

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-122	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PREMIER TREATMENT SPECIALISTS, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 400 BEVERLY HANKS CENTRE HENDERSONVILLE, NC 28792
---	---

(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	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on April 22, 2022. The complaints were unsubstantiated (Intake #NC00164592, NC#00166891, and #NC00174610). Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment</p> <p>This facility has a current census of 271. The survey sample consisted of audits of 10 current clients, 1 former client, and 3 deceased clients.</p>	V 000		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations and interview, the facility failed to maintain the hot water temperature to ensure the physical safety of clients. The findings are:</p> <p>Observation on 4-20-22 at 8:39 am revealed: -Men's bathroom water temperature read at 120 degrees. -Women's bathroom water temperature read at 120 degrees.</p>	V 752		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-122	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PREMIER TREATMENT SPECIALISTS, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 400 BEVERLY HANKS CENTRE HENDERSONVILLE, NC 28792
---	---

(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 752	<p>Continued From page 1</p> <p>Observation on 4-21-22 at 11:32 am revealed: -Men's bathroom water temperature read at 118 degrees. -Women's bathroom water temperature read at 118 degrees.</p> <p>Interview on 4-21-22 with the Program Director revealed: -Was unsure why the hot water was that hot. -She would get the hot water checked.</p>	V 752		