Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 05/20/2021 MHL078-276 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 207 WEST 29TH STREET TANGLEWOOD ARBOR LUMBERTON, NC 28358 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS Tanglewood will update the Non-Hospital Medical Detox (NHMD) policy An annual, complaint and follow up survey was to reflect that all vitals signs for detox completed on May 20, 2021. The complaint was clients will be monitored and unsubstantiated (intake #NC00177009). A documented every 4 hours for the first deficiency was cited. 24 hours and then at least three times daily for duration of admission by June This facility is licensed for the following services 30, 2021. categories: 10A NCAC 27G .3100 Nonhospital Medical Detoxification for Individuals who are Substance Abusers and 10A NCAC 27G .5000 Program Director will complete an in-Facility Based Crisis Service for Individuals of all service on the new policy for all current Disability Groups. staff by July 15, 2021. V 220 V 220 27G .3103 Nonhospital Med. Detox. - Operations Program Director, designee or educational department will provide 10A NCAC 27G .3103 **OPERATIONS** vital sign training to all newly hired staff (a) Monitoring Clients. Each facility shall have a at Tanglewood. written policy that requires: procedures for monitoring each client's general condition and vital signs during at least To ensure vital signs are monitored and the first 72 hours of the detoxification process; documented according to NHMD vital and sign policy, Program Director will procedures for monitoring and (2)monitor at least 4 charts monthly until recording each client's pulse rate, blood pressure 100% accuracy for 3 consecutive and temperature at least every four hours for the months are obtained. first 24 hours and at least three times daily thereafter. (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 DHSR - Mental Health client who has completed detoxification to an outpatient or residential treatment/rehabilitation JUN 0 9 2021 facility. Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

TITLE

(X6) DATE

STATE FORM

STATE FORM

Compliance Specialist

COLO 3 2031

If continuation sheet 1 of 3

This Rule is not met as evidenced by:

FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: __ 05/20/2021 MHL078-276 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 207 WEST 29TH STREET TANGLEWOOD ARBOR LUMBERTON, NC 28358 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 220 V 220 Continued From page 1 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: 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 Intentionally Left Blank Moderate, Unspecified Insomnia Disorder and Adjustment Disorder with mixed Anxiety and Depressed Mood. Review on 5/19/21 of physician's service orders for client #4 dated 05/15/21 revealed: -Non-Hospital Medical Detox (Detoxification) Review on 5/19/2 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. 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

for the 1st 24 hours.

were completed at 7am and 7pm.

-Patient specific and standing orders for alcohol detox vital signs were completed every 4 hours

ZOZG11

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL078-276 05/20/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 207 WEST 29TH STREET **TANGLEWOOD ARBOR** LUMBERTON, NC 28358 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 220 V 220 Continued From page 2 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. Interview on 5/19/21 and 5/20/21 the Program Director stated: Intentionally Left Blank -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.

ZOZG11





June 3, 2021

Tareva Jones, Facility Compliance Consulant I Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

RE: Tanglewood Arbor – Annual/Complaint/Follow-Up – 5/20/2021

Hello,

Please find enclosed the Plan of Correction for deficiencies cited during the survey referenced above.

If you need additional information or have any questions, please contact me directly at the number below.

Sincerely, Louis Christash Rr

Louise Winstead, RN

Compliance Specialist – Plan of Corrections

louise.winstead@monarchnc.org

252-289-6512

