STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-383	A. BUILDING: _____ B. WING _____	09/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEIL DOBBINS CENTER	356 BILTMORE AVENUE, SUITE 150 ASHEVILLE, NC 28801

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V 000	INITIAL COMMENTS An annual survey was completed on 9/21/22. Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .3100 Nonhospital Medical Detoxification for Individuals Who are Substance Abusers 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of All Disability Groups. This facility is licensed for 16 and currently has a census of 4. The survey sample consisted of audits of 4 current clients.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that fire and disaster drills	V 114		

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V 114	Continued From page 1 were conducted on each shift at least quarterly. The findings are: Review on 9/20/22 of the facility's fire and disaster drills from 7/1/21-6/30/22 revealed: -No documentation of a fire or disaster drill 7/1/21-9/30/21 on the 8:00am-8:00pm shift. -No documentation of a fire or disaster drill 10/1/21-12/31/21 on the 8:00pm-8:00am shift. -No documentation of a disaster drill 1/1/22-3/31/22 on the 8:00pm-8:00am shift. Interview on 9/21/22 with the RN revealed: -The shifts were 12 hours each; he worked 7:45am to 8:15pm. -He was not sure who scheduled the fire and disaster drills. -He has not conducted a fire or disaster drills since he was hired (4/18/22). Interview on 9/21/22 with Staff #1 revealed: -She typically worked a 12 hour shift. -She had not conducted or participated in a fire or disaster drill since she was hired (5/31/22). Interview on 9/20/22 and 9/21/22 with the Facility Director revealed: -The staff person who was responsible for scheduling the drills just left (employment). -This was something they needed to "shore up."	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe	V 118		

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V 118	Continued From page 2 drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to follow the orders of the physician for 1 of 4 current clients (Client #2). The findings are: Review on 9/20/22 of Client #2's record revealed: -Date of Admission-9/18/22 -Diagnoses General Anxiety Disorder, Major	V 118		

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V 118	Continued From page 3 Depressive Disorder, Borderline Personality Disorder, Substance use disorder. -There was no physician order Clonidine 0.1mg twice daily as needed (PRN) for elevated Blood Pressure greater than 160 systolic or greater than 105 diastolic. Review on 9/20/22 of September 2022 MAR for Client #2 revealed: -On 9/18/22 Client #2 was administered Clonidine 0.1mg 1 tablet at 10pm. Interview on 9/21/22 with Client #2 revealed: -She just came in Sunday night (9/18/22). -She did not come to the facility with any medications and was not currently taking anything for high blood pressure. -She could not remember if she was given Clonidine for high blood pressure. Interview on 9/21/22 with the Medication Nurse revealed: -Found the standing order form that had been signed by the physician on 9/18/22 for Client #2 was a form previously used and did not include Clonidine. The form was dated 8/2020. -An updated standing order form, dated 7/2021 was available in their system and had not been utilized by staff during the recent admissions. This form included Clonidine for high blood pressure. -She was not sure why the old form was still available in their system but would inform all admitting nurses to pull the most recent form with appropriately included all standing ordered medications.	V 118		
V 752	27G .0304(b)(4) Hot Water Temperatures	V 752		

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V 752	Continued From page 4 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 interviews the facility failed to maintain the water temperature between 100-116 degrees Fahrenheit. The findings are: Observations between 10:56am-11:18am on 9/21/22 revealed: -There were 4 bathrooms along one side of the hallway for client use. -There was a one sink in each bathroom. -The sinks were motion activated and did not have individual faucets to regulate water temperature. -From the end of the hallway towards the medication room, the bathroom sink temperatures were: -Bathroom #1-88 degrees Fahrenheit. -Bathroom #3-90 degrees Fahrenheit. -Bathroom #4-90 degrees Fahrenheit. Interview on 9/21/22 with the Facility Director revealed: -The county was responsible for the building's maintenance. -There have been water line issues with the building and there were several tickets in for water issues in the building. -She will inform the maintenance person of the	V 752		

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V 752	Continued From page 5 water temperature issue.	V 752		