Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION		
			A. BUILDING:		COMPLETED	
		MHL036-332	B. WING		R 06/14/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	ZIP CODE		
FREEDON	1		RAY DRIVE			
			NIA, NC 28054		T	
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	completed on 6-14-23	and follow up survey was 3. The complaint was 000201516). Deficiencies				
	category: 10A NCAC for Individuals Who a	d for the following service Nonhospital Medical Detox re Substance Abusers and atient Detoxification for				
		d for thirty and currently has ne. The survey sample three current clients.				
V 114	27G .0207 Emergence	ry Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire plan area-wide disaster plashall be approved by authority. (b) The plan shall be and evacuation proceposted in the facility. (c) Fire and disaster coshall be held at least repeated for each shi under conditions that	an shall be developed and				
		as evidenced by: ew and interviews, the e that fire and disaster drills				

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	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY				
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED				
		MHL036-332	B. WING		R 06/14/2023				
NAME OF PI	ROVIDER OR SUPPLIER	•	DRESS, CITY, STA	TE. ZIP CODE	1 00/14/2020				
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1089 X RAY DRIVE								
FREEDON	1	GASTONI	A, NC 28054						
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE				
V 114	Continued From page 1		V 114						
	were performed at least quarterly on each shift. The findings are:								
		f disaster drills for July 2022							
	through June 2023 re	evealed: s completed for the third or							
	fourth quarter on 202								
		s completed for the first							
	quarter of 2023.	saster drill completed on 4-							
	13-23.	saster drill completed on 4-							
		with Staff #1 revealed:							
	-She had been the never completed a dis	here one month and had saster drill.							
	Interview on 6-14-23 with the Director revealed: -The shifts were: 1st shift 7am-3pm, 3pm-11pm, ans 11pm,-7am. -She was unaware that the disaster drills needed to be conducted on each shift quarterly.								
	-She would ensu	re that going forward all drills							
	would be conducted a	according to the rule.							
V 752	27G .0304(b)(4) Hot	Water Temperatures	V 752						
	EQUIPMENT	4 FACILITY DESIGN AND							
		lity shall be designed,							
		pped in a manner that safety of clients, staff and							
	visitors.	•							
		the facility where clients are							
	· ·	t, the temperature of the nined between 100-116							
	degrees Fahrenheit.								
	This Rule is not met	as evidenced by:							

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STATE FORM 6899 0E3V11 If continuation sheet 2 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
74121 2741	or dorate of the transfer of t	IDENTIFICATION NOMBER.	A. BUILDING: _		J	
		MHL036-332	B. WING		R 06/14/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
FREEDON						
(V4) ID	SLIMMARY ST.	ATEMENT OF DEFICIENCIES	A, NC 28054	PROVIDER'S PLAN OF CORRECTION	ON (VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE	
V 752	Continued From page 2		V 752			
	Based on observation and interviews, the facility failed to ensure that the hot water temperature was between 100 degrees and 116 degrees in areas where clients had access to hot water. The findings are:					
	Observation on 6-12- common area reveale -Hot water was 1					
	revealed:	f facility incident reports				
	Interview on 6-12-23 with Client #1 revealed: -He had no issues with the hot water.					
	Director revealed: -He would adjust -The clients would temperature up. -The would put a	with the Maintenance t the hot water immediately. Id sometimes turn the water I lock on the water heater to uld not adjust the water own.				

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