STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:) DATE SURVEY COMPLETED	
			A. BUILDING.		R		
MHL029-134		B. WING		07/12/2023			
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
DAVIDSO	ON CRISIS CENTER		MAIN STREE ON, NC 2729				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	TS .	V 000				
	An annual and follo on 7/12/23. A defic	w up survey was completed iency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of all Disability Groups.						
		urrent census of 10. The sisted of audits of 3 current					
V 540	27F .0103 Client Ri Grooming	ghts - Health, Hygiene And	V 540				
	dignity, privacy and of personal health, Such rights shall in to the:	Il be assured the right to humane care in the provision hygiene and grooming care. clude, but need not be limited by for a shower or tub bath					
	daily, or more often (2) opportuni	as needed; ty to shave at least daily; ty to obtain the services of a					
	(4) provision paper and soap for individual personal indigent client. Such not limited to toothp	of linens and towels, toilet each client and other hygiene articles for each other articles include but are paste, toothbrush, sanitary shaving cream and shaving					
	(b) Bathtubs or sho individual privacy sl(c) Adequate toilets	s, lavatory and bath facilities a client with a mobility					

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

(X6) DATE TITLE

MHL029-134 MHL029-134 STREET ADDRESS, CITY, STATE, ZIP CODE 1104 B S MAIN STREET LEXINGTON, NC 27292 [X4] ID PROVIDER OR SUPPLIER 1104 B S MAIN STREET LEXINGTON, NC 27292 [X4] ID PROVIDER STREET ADDRESS, CITY, STATE, ZIP CODE 1104 B S MAIN STREET LEXINGTON, NC 27292 [X4] ID PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 540 Continued From page 1 V 540 This Rule is not met as evidenced by: Based on record review, interview and observation, the facility failed to ensure 3 of 3 (#1, #2 and #3) audited clients maintained their right to privacy. The findings are: Review on 7/10/23 of client #1's record revealed: - An admission date of 7/1/23 Diagnoses of Alcohol Use Dio, Severe; Cocaine Use D/O, Severe, Opioid Use D/O, Severe; Cocaine Use D/O, Severe, Opioid and Rule out Depression/Anxiety - A discharge date of 7/10/23 Review on 7/10/23 of client #2's record revealed: - An admission date of 7/6/23 - Diagnoses of Amphetamine Substance Use D/O; Opioid Use, D/O; Marijuana Use D/O; Major Depressive D/O and Alcohol Abuse, in remission Review on 7/10/23 of client #3's record revealed: - An admission date of 7/6/23 Review on 7/10/23 of client #3's record revealed: - An admission date of 7/6/23	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER DAVIDSON CRISIS CENTER 1104 B S MAIN STREET 1104 B S MAIN STRE	AND PLAN OF CORRECTION IDEN		IDENTIFICATION NOMBER.	A. BUILDING:				
DAVIDSON CRISIS CENTER SUMMARY STATEMENT OF DEFICIENCIES DEPOSITION CAPACITY PREFIX TAG PROVIDER'S PLAN OF CORRECTION CAPACITY PREFIX TAG PREFIX PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE	MHL029-134		B. WING					
(X4)ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCYMUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 540 Continued From page 1 V 540 Continued From page 1 V 540 This Rule is not met as evidenced by: Based on record review, interview and observation, the facility failed to ensure 3 of 3 (#1, #2 and #3) audited clients maintained their right to privacy. The findings are: Review on 7/10/23 of client #1's record revealed: - An admission date of 7/1/23 - Diagnoses of Alcohol Use Disorder (D/O), Severe, Opioid Use D/O, Severe; Cocaine Use D/O, Severe; Cannabis Use D/O, Severe; Nicotine Dependence, Unspecified, Uncomplicated and Rule out Depression/Anxiety - A discharge date of 7/10/23 Review on 7/10/23 of client #2's record revealed: - An admission date of 7/6/23 - Diagnoses of Amphetamine Substance Use D/O; Opioid Use, D/O; Marijuana Use D/O; Major Depressive D/O and Alcohol Abuse, in remission Review on 7/10/23 of client #3's record revealed: - An admission date of 7/6/23 - Diagnoses of Amphetamine Substance Use D/O; Opioid Use, D/O; Marijuana Use D/O; Major Depressive D/O and Alcohol Abuse, in remission Review on 7/10/23 of client #3's record revealed: - An admission date of 7/6/23	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
