

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601518</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/13/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RIGHT CHOICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3705 BULLARD STREET CHARLOTTE, NC 28208</b>
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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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on 3-13-23. The complaint was unsubstantiated (#NC00196491). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for four and currently has a census of four. The survey sample consisted of audits of three current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></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 that fire and disaster drills were completed quarterly on each shift. The findings are:</p>	V 114		

Division of Health Service Regulation  
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>Interview on 3-1-23 with the Director revealed: -They started having clients at the facility in June 2022. -The facility shifts were first shift was 7am-3pm, second shift was 3pm-11pm, and third shift was 11pm-7am.</p> <p>Review on 3-1-23 of fire and disaster drill documentation for June 2022, through March 2023 revealed: -No second or third shift fire drills documented for the third quarter of 2022. -No third shift fire drill documented for the fourth quarter of 2022. -No third shift disaster drill documented for the third quarter of 2022. -No disaster drills documented for the fourth quarter of 2022. -Fire drills on 12-4-22, 11-10-22, and 10-10-22 had no time documented. -A drill completed 8-9-22 had no documentation as to what kind of drill it was.</p> <p>Interviews on 1-17-23 with Clients #1, #2, and #3 revealed: -They do have fire drills, but could not say how often or what times.</p> <p>Interview on 3-1-23 with the Director revealed: -They would have a meeting to discuss with staff the importance of properly documenting the fire and disaster drills.</p>	V 114		