

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
--	---	--	---

NAME OF PROVIDER OR SUPPLIER THE VILLAGE II	STREET ADDRESS, CITY, STATE, ZIP CODE 3354/3362 FRONT GATE DRIVE (VARIOUS SUITES) GREENVILLE, NC 27834
---	--

(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	INITIAL COMMENTS An annual and complaint survey was completed on October 13, 2021. The complaint was unsubstantiated (intake #NC00181893). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .4100 Residential Recovery Program for Individuals with Substance Abuse and their Children.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (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		



Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Tammy Strecker-Spate</i>	TITLE <i>Program Director</i>	(X6) DATE <i>10-20-2021</i>
---	----------------------------------	--------------------------------

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
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE VILLAGE II	STREET ADDRESS, CITY, STATE, ZIP CODE 3354/3362 FRONT GATE DRIVE (VARIOUS SUITES) GREENVILLE, NC 27834
---	--

(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 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: - 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> <p>Review on 10/12/21 of FC #12's record revealed: - 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</p>	V 112	<p><i>V112</i></p> <p><i>The assigned clinical provider of each consumer will make adjustments to identified behavior of a consumer and update the existing Person Centered plan with support of written documentation</i></p>	10-20-21

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
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE VILLAGE II	STREET ADDRESS, CITY, STATE, ZIP CODE 3354/3362 FRONT GATE DRIVE (VARIOUS SUITES) GREENVILLE, NC 27834
---	--

(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 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		

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
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE VILLAGE II	STREET ADDRESS, CITY, STATE, ZIP CODE 3364/3362 FRONT GATE DRIVE (VARIOUS SUITES) GREENVILLE, NC 27834
---	--

(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 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		

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
--	---	--	---

NAME OF PROVIDER OR SUPPLIER THE VILLAGE II	STREET ADDRESS, CITY, STATE, ZIP CODE 3354/3362 FRONT GATE DRIVE (VARIOUS SUITES) GREENVILLE, NC 27834
---	--

(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 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	<p><i>V114</i> The safety officer will ensure that fire and disaster drills are conducted quarterly and held on each shift; documentation will result in the outcome of each drill and signature of all participants will be documented; an updated fire drill procedure has been developed effective 10-18-21 handout posted on cooking safety tips will be posted in the kitchen of each consumer's apartment updated fire and safety guidelines were put in place effective 10-18-21 safety tip guidelines were put in place effective 10-21-21 safety officer will ensure safety</p>	10-18-21

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
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE VILLAGE II	STREET ADDRESS, CITY, STATE, ZIP CODE 3354/3362 FRONT GATE DRIVE (VARIOUS SUITES) GREENVILLE, NC 27834
---	--

(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 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	<i>tips are placed in every consumer's apartment</i>	10-21-21

RHCC/PCS

The Village

Person Centered Monitoring

Purpose: To ensure a plan is developed to address the needs of a consumer who is receiving services in inpatient substance abuse residential services

Procedure: Clinical Provider will ensure that each consumer will have a person-centered plan upon admission to inpatient substance abuse treatment

Clinical Provider will make adjustment to any identified changes in behavior as needed after initial plan has been established

Clinical Provider will ensure plan is in place within 30 days of admission

Tss/10-18-21

RHCC/PCS

The Village

Safety Hazard Tips for the Home

Purpose: To prevent hazardous cooking safety practices

Procedure:

1. Each resident upon admission will be provided safety tips for the home
2. Each resident will have a cooking tip hand out posted in the kitchen over each sink
3. Each resident will have safety hazard tips handout placed in their manual located in their apartment
4. Each resident will receive a session on housing safety and cooking tips
5. Residents will not be permitted to deep fry on the stove top with cooking grease.

Tss/10/18/21

RHCC/PCS**The Village**

Fire and Disaster Drills Guidelines

Purpose: To ensure that each consumer and staff is aware of what to do in the event a fire or a disaster should occur

Procedure: The safety officers of RHCC/The Village will be responsible for conducting fire and safety drills monthly during each shift with consumers and staff

Each drill will be documented on a signature roster by staff and consumers, signing the roster will indicate everyone's participation and the outcome of each drill

Fire, hurricane, and tornado drills must be conducted separately indicating the outcome of each drill

Safety officers will submit monthly drills to Director of Facility Services

Tss/10-18-21/rv

DEPARTMENT OF PUBLIC SAFETY
<https://publicsafety.tufts.edu/firesafety/cooking-safety/>

Cooking Safety

Cooking fires are the primary cause of home fires and home fire injuries. The majority of cooking equipment fires start with the ignition of common household items (i.e., wall coverings, paper or plastic bags, curtains, etc.).

