

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2021
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NAME OF PROVIDER OR SUPPLIER THE VILLAGE II	STREET ADDRESS, CITY, STATE, ZIP CODE 3354/3362 FRONT GATE DRIVE (VARIOUS SUITES) GREENVILLE, NC 27834
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on October 13, 2021. The complaint was unsubstantiated (intake #NC00181893). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .4100 Residential Recovery Program for Individuals with Substance Abuse and their Children.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. 	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to develop and implement goals and strategies to address needs of 1 of 3 audited clients (Former Client #12). The findings are:</p> <p>Review on 10/12/21 of the North Carolina Incident Reporting Improvement System reports from the Licensee July - October 2021 revealed:</p> <ul style="list-style-type: none"> - Level II report dated 10/01/21 for Former Client #12 (FC #12) included documentation of a grease fire that started when FC #12 left oil unattended on the stovetop. - FC #12 and her child were moved into a different apartment and she was "not allowed to have cooking oil in her apartment." <p>Review on 10/12/21 of FC #12's record revealed:</p> <ul style="list-style-type: none"> - 28 year old admitted 5/24/21 and discharged 10/04/21. - Diagnoses included Opioid Use Disorder, severe and Cocaine Use Disorder, uncomplicated, moderate/severe. - "Incident and Complaint Report" dated 6/08/21 included ". . . grease fire; coached consumer about fire safety; consumer threw salt on grease instead of using fire extinguisher; apt. smoky, but no damage; child and consumer removed from apartment. . . ." - "Incident and Complaint Report" dated 10/03/21 included documentation that FC #12 burned food while cooking on the stovetop; FC #12 was instructed by staff to no longer use stove, to use only the microwave to prepare food; no injuries or 	V 112		

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V 112	<p>Continued From page 2</p> <p>damage was noted; ". . . consumer minimized her actions and did not appear receptive to the coaching; D/C (Discharge) plans in place." - "Program Violation Documentation" dated 10/03/21 included "Consumer burned food on top stove; caused fire alarm to sound briefly; staff observed apartment to be smoky; consumer has been instructed she is no longer allowed to cook on stove; only allowed to use microwave . . . [FC #12's] comments: It was a stainless steel pot not a nonstick pot so therefor it burned the pot and rice." - Person Centered Plan dated 5/04/21 did not include a goal or strategies to address kitchen safety or cooking safety.</p> <p>During interview on 10/13/21 the Facility Manager stated: - One of her responsibilities was to make sure the apartments were maintained and kept clean. - It was facility protocol to do "eyes on" checks of the clients approximately every 30 minutes. - She would sometimes check on the clients more often if they seemed to be having a bad day. - FC #12's monitoring checks were increased after the incident of 6/18/21. - She went to FC #12's apartment to "make sure she was cooking correctly and to see if she needed any help." - FC #12 was instructed to "not cook with grease and not to use the stove, but to use the microwave as much as possible." - The Fire Department responded to the facility when the fire occurred on 10/01/21. - FC #12 was moved to a different apartment on 10/01/21 due to the smoke damage and debris left by the fire extinguisher.</p> <p>During interview on 10/12/21 the Clinical Counselor #2 stated:</p>	V 112		

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V 112	<p>Continued From page 3</p> <ul style="list-style-type: none"> - She developed the person centered plans in conjunction with the clients' and other team members. - She was working at the time of the fire on 10/01/21. - FC #12 "didn't get it" and "didn't seem like she was monitoring the stove . . . it was a total disconnect . . ." - She had a "very short discussion" with FC #12; "she was not easy to talk to, I was focused on getting her and kids out of the apartment." - FC #12 "minimized the issues" and the danger to her children - She told FC #12 not to use the stove, she could use the microwave in the office. - The frequency of FC #12's monitoring checks was increased as a result of the fire. - Staff made a point to go into FC #12's apartment and paid attention to what she was cooking and where she was; staff made extra effort to re-iterate safety and told FC #12 to stay in the kitchen when she was cooking. <p>During interview on 10/13/21 the Program Director stated:</p> <ul style="list-style-type: none"> - FC #12 had multiple house rule infractions while she was at the facility. - FC #12 did not seem to understand seriousness of safety violations. - FC #12 got angry and decided to leave the program prior to her planned discharge date. 	V 112		
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</p>	V 114		

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V 114	<p>Continued From page 4</p> <p>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 reviews and interviews the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>Review on 10/13/21 of the facility's fire and disaster drill documentation November 2020 - October 2021 revealed:</p> <ul style="list-style-type: none"> - No second or third shift fire drill documented for the third quarter (July - September) 2021. - No third shift disaster drill documented for the third quarter (July - September) 2021. - No second shift fire or disaster drill documented for the second quarter (April - June) 2021. - No third shift fire or disaster drill documented for the first quarter (January - March) 2021. <p>During interviews on 10/12/21 and 10/13/21 the Program Director stated:</p> <ul style="list-style-type: none"> - The facility ran three shifts: <ul style="list-style-type: none"> - Monday thru Friday: first shift 7:30 am - 4:30 pm; second shift 4:00 pm - 12:00 midnight; third shift 12:00 midnight - 8:00 am. - Saturday and Sunday: first shift 8:00 am - 4:00 pm; second shift 4:00 pm - 12:00 midnight; 	V 114		

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V 114	Continued From page 5 third shift 12:00 midnight - 8:00 am. - The Facility Manager was responsible for conducting the fire and disaster drills for all shifts. - She understood the requirement for fire and disaster drills to be held quarterly and across all shifts and would ensure drills were completed as required.	V 114		