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: R B. WING MHL001-016 06/08/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 136 HALL AVENUE HALL AVENUE FACILITY **BURLINGTON, NC 27215** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual, complaint and follow up survey was completed on June 8, 2021. The complaint was substantiated (intake #NC00176466). Deficiencies were cited. 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 and 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency. V 114 27G .0207 Emergency Plans and Supplies V 114 In order to correct the deficient 8/7/21 practice, all residential staff will 10A NCAC 27G .0207 EMERGENCY PLANS receive specialized training AND SUPPLIES surrounding fire and disaster drills (a) A written fire plan for each facility and and exhibit their ability to complete area-wide disaster plan shall be developed and them as required. shall be approved by the appropriate local In order to prevent the deficient (b) The plan shall be made available to all staff practice from recurring, residential and evacuation procedures and routes shall be staff will integrate fire and disaster posted in the facility. drills into the residential schedule (c) Fire and disaster drills in a 24-hour facility to satisfy the requirement of one shall be held at least quarterly and shall be drill completed on each shift repeated for each shift. Drills shall be conducted per quarter. under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies Completion of fire and disaster accessible for use. drills will be monitored by the Hall Avenue Manager on a monthly basis. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies. The

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

Executive Director

(X6) DATE

6-16-21

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shifts.

shifts.

shifts.

During the 3rd quarter of 2020 there were no disaster drills conducted for 1st, 2nd and 3rd

During the 2nd quarter of 2020 there were no disaster drills conducted for 1st, 2nd and 3rd

Interview with client #2 on 6/3/21 revealed: -He lived at the facility since July 2020.

-Staff conducted fire and disaster drills with them. -He thought they did fire drills once or twice. -He thought the drills were done quarterly.

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(2)

and withdraw money;

regulate the receipt and distribution of

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revealed:

Review of facility records on 6/1/21 and 6/3/21

financial agreements are made with each client of Hall Avenue. (2) Fees are collected based on

-A policy for program fees/fee payments-Procedures included (1) Upon admission,

PRINTED: 06/11/2021 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 MHL001-016 06/08/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 136 HALL AVENUE HALL AVENUE FACILITY **BURLINGTON, NC 27215** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 542 Continued From page 4 V 542 each client's agreement to pay. A three-part receipt is written. The client receives the original, the second copy accompanies the collection to the Accountant and the third copy stays in the receipt book. The Facility Manager posts clients' accounts from the permanent receipts left in the receipt book, (3) Collections are deposited and a copy of the deposit is kept in the deposit book in the Accountant's office. (4) A monthly bank statement is received and reconciled by the Accountant ..." -The "Financial Agreement" signed by each client upon admission had the following: "30% of Salary/Income to be paid while in treatment, I understand upon receiving employment/disability/unemployment income I will be responsible for paying RTSA (Residential Treatment Services of Alamance) 30% of my salary." -A receipt for client #2 dated 3/17/21-The Counselor had deducted \$420.00 from client #2's stimulus check. Interview with client #2 on 6/3/21 revealed: -He lived at that facility since July 2020. -When he was admitted he was told the facility would take a 30% service fee. -He was required to give 30% to the facility whenever he got paid or got any other money. -He was told the 30% covers expenses

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checks.

revealed:

associated with the facility.

-He did get stimulus money, he got the \$600 and \$1400, he gave the facility 30% of those stimulus

-At admission clients are informed they must pay

Interview with the Clinical Director on 6/1/21

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funds.

around \$420.

from any of the clients.

stimulus check this year, she thought it was

-They did not collect any stimulus money last year

-She confirmed the facility failed to keep clients' personal funds separate from any operating

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