Facts & Figures

According to recent statistics, 118,700 fires involved cooking equipment, with 250 deaths and 3880 injuries resulting from these fires. Kitchen fires are most often caused by:

1. Leaving cooking food unattended
2. Placing combustibles too close to the heat source.
3. Unintentionally turning on or not turning off the equipment.

The Tufts Fire Marshal wants to remind the Tufts community that cooking is the leading cause of fire injuries on college campuses. Every year, college students experience a growing number of fire related emergencies in their dorm rooms.

Safety Tips

- Never leave cooking food on the stovetop unattended and keep a close eye on food cooking inside the oven.
- Keep cooking areas clean and clear of combustibles (i.e. potholders, towels, rags, drapes and food packaging).
- Keep children and pets away from cooking areas by creating a three-foot "kid-free zone" around the stove.
- Turn pot handles inward so they can't be bumped, and children can't grab them.
- Wear short, close fitting or tightly rolled sleeves when cooking. Loose clothing can dangle onto stove burners and catch fire.
- Never use a wet oven mitt, as it presents a scald danger if the moisture in the mitt is heated.
- Always keep a potholder, oven mitt and lid handy. If a small grease fire starts in a pan, put on an oven mitt and smother the flames by carefully sliding the lid over the pan. Turn off the burner. Don't remove the lid until it is completely cool. Never pour water on a grease fire and never discharge a fire extinguisher onto a pan fire, as it can spray or shoot burning grease around the kitchen, thus spreading the fire.
- If there is an oven fire, turn off the heat and keep the door closed to prevent flames from burning you and your clothing. Call the Tufts Police and make sure to have the oven serviced before you use it again.
- If there is a microwave fire, keep the door closed and unplug the microwave. Call the Tufts Police and make sure to have the oven serviced before you use it again. Food cooked in a microwave can be dangerously hot. Remove the lids or other coverings from microwaved food carefully to prevent steam burns.
- Only approved microwave units shall be used in Tufts buildings.

Portions of this material are reprinted with permission from the [NFPA Web page](#), NFPA online, © 2008, National Fire Protection Association, Quincy, MA 02269.



FAX COVER SHEET

DATE: 10-20-2021 TIME: 5:00 A.M. P.M.

FROM: The Village / RHCC TO: NC Department of Health and Human Services

NUMBER OF PAGES (including cover sheet): 11

MESSAGE:

Corporate & Medical

Professional Counseling & Other Services

	<u>PHONE</u>		<u>FAX</u>		<u>PHONE</u>	<u>FAX</u>
Corporate	910-521-2900	HR	910-775-9161	Cambridge Place	919-989-8114	919-938-0503
		IT	910-775-9162	Crystal Lake	910-245-4339	910-245-4799
		Mgt.	910-775-9164	Grace Court	910-618-9912	910-618-0728
		Billing	910-775-9165	Men's Recovery	910-738-5545	910-738-5565
CCCHC	910-207-6440		910-207-6444	Our House	910-521-1464	910-521-1852
JTP	910-521-2816		910-521-3583	Prevention Services	910-738-2110	910-738-2988
		Nursing	910-521-2878			
LHC	910-739-1666		910-739-6822	Ryan White Program	910-738-2110	910-738-2988
		Nursing	910-739-6732			
MCCHC	910-428-9020		910-428-9022	The Village	252-752-5555	252-752-5455
MMC	910-844-5253		910-844-3290			
		Nursing	910-844-3716			
SCCHC	910-506-4682		910-506-4729			
SRMC	910-628-6711		910-628-5735			
		Nursing	910-628-8001			

ROBESON HEALTH CARE CORPORATION • THE VILLAGE

t 252-752-5555 f 252-752-5455 w www.rhcc1.com

This communication contains confidential or legally privileged information and is intended only for the use of the individual or entity named above. If you have received this communication in error, please notify us immediately by telephone collect and return the original message to us at the corporate or executive address below via the U.S. Postal Service. Thank-you.