

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL078-276</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/20/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TANGLEWOOD ARBOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>207 WEST 29TH STREET</b> <b>LUMBERTON, NC 28358</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, complaint and follow up survey was completed on May 20, 2021. The complaint was unsubstantiated (intake #NC00177009). A deficiency was cited.</p> <p>This facility is licensed for the following services categories: 10A NCAC 27G .3100 Nonhospital Medical Detoxification for Individuals who are Substance Abusers and 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of all Disability Groups.</p>	V 000		
V 220	<p><b>27G .3103 Nonhospital Med. Detox. - Operations</b></p> <p><b>10A NCAC 27G .3103 OPERATIONS</b></p> <p>(a) Monitoring Clients. Each facility shall have a written policy that requires:</p> <p>(1) procedures for monitoring each client's general condition and vital signs during at least the first 72 hours of the detoxification process; and</p> <p>(2) procedures for monitoring and recording each client's pulse rate, blood pressure and temperature at least every four hours for the first 24 hours and at least three times daily thereafter.</p> <p>(b) Discharge Planning And Referral To Treatment/Rehabilitation Facility. Before discharging the client, the facility shall complete a discharge plan for each client and refer each client who has completed detoxification to an outpatient or residential treatment/rehabilitation facility.</p> <p>This Rule is not met as evidenced by:</p>	V 220		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 220	<p>Continued From page 1</p> <p>Based on record reviews and interviews, the facility failed to monitor and record the pulse rate, blood pressure and temperature at least every four hours for the first 24 hours and at least three times daily thereafter affecting one of three current clients (#4). The findings are:</p> <p>Review on 5/19/21 and 5/20/21 of client #4's record revealed: -30 year old male. -Admission date 5/15/21. -Diagnoses of Opioid Use Disorder Severe, Cannabis Use Disorder Severe, Cocaine Use Disorder Moderate, Tobacco Use Disorder Moderate, Unspecified Insomnia Disorder and Adjustment Disorder with mixed Anxiety and Depressed Mood.</p> <p>Review on 5/19/21 of physician's service orders for client #4 dated 05/15/21 revealed: -Non-Hospital Medical Detox (Detoxification)</p> <p>Review on 5/19/21 of client #4 electronic vital sign records dates and times revealed: -5/15/21 at 2:18am, 7am and 7:30pm. -5/16/21 at 7am and 7pm. -5/17/21 at 7am and 7pm. -5/18/21 at 7am and 7pm. -5/19/21 at 7am.</p> <p>Interview on 5/19/21 Registered Nurse (RN) #4 stated: -Vital signs were completed every shift (7am and 7pm). -Clinical Opiate Withdrawal Scale (COWS) vitals were completed at 7am and 7pm. -Patient specific and standing orders for alcohol detox vital signs were completed every 4 hours for the 1st 24 hours.</p>	V 220		

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V 220	<p>Continued From page 2</p> <p>Interview on 5/20/21 RN #10 stated: -Vital signs were completed every shift (7am and 7pm) unless the patient is Clinical Institute Withdrawal Assessment (CIWA) then vitals were based on CIWA schedule. -For an alcohol client vital signs were completed every 4 hours for the 1st 24 hours then every 8 hours for 24 hours then every shift (7am and 7pm). -She could request or check vitals more frequently if needed.</p> <p>Interview on 5/19/21 and 5/20/21 the Program Director stated: -Vital signs were completed at admission, 7am and 7pm. -For opioid detox clients vital signs were completed 2 times daily (7am and 7pm). -For Alcohol detox clients vital signs were completed every 4 hours for the 1st 24 hours and every 6 while awake or until the physician's discharge order. -She understood vital signs were not completed as required for detox patients. -She would ensure vital signs were completed and documented as required. -When asked if there was additional information to present or comments to make, no additional was provided by Program Director during the exit meeting.</p>	V 220		