

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2022
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NAME OF PROVIDER OR SUPPLIER JACKSON SPRINGS TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 778 HOFFMAN ROAD WEST END, NC 27376
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(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
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V 000	<p>INITIAL COMMENTS</p> <p>A follow-up survey was completed on July 18, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 PRTF- Psychiatric Treatment Facility for Children and Adolescents.</p> <p>This facility is licensed for 12 and currently has a census of 11. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner. The findings are:</p> <p>Observation on 7/18/22 at approximately 1:50 pm of the facility revealed: -Only suites 1 and 3 were being used. Suite 2 continued to be in process or renovation. -Suite 1: -Bathroom--Walls were dirty/stained. Paint was peeling off and there was writings on them. Sink counter had panel broken off. There was writing</p>	V 736	<p style="text-align: center;">RECEIVED AUG 03 2022 DHSR-MH Licensure Sect</p>	

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

TITLE

(X6) DATE

Michael J McNeil

DIRECTOR OF Operations

7/21/2022

STATE FORM

6899

IK5R11

If continuation sheet 1 of 3

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<p>V 736</p>	<p>Continued From page 1</p> <p>and paint peeling off from the door. There was mold/mildew inside the shower on the ceiling and on the grout on the floor.</p> <p>-Reflection Room--Door had paint peeling off. Lights did not work. Window was covered by plywood.</p> <p>-Room #1--There was writing on the walls. There was unfinished repaired patch on the wall needing to be repainted. No entrance door. -Common Area--Paint on walls was peeling off. Large section of paint peeled off on corner of wall.</p> <p>-Room #2--There was writing on the walls. No entrance door</p> <p>-Room #3--Walls needed to be painted. There was writing on the walls. Window covered by plywood. Air conditioning vent was missing from the ceiling. No entrance door</p> <p>-Room #4--Air conditioning vents were missing from the ceiling. There was writing on the walls. Mica from window ledge was peeled off. No entrance door.</p> <p>-Suite 3:</p> <p>-Entrance door to suite 3 was stained and dirty on one side and unpainted on the other.</p> <p>-Reflection room--Paint was peeling on the door. Plywood was covering the window,</p> <p>-Bathroom- Air conditioning vent from the ceiling was hanging lose. One of the stalls was missing its door. There were sticky residues on the outside of the walls from the toilet stalls. Only two out of the four sinks were working. There were stains on top of the sink counter. There were unfinished repaired patched up work inside one of the toilet stalls. Only one shower was working. There was mold/mildew on the floor tiles inside the shower. There was a large hole inside the shower exposing unfinished drywall and wood. -</p> <p>Room #3--Air conditioning vents from the ceiling were missing.</p>	<p>V 736</p>	<p>Staff will clean all areas of the building three times a day and document what was cleaned, also staff member must sign off that the task was completed and what time.</p> <p>Painters will be scheduled to paint throughout the facility. A daily inspection form will be completed each shift to keep up with needed repairs. This process will be conducted by the shift leaders for their shifts. The Senior Team Leader will then follow up and generate a work order, which will be sent to the maintenance department. This process will be monitored weekly by the facility Executive Director and the Director of Operations. Strict adherence to this policy will be enforced and failure to follow policy will result in disciplinary actions.</p>	
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If continuation sheet 2 of 3

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<p>NAME OF PROVIDER OR SUPPLIER</p> <p>JACKSON SPRINGS TREATMENT CENTER</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>778 HOFFMAN ROAD WEST END, NC 27376</p>	

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V 736	<p>Continued From page 2</p> <p>-Room #4--Air conditioning vents on the ceiling were missing.</p> <p>Interview on 7/18/22 with the Director of Operations revealed:</p> <p>-He was aware of the majority of the maintenance issues with the facility.</p> <p>-The majority of the property damage had been caused by the clients.</p> <p>-Suite 2 was not being utilized at the present time. It was being remodeled. Clients had not resided on Suite 2 in over a year. Plan was to finish renovations on Suite 2 and move clients from suite 1 there.</p> <p>-He had been having problems getting things done at the facility as it was hard to find people to do the job. Sometimes, he just took it upon himself to get the things done.</p> <p>-He confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		