

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 R 09/20/2022
--	---	---	---

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	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on September 20, 2022. The complaint was Substantiated (intake #NC00191772). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .4100 Residential Recovery Program for Individuals with Substance Abuse and their Children.</p> <p>This facility is licensed for 31 and currently has a census of 9. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid</p>	V 108		

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: MHL074-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/20/2022
--	---	---	---

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 108	<p>Continued From page 1</p> <p>techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure staff were currently trained in Cardiopulmonary Resuscitation (CPR) and First Aid affecting 1 of 4 audited staff (Clinical Case Manager). The findings are:</p> <p>Review on 9/20/22 of the Clinical Case Manager's personnel record revealed: -Hire date 6/22/22. -Online CPR/First Aid Certificate of Completion dated 9/1/20. -No current CPR/First Aid Training.</p> <p>Interview on 9/20/22 the Clinical Case Manager stated: -She had worked for 3 months. -She had provided her online CPR training to the facility upon her employment.</p> <p>Interview on 9/8/22 the Program Director stated: -She understood the requirement of having staff trained in CPR. -The Clinical Case Manager was scheduled for CPR soon.</p>	V 108		

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 R 09/20/2022
--	---	---	---

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 2	V 114		
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 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 9/20/22 of the facility's fire and disaster drill documentation August 2021 - August 2022 revealed: -No first shift disaster drill documented for the third quarter (February - April) 2022. -No first or second shift disaster drill documented for the fourth quarter (May - July) 2022. -No first or second fire drill documented for the fourth quarter (May - July) 2022.</p> <p>During interviews on 9/20/22 the Program Director stated:</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 R 09/20/2022
--	---	---	---

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 3</p> <p>-The facility ran three shifts: - 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; third shift 12:00 midnight - 8:00 am.</p> <p>-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.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected with in 30 days]</p>	V 114		