following issues: -Bathroom #2 (Women's)-There was a crack in the wall approximately six feet long. There was a putty like substance around the crack and four pieces of duct tape over the crack on the wall. Interview on 11/13/19 with the Clinical Support Specialist revealed: -The wall in the Women's bathroom was damaged a couple of years ago. -A cleaning company was cleaning the bathroom when the damage to the wall occurred. -The cleaning company was using a machine and the machine hit the wall causing the damage. -He confirmed the facility was not maintained in a safe, clean, attractive and orderly manner. Interview on 11/13/19 with the Quality & Compliance Director revealed: -She did not realize there was wall damage in the Women's bathroom.

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A, BUILDING: \_\_ B. WING 11/13/2019 MHL076-083 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **842 EAST PRITCHARD STREET** ALCOHOL AND DRUG SERVICES-WALKER CE ASHEBORO, NC 27203 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 736 Continued From page 3 V 736 -A Managed Care Organization owns the building and should be responsible for maintenance of the building. -She confirmed the facility was not maintained in a safe, clean, attractive and orderly manner.

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