

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL075-005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/20/2019
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NAME OF PROVIDER OR SUPPLIER PAVILLON INTERNATIONAL	STREET ADDRESS, CITY, STATE, ZIP CODE 241 PAVILLON PLACE MILL SPRING, NC 28756
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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 12/20/19. A deficiency was cited.</p> <p>This 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 .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of All Disability Groups</p>	V 000	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">JAN 23 2020</p> <p style="text-align: center;">Lic. & Cert. Section</p>	
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(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</p>	V 114		

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

Tara Hamlin

Digitally signed by Tara Hamlin
DN: cn=Tara Hamlin, o=Pavillon International, email=tarah@pavillon.org, c=US
Date: 2020.01.17 17:04:48 -05'00'

TITLE

*Quality Manager and
Safety Officer*

(X6) DATE

1/17/2020

STATE FORM

6899

TGC811

If continuation sheet 1 of 2

Division of Health Service Regulation

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V 114	<p>Continued From page 1</p> <p>facility failed to hold fire and disaster drills on each shift at least quarterly. The findings are:</p> <p>Review on 12/19/19 of fire and disaster drills from November 2018 - October 2019 revealed: -No documentation of fire drills having been conducted during: --2nd or 3rd shifts from February 2019 through April 2019. --2nd or 3rd shifts from May 2019 through July 2019. --1st or 3rd shifts from August 2019 through October 2019.</p> <p>Interview on 12/20/19 with the Quality Assurance Director revealed: -Began responsibility for fire/disaster drills in January when facilities manager left. -"We've really struggled with drills this year." -"We will get this fixed."</p> <p>This deficiency constitutes a recite deficiency and must be corrected within 30 days.</p>	V 114	<p>The Quality Manager will conduct a fire drill on each shift by the end of January 2020.</p> <p>The Quality Manager will conduct monthly fire drills on the following schedule: January 2020: 1st Shift February 2020: 2nd Shift March 2020: 3rd Shift April 2020: 1st Shift May 2020: 2nd Shift June 2020: 3rd Shift July 2020: 1st Shift August 2020: 2nd Shift September 2020: 3rd Shift October 2020: 1st Shift November 2020: 2nd Shift December 2020: 3rd Shift</p> <p>The Quality Manager will report the drills and findings (if any) to the Continuous Quality Improvement Committee on a quarterly basis for review and analysis.</p>	