STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-118		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
		IDENTIFICATION NOMBER.	A. BUILDING:				
		B. WING			C 06/29/2023		
IAME OF F	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE, ZIP CODE				
ACILITY	BASED CRISIS SEF	RVICES	<i>N</i> STATESIDE D L HILL, NC 275				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMENTS		V 000				
	A complaint survey was completed on June 29, 2023. The complaint was unsubstantiated (Intake #NC00203631). A deficiency was cited.		e				
	categories: 10A NCAC 27G .3 Detoxification- Indiv Abusers. 10A NCAC 27G .32 Detoxification for S 10A NCAC 27G .50						
		sed for 16 and currently has a survey sample consisted of clients.					
V 107	27G .0202 (A-E) Pe	ersonnel Requirements	V 107				
	description for the o which: (1) specifies th competency, work qualifications for th (2) specifies th the position; (3) is signed b supervisor; and (4) is retained (b) All facilities sha each staff member	all have a written job director and each staff positio ne minimum level of educatior experience and other	١,				
	(1) is at least ?	18 years of age; ead, write, understand and					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING: B. WING		C C 06/29/2023	
		MHL068-118	B. WING				
IAME OF PROVID	ER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE			
	ED CRISIS SEF	RVICES	W STATESIDE [				
		СНАРЕ	L HILL, NC 27	516			
	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE COMPLET THE APPROPRIATE DATE		
V 107 Con	Continued From page 1		V 107				
com qual negl Pers (c) , appl conv deci upol whic (d) curr acco serv (e) emp othe verif certi	Rule is not m	services shall require that all loyment disclose any criminal pact of this information on a employment shall be based n relationship to the job for	d				

Division of Health Service Regulation STATE FORM

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL068-118	B. WING			C 29/2023
ME OF F	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST	TATE, ZIP CODE		
	BASED CRISIS SEF	RVICES	V STATESIDE D			
		CHAPEI	L HILL, NC 275			
X4) ID REFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 107	Continued From page 2		V 107			
	-Staff #6 was hired as a Crisis Worker. -There was no documentation Staff #6 met the minimum level of education required.					
	Interview on 6/29/23 with the Clinical Director revealed: -Human Resources informed her that they had					
	been trying to get documentation from Staff #6. -Staff #6 reported that he had been trying to contact his high school for the records and that he would bring them in once he received them. -She confirmed Staff #6 had no documentation that he met the minimum level of education required.					

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