Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			/ ii 50.25 ii (o	R	
		20190063	B. WING		02/17/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
THE WILN	IINGTON TREATMENT C	ENTER, LLC 2520 TRO			
(X4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES	TON, NC 28401	PROVIDER'S PLAN OF CORRECTION	I (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 000	000 INITIAL COMMENTS		V 000		
	completed on Februa were unsubstantiated and NC00192152). A	•			
	categories: 10A NCAI Medical Detoxification Substance Abusers, 7 Residential Treatmen Individuals with Subst 10A NCAC 27G .3700				
	Detoxification) and cu The facility has a curr Treatment clients. The	d for 78 (Residential ion and Nonhospital Medical irrently has a census of 60. ent census of 121 Day e survey sample consisted clients and 2 former clients.			
V 364	G.S. 122C- 62 Additi Facilities	onal Rights in 24 Hour	V 364		
	122C-51 through G.S who is receiving treat 24-hour facility keeps (1) Send and receive access to writing mate assistance when nece (2) Contact and cons and at no cost to the physicians, and private developmental disabiliprofessionals of his cl	rights enumerated in G.S 122C-61, each adult client ment or habilitation in a the right to: e sealed mail and have erial, postage, and staff essary; sult with, at his own expense facility, legal counsel, private the mental health, lities, or substance abuse			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BOILDING			
	20190063	B. WING		02/1	7/2023
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
THE WILMINGTON TREATMENT C	ENTER LLC 2520 TRO	Y DRIVE			
THE WILLIAM TON TREATMENT O	WILMING	TON, NC 28401			
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 364 Continued From page	Continued From page 1				
there is a client advoce The rights specified in restricted by the facilitie exercise these rights (b) Except as provide of this section, each a treatment or habilitation times keeps the right (1) Make and received calls. All long distance the client at the time of collect to the receiving (2) Receive visitors to a.m. and 9:00 p.m. for hours daily, two hours p.m.; however visiting over therapies; (3) Communicate an supervision with indivicuon the consent of the (4) Make visits outside unless:  a. Commitment proof the result of the client violent crime, including assault with a deadly respondent was found insanity or incapable of b. The client was vocommitted to the facilic commitment to a correspublic Safety; or  c. The client is being to proceed pursuant to a court order may expotherwise prohibited to conditions prescribed	tate. In this subsection may not be by and each adult client may at all reasonable times. It is subsections (e) and (h) adult client who is receiving on in a 24-hour facility at all to: It is confidential telephone is calls shall be paid for by of making the call or made go party; In the total control of at least six is of which shall be after 6:00 shall not take precedence individuals; It is determined to the custody of the facility of the custody of the facility of proceeding; It is being charged with a goarime involving an weapon, and the is not guilty by reason of the proceeding; It is while under order of the cection of the Department of goals. Its A-1002; It is processly authorize visits by the existence of the	V 364			

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STATE FORM 80NE11 If continuation sheet 2 of 7

