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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL075-005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2023
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NAME OF PROVIDER OR SUPPLIER PAVILLON INTERNATIONAL	STREET ADDRESS, CITY, STATE, ZIP CODE 241 PAVILLON PLACE MILL SPRING, NC 28756
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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>An annual and follow up survey was completed on 03/02/23. Deficiencies were cited.</p> <p>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 .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of All Disability Groups</p> <p>This facility is licensed for 55 beds and currently has a census of 23 clients. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p>DHSR - Mental Health</p> <p>APR 04 2023</p> <p>Lic. & Cert. Section</p>	
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>	V 114		<p>These drills will be conducted by a designated support staff member under the direction of the Safety Officer. The CQI Committee will monitor drill reports at least quarterly. See next page for schedule of 2023 drills.</p>

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Jana Hamelin 3/17/2023 Director of Non-Clinical Support Services

Division of Health Service Regulation

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V 114	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire and disaster drills quarterly for each shift. The findings are: Review on 3/2/23 of the facility's fire and disaster drill logs from January 2022 to December 2022 revealed no documentation of fire drills for: - January through March 2022, 1st shift. - April through June 2022, 3rd shift. - July through September 2022, 1st, 2nd and 3rd shifts. - October through December 2022, 2nd and 3rd shifts. Disaster drills: - There was no documentation of disaster drills for any quarter of 2022. Interview on 2/28/23 and 3/2/23 with the Director of Nonclinical Support Services revealed: - Due to Covid they haven't kept up with the fire and disaster drills as they should have. - She was in the process of training a staff member to be in charge of this. - They walked through where to go in the event of an emergency with the clients every night. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114	Training of support staff has been completed and drill conducted on first shift on 3/14/2023. Second Shift drill is scheduled for April 10 th . Third Shift drill is scheduled for May 17 th . Remaining schedule for 2023: June 15 th : first shift July 12 th : second shift August 17 th : third shift September 11 th : first shift October 11 th : second shift November 17 th : third shift December 11 th : first shift	
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a	V 131		

Lara Harro 3/17/2023

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V 131	Continued From page 2 health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete Health Care Personnel Registry (HCPR) checks prior to hire for 2 of 3 audited staff (Counselor #2 and the Qualified Professional). The findings are: Review on 2/28/23 of Counselor #2's personnel record revealed: - Hire date 11/21/21, title Certified Clinical Supervisor. - HCPR check dated 11/23/21. Review on 2/28/23 of the Qualified Professional's personnel record revealed: - Hire date 8/3/21, title Qualified Professional. - HCPR check dated 8/9/21. Interview on 3/02/23 with Human Resources revealed: -She was aware the HCPR checks needed to be done prior to hire.	V 131	Effective immediately, Human Resources will ensure the HCPR is completed PRIOR to hire, as evidenced by the dates of the check compared to hire date. HR will monitor this process with every new hire.	

Lava Hamlin 3/17/2023