

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL067-203</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/27/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DIX CRISIS CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>215-B MEMORIAL DRIVE JACKSONVILLE, NC 28546</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, follow up, and complaint survey was completed on January 27, 2023. The complaint was unsubstantiated (NC00195062). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10 NCAC 27G .3100 Non-hospital Medical Detoxification-Individuals who are Substance Abusers and 10 NCAC 27G 5000 Facility Based Crisis Service for Individuals of all Disability Groups.</p> <p>The facility is licensed for 16 and currently has a census of 13. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></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 review and interview, the facility</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 114	<p>Continued From page 1</p> <p>failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>Review of fire and disaster drills from 1/1/2022 - 12/31/22 revealed:                      -Quarter 1/1/22 - 3/31/22: No disaster drill documented on the 7 am - 7 pm shift.                      -Quarter 4/1/22 - 6/30/22: No fire drill documented on the 7 am - 7pm shift; no disaster drill documented on the 7 pm - 7 am shift.                      -Quarter 10/1/22 - 12/31/22: No disaster drill documented on the 7 pm - 7 am shift.</p> <p>Interview on 1/26/23 the Office Manager stated:                      -There were 2 shifts, 7 am - 7 pm, and 7 pm - 7 am.                      -It was one of her responsibilities to make sure fire and disaster drills were completed.                      -A "drill schedule" would be sent out and follow up done to make sure the drills had been completed.                      -The facility requirement was for a fire and disaster drill to be done on each shift quarterly and the disaster type to be relevant to their area.</p> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 114		
V 220	<p>27G .3103 Nonhospital Med. Detox. - Operations</p> <p>10A NCAC 27G .3103 OPERATIONS                      (a) Monitoring Clients. Each facility shall have a written policy that requires:                      (1) procedures for monitoring each client's general condition and vital signs during at least the first 72 hours of the detoxification process;                      and                      (2) procedures for monitoring and recording each client's pulse rate, blood pressure</p>	V 220		

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V 220	<p>Continued From page 2</p> <p>and temperature at least every four hours for the first 24 hours and at least three times daily thereafter.</p> <p>(b) Discharge Planning And Referral To Treatment/Rehabilitation Facility. Before discharging the client, the facility shall complete a discharge plan for each client and refer each client who has completed detoxification to an outpatient or residential treatment/rehabilitation facility.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement a written policy that ensured vital signs for clients admitted for medical detoxification were monitored and recorded at least every four hours for the first 24 hours and at least 3 times daily thereafter effecting 1 of 2 medical detoxification clients audited (client #3). The findings are:</p> <p>Review on 1/27/23 of client #3's record revealed: -35 year old female admitted 1/24/23 at 4:29 pm and discharged 1/27/23 at 10:28 am. -Diagnosis was opiate use disorder. -Vital signs were documented every 4 hours from admission up to 12:51 pm on 1/25/23. -The next vital signs were documented on 1/25/23 at 8:12 pm. -Vital signs were documented once per shift on 1/26/23 at 8:46 am and 8:50 pm.</p> <p>Review on 1/27/23 of the facility policy dated 6/2022, "Physical Health Screen SOP (standard operating procedure) Vital Signs" read: -"Once a participant is admitted, vitals shall be</p>	V 220		

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V 220	<p>Continued From page 3</p> <p>taken every 12 hours (once every shift) OR as ordered by a BHMP (behavioral health medical provider)."</p> <p>Review on 1/27/23 of the admission order set revealed:</p> <ul style="list-style-type: none"> <li>-Vital signs were to be done every 4 hours for the first 24 hours, then once per shift.</li> <li>-For clients on CIWA (Clinical Institute Withdrawal Assessment for alcohol) vital signs would be done every 4 hours.</li> </ul> <p>Interview on 1/27/23 the Nurse Manager stated:</p> <ul style="list-style-type: none"> <li>-The vital sign schedule following a client's admission was "4-8-12-4-8-12" for the first 24 hours.</li> <li>-After the first 24 hours the policy was to take vital signs every shift.</li> <li>-The staff must have considered client #3's vital signs taken at 12:51 pm on 1/25/23 to have completed the requirement for vital signs every 4 hours for the first 24 hours.</li> <li>-Most often it was a licensed nurse who took vital signs and the shift vitals signs would be done along with the medications scheduled at 9am and 9 pm.</li> <li>-A change to the vital sign routine would be made to add an afternoon check to meet the requirement for vital signs 3 times daily after the first 24 hours of admission.</li> </ul> <p>Interview on 1/26/23 the Program Supervisor stated:</p> <ul style="list-style-type: none"> <li>-A client could be admitted to both programs simultaneously.</li> <li>-Anyone listed with a diagnosis of substance abuse would have been admitted for non-hospital medical detoxification.</li> <li>-The the admission orders would determine the treatment protocol ordered by the medical</li> </ul>	V 220		

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V 220	Continued From page 4  provider and the protocol "spells out" the vital sign orders.  This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 220		