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  THE WILMINGTON TREATMENT CENTER, LLC  SUMMARY STATEMENT OF DEFICIENCIES WILMINGTON, NC 28401  [X4] ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION]  V 364  Continued From page 2 facilities and equipment for physical exercise several times a week; (6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G. S. 15A-1002; (7) Participate in religious worship; (8) Keep and spend a reasonable sum of his own money;	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  THE WILMINGTON TREATMENT CENTER, LLC  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 364  Continued From page 2  facilities and equipment for physical exercise several times a week;  (6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;  (7) Participate in religious worship;  (8) Keep and spend a reasonable sum of his							
THE WILMINGTON TREATMENT CENTER, LLC  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 364  Continued From page 2  facilities and equipment for physical exercise several times a week; (6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Keep and spend a reasonable sum of his	20190063			B. WING		02/17/20	23
THE WILMINGTON TREATMENT CENTER, LLC  WILMINGTON, NC 28401  (X4) ID PREFIX TAG  WILMINGTON, NC 28401    CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG	NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   TAG   PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE DEFICIENCY      V 364   Continued From page 2   V 364	I THE WILMINGTON TREATMENT CENTER. LLC						
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 364  Continued From page 2  facilities and equipment for physical exercise several times a week;  (6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;  (7) Participate in religious worship;  (8) Keep and spend a reasonable sum of his	(V4) ID	SUMMARY ST		<u> </u>		N	(YE)
facilities and equipment for physical exercise several times a week;  (6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;  (7) Participate in religious worship;  (8) Keep and spend a reasonable sum of his	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	BE CO	MPLETE
several times a week;  (6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;  (7) Participate in religious worship;  (8) Keep and spend a reasonable sum of his	V 364	Continued From page 2		V 364			
(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and (10) Have access to individual storage space for his private use. (c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:  (1) Communicate and consult with his parents or guardian or the agency or individual having legal	V 364	facilities and equipmes several times a week (6) Except as prohib personal clothing and client is being held to proceed pursuant to (7) Participate in reli (8) Keep and spend own money; (9) Retain a driver's prohibited by Chaptel and (10) Have access to ihis private use. (c) In addition to the 122C-51 through G.S. 122C-59 through G.S. who is receiving treat 24-hour facility has the proper adult supervising recognition of the minindividual, the minor sopportunities to enable emotionally, intellectuvocationally. In view of and intellectual imma 24-hour facility shall particularly shall also reasonable efforts to client receives treatment adult clients unless the minor client dictate of Each minor client who habilitation from a 24 (1) Communicate ar	ent for physical exercise;  sited by law, keep and use of possessions, unless the determine capacity to G.S. 15A-1002;  gious worship; a reasonable sum of his  license, unless otherwise of 20 of the General Statutes;  Individual storage space for of erights enumerated in G.S. of 122C-57 and G.S. of 122C-61, each minor client of the innert or habilitation in a of the right to have access to ion and guidance. In or's status as a developing shall be provided le him to mature physically, and of the physical, emotional, turity of the minor, the provide appropriate of the physical, emotional, turity of the minor, the provide appropriate of the end control consistent with the minor pursuant to this Part. Of the whole where the each minor of the ensure that each minor of the ensure t	V 364			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
,			A. BUILDING:	00 22.25	
		20190063	B. WING		R 02/17/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	ATE, ZIP CODE	
THE WILN	IINGTON TREATMENT C	ENTER, LLC WILMING	TON, NC 28401	1	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
V 364	or that of his legally recost to the facility, leg physicians, private medisabilities, or substantis or his legally responsible. Contact and constitute is a client advocation of the rights specified in restricted by the facility may exercise these river (d) Except as provided of this section, each retreatment or habilitation the right to:  (1) Make and received distance calls shall be time of making the careceiving party;  (2) Send and received writing materials, possible with the right of making the careceiving party;  (3) Under appropriation visitors between the high p.m. for a period of at hours of which shall be visiting shall not take therapies;  (4) Receive special of training in accordance of the contact of th	sult with, at his own expense esponsible person and at no gal counsel, private ental health, developmental nee abuse professionals, of onsible person's choice; and sult with a client advocate, if cate.  In this subsection may not be try and each minor client ights at all reasonable times. It is ed in subsections (e) and (h) minor client who is receiving on in a 24-hour facility has telephone calls. All long is paid for by the client at the ell or made collect to the email and have access to tage, and staff assistance the supervision, receive nours of 8:00 a.m. and 9:00 at least six hours daily, two be after 6:00 p.m.; however precedence over school or education and vocational ewith federal and State law; daily and participate in play, cal exercise on a regular with his needs; sited by law, keep and use I possessions under on, unless the client is being	V 364		
	held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship;				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					R	
20190063			B. WING		02/17/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
	UNGTON TREATMENT O	2520 TRO	DRIVE			
I HE VVILIV	IINGTON TREATMENT C	WILMINGT	ON, NC 28401			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 364	Continued From page 4		V 364			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)					
	adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		A. Boilbino.		R		
20190063			B. WING		1	7/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
THE WILN	MINGTON TREATMENT C	ENTER, LLC				
	T	WILMINGT	ON, NC 28401			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 364	Continued From page	e 5	V 364			
	clients were admitted services, the facility for access to the facility in access to the facility for access to the facility indicates.	ew and interview, when for 24 hour residential ailed to ensure the restriction ty phone, visitation, personal sions were: (1) imposed only ional (QP) responsible for n; (2) reviewed by the QP at ys, and, (3) the reason for mented in the client record, nt clients (#1, #2, #3). The 1/16/23 and 01/17/23 of the dis revealed: old male admitted on plan dated 02/12/23 old female admitted on plan dated 02/13/23. old female admitted on plan dated 02/14/23. diagnoses of substance use reatment plans included ghts to use of the facility is, make visits outside of the ersonal clothing, asonable amount of money.  Of the "Standardized evealed clients admitted to al level of care would not cility phones or visitation				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		20190063	B. WING		02	R 2/ <b>17/2023</b>
	ROVIDER OR SUPPLIER	2520 T	ADDRESS, CITY, STATE	E, ZIP CODE		
THE WILN	MINGTON TREATMENT C	ENTER. LLC	NGTON, NC 28401			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 364	Treatment and Condirevealed:  -The facility maintaine money and belongingThe "Consent for Treatment of Treatment and Condirevealed: -The "Consent for Treatment of Treatmen	ed a safe to secure clients' is. eatment and Conditions of pecify which personal its were not allowed to keep.  stated: the detox section of the al items in the facility safe. call schedule.  stated: detox for 4 days. the residential section of the 3. is were kept by staff.  2/17/23 the Clinical Director wed and updated by herself rance Director every 7 days. the Plan of Correction that of Health Service Regulation tients in Detox needed the the treatment plan. very patient served at the colans would include all the e of admission.	V 364			

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