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- Diagnoses of Amphetamine Substance Use D/O; Alcohol Use D/O; Cocaine Use D/O and Major Depressive D/O and Anxiety D/O Interview on 7/10/23 with client #1 revealed: - No concerns reported regarding the use of cameras in the facility Interview on 7/10/23 with client #2 revealed: - There were cameras posted throughout the facility, including his bedroom - "I know why the cameras are there; for		This Rule is not me Based on record re observation, the face #2 and #3) audited to privacy. The find Review on 7/10/23 - An admission of Diagnoses of A Severe, Opioid Use D/O, Severe; Cann Nicotine Dependen Uncomplicated and - A discharge da Review on 7/10/23 - An admission of Diagnoses of A D/O; Opioid Use, D Depressive D/O an Review on 7/10/23 - An admission of Diagnoses of A D/O; Alcohol Use D Major Depressive D Interview on 7/10/2 - No concerns recameras in the facility, including his	et as evidenced by: view, interview and cility failed to ensure 3 of 3 (#1, clients maintained their right dings are: of client #1's record revealed: date of 7/1/23 lcohol Use Disorder (D/O), e D/O, Severe; Cocaine Use abis Use D/O, Severe; ce, Unspecified, I Rule out Depression/Anxiety te of 7/10/23 of client #2's record revealed: date of 7/6/23 Imphetamine Substance Use abis Use D/O; Major d Alcohol Abuse, in remission of client #3's record revealed: date of 7/6/23 Imphetamine Substance Use abis Use D/O; Major d Alcohol Abuse, in remission of client #3's record revealed: date of 7/6/23 Imphetamine Substance Use abis Use D/O and abis of client #1 revealed: date of 7/6/23 Imphetamine Substance Use abis Use D/O and abis of client #1 revealed: date of 7/6/23 Imphetamine Substance Use abis Use D/O and abis of client #2 revealed: date of 7/6/23 Imphetamine Substance Use abis Use D/O and abis of client #2 revealed: date of 7/6/23 Imphetamine Substance Use abis Use D/O; abis of client #2 revealed: date of 7/6/23 Imphetamine Substance Use abis Use D/O; abis of client #2 revealed: date of 7/6/23 Imphetamine Substance Use abis Use D/O; abis of client #2 revealed: date of 7/6/23 Imphetamine Substance Use abis Use D/O; abis	V 040				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
, and i but of dotates not			A. BUILDING:			
MHL029-134		B. WING		R 07/12/2023		
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DAVIDS	ON CRISIS CENTER		MAIN STREE ON, NC 2729			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 540	Continued From pa	ige 2	V 540			
		3 with client #3 revealed: eported regarding the use of lity				
	Observation on 7/11/23 at 1:21 pm of the nurse's station revealed: - A video monitor which revealed images of eleven client bedrooms					
	1:26 pm of client be	1/23 between 1:24 pm and edrooms revealed: ed in each client bedroom				
	revealed: - There were carbedrooms - Of the sixteen loccupancy and five - Staff monitored (nurses' station) via - The cameras wfor the safety of the staff d - "Someone (stator the medication to monitor the video to monitor th	vere in the clients' bedrooms e clients as well as for the uring client/staff interactions ff, i.e., a crisis worker, a nurse echnician) is always in there" of feed has to be one person in the in, the client was informed of throughout the facility,				
	Director revealed:	23 and 7/12/23 with the Facility everywhere but the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MHL029-134		B. WING			R 07/12/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DAVIDSO	ON CRISIS CENTER		MAIN STREE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTION OF THE APPROPERTIES OF THE A	D BE	(X5) COMPLETE DATE
V 540	Continued From page 3 Clients were informed of there being cameras in their bedrooms upon their admission and were told the cameras were there for their safety Clients were admitted to the facility for seven days; however, there were instances when an "extension" (the need for a client to stay longer than the customary seven days) could be requested from the Managed Care Organization which oversaw the client's care "Extensions" were granted when a client's next placement was not available or if the client began their treatment protocol "late." Clients still on their treatment protocol were monitored via the cameras in their bedrooms as well as the client who was considered to be "stable." It was rare when two clients who were deemed "stable" were in the same bedroom at the same time and thus monitoring by the camera would still be necessary There were no changes to video monitoring of the clients regardless of their status Review on 7/12/23 of the facility's "community/group/program rules" revealed: "Respect Each Other's Privacy and Personal Space" "The whole facility is under video surveillance including the bedrooms"		V 540			
	Review on 7/12/23 to Observe, Tape, A - A prospective of technique of observe recording during the understand I will no	-				

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