Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		MHL065-026	B. WING		10/3	28/2021		
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE				
WII MINO	WILMINGTON TREATMENT CENTER 1524 HARBOUR DRIVE							
	WILMINGTON, NC 28401							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE		
V 000	INITIAL COMMENT	-S	V 000					
	An annual survey w Deficiencies were c	ras completed on 10/28/2021. ited.						
	categories: 10A NO Abuse Intensive Ou	sed for the following service CAC 27G .4400 Substance atpatient Program and 10A Outpatient Detoxification for						
V 108	27G .0202 (F-I) Per	sonnel Requirements	V 108					
	(g) Employee training provided and, at a refollowing: (1) general organiz (2) training on clier delineated in 10A N 10A NCAC 26B; (3) training to meet client as specified in plan; and (4) training in infect bloodborne pathogo (h) Except as permious 5602(b) of this Submember shall be avoid times when a client member shall be traincluding seizure more to provide cardioput trained in the Heimle techniques such as the American Heart equivalence for reliation of the state of the same training in the governing by the governing by the same training in the governing by the govern	cation shall be documented. Ing programs shall be minimum, shall consist of the rational orientation; It rights and confidentiality as CAC 27C, 27D, 27E, 27F and It the mh/dd/sa needs of the In the treatment/habilitation						

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL065-026	B. WING		10/	28/2021
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  ### STREET ADDRESS, CITY, STATE, ZIP CODE  ### 1524 HARBOUR DRIVE  ### WILMINGTON, NC 28401						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 108	reporting, investiga and communicable clients.	ting and controlling infection diseases of personnel and	V 108			
	failed to ensure sta aid (FA) techniques the American Heart equivalence for 1 o	et as evidenced by: eview and interview, the faci ff were currently trained in f is provided by the Red Cross t Association, or their f 2 current staff and 1 of 1 udited (Counselor 1, FS #1)	rst ,			
	revealed: -Hired 6/28/93No documentation  Review of the FS # -Hired 1/8/18Termination date 1	of first aid training.  1's personnel file revealed:  0/16/21. of first aid training.				
	Director stated the resuscitation) instru- life support) course in addition for staff  Interview on 10/26/ -She worked Monday-SAIOP (Substance Program) group me Monday, Tuesday,	21 the Human Resources CPR (cardiopulmonary actor provided the BLS (base and would provide FA train that needed FA.  21 the Clinical Director state ay through Friday 8 am - 5 per Abuse Intensive Outpatien et from 6 pm - 9 pm on Thursday, and Friday. The office manager would be	ed: om. t			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
DENTI IONI GONALGIIGN		A. BUILDING:		33 22.123			
	MHL065-026		B. WING		10/28/2021		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
WILMING	STON TREATMENT C	FNIFR	BOUR DRIV				
(V4) ID	WILMINGTON, NC 28401  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	_D BE	(X5) COMPLETE DATE	
V 108	Continued From pa	ge 2	V 108				
	evening.	e when SAIOP met in the					
V 736	27G .0303(c) Facility and Grounds Maintenance		V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a saf	803 LOCATION AND IREMENTS If its grounds shall be e, clean, attractive and orderly e kept free from offensive					
	was not maintained and orderly manner and orderly manner of the second orderly manner of the second order of the second order order.  Hallway/break area Light brown circular dark gray areas insularly and been removed. Interview on 10/26/condensation from	ion and interview, the facility in a safe, clean, attractive r. The findings are:  0/26/21 between 1:50 pm and m: brown circular ceiling stains m with black areas in the a adjacent to the classroom: r ceiling stains with black and ide the stains onference room: Ceiling tile					
	me aropped ceiling	nau causeu ine sidining.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  WILMINGTON TREATMENT CENTER  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  TAG  V 752  27G .0304(b)(4) Hot Water Temperatures  10) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.  (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.  This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the temperature of the water was	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					E SURVEY MPLETED	
NAME OF PROVIDER OR SUPPLIER  WILMINGTON TREATMENT CENTER  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  TAG  V 752  752  10A NCAC 27G .0304 (b)(4) Hot Water Temperatures  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT  (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.  (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.  This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the temperature of the water was			A. BUILDING.				
SUMMARY STATEMENT OF DEFICIENCIES   ID   PROVIDER'S PLAN OF CORRECTION SHOULD BE   CROCH DEFICIENCY MUST BE PRECEDED BY FULL   REGULATORY OR LSC IDENTIFYING INFORMATION)   TAG   CROCK-REFERENCED TO THE APPROPRIATE   DATE      V 752   27G .0304(b)(4) Hot Water Temperatures   V 752     10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT   (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.   (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116   degrees Fahrenheit.    This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the temperature of the water was   Size   Appendix   A			MHL065-026	B. WING		10/2	8/2021
WILMINGTON, NC 28401  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 752  752  V 752  V 752  V 752  TOA NCAC 27G .0304(b)(4) Hot Water Temperatures  V 752  V 753  IOA NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT  (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.  (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.  This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the temperature of the water was	NAME OF	PROVIDER OR SUPPLIER					
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   DATE OF THE APPROPRIATE DEFICIENCY      V 752   27G .0304(b)(4) Hot Water Temperatures   V 752     10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4)	WILMIN	GTON TREATMENT C	FNTFR				
10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.  This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the temperature of the water was	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	ILD BE	(X5) COMPLETE DATE
maintained between 100-116 degrees Fahrenheit where clients were exposed to hot water. The findings are:  Observations on 10/26/21 between 1:50 pm and 2:00 pm revealed water temperatures in the male and female restrooms each measured 74 degrees Fahrenheit after running the water for more than 5 minutes.  Interview on 10/26/21 the Counselor stated the water typically would get "a little warmer" but it would take a very long time because of the distance from the water heater in the building.	V 752	10A NCAC 27G .03 EQUIPMENT (b) Safety: Each faconstructed and equensures the physic visitors. (4) In areas of exposed to hot wat water shall be main degrees Fahrenhei  This Rule is not mean based on observations failed to ensure the maintained betwee where clients were findings are:  Observations on 102:00 pm revealed vand female restrood degrees Fahrenheimore than 5 minutes.  Interview on 10/26/water typically would take a very local structure of the construction of the constructi	acility shall be designed, quipped in a manner that all safety of clients, staff and of the facility where clients are ter, the temperature of the national between 100-116 tt.  et as evidenced by: ion and interview the facility etemperature of the water was in 100-116 degrees Fahrenheit exposed to hot water. The counselor stated the lad get "a little warmer" but it ong time because of the	V 752	DEFICIENCY)		

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