

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL014-089</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/07/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FOOTHILLS REGIONAL TREATMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2415 MORGANTON BOULEVARD, SUITE 200 LENOIR, NC 28645</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 7/7/23. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3100 Nonhospital Medical Detoxification for Individuals who are Substance Abusers 10A NCAC 27G .5000 Facility Based Crisis Services</p> <p>This facility is licensed for 12 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to hold fire and disaster drills on</p>	V 114	<p>Fire and Disaster Drills will be completed on a quarterly basis per shift per rule requirements. An outlook calendar reminder has been developed for the Director and Safety committee members to ensure completion in a timely manner. Monitoring will be completed through the local QAPI Committee. (Attachment A - copy of Outlook Calendar Reminder)</p> <p style="text-align: right; color: blue;">DHSP - Mental Health</p> <p style="text-align: center; color: red;">AUG 08 2023</p> <p style="text-align: right; color: blue;">Lic. &amp; Cert. Section</p>	<p>60 Days</p> <p>8/31/2023</p>

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Macey Anne M. Lemley</i>	TITLE <b>Director</b>	(X6) DATE <b>8/4/23</b>
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STATE FORM 6899 4L3711 If continuation sheet 1 of 6

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V 114	Continued From page 1 each shift at least quarterly. The findings are:  Review on 7/5/23 of fire and disaster drills revealed: -There was no documentation of disaster drills having been conducted on 1st shift (day shift) in the quarter from October-December 2022 or on 2nd shift (overnight) in the quarters from January-March 2023 or April-June 2022.  Interview on 7/5/23 with Clinical Director revealed: -Facility ran 12-hour shifts. -He took over the responsibility as safety coordinator in May 2023. -Thought the requirement for fire and disaster drills was monthly.	V 114		
V 219	27G .3102 Nonhospital Med. Detox. - Staff  10A NCAC 27G .3102 STAFF (a) A minimum of one direct care staff member shall be on duty at all times for every nine or fewer clients. (b) The treatment of each client shall be under the supervision of a physician. (c) The services of a certified alcoholism counselor, a certified drug abuse counselor or a certified substance abuse counselor shall be available to each client. (d) Each facility shall have at least one staff member on duty at all times trained in the following areas: (1) substance abuse withdrawal symptoms, including delirium tremens; and (2) symptoms of secondary complications to substance abuse. (e) Each direct care staff member shall receive continuing education to include understanding of	V 219	Change license application was submitted to DHSR on 7/14/23 payment submitted 7/27/23. Awaiting follow up action from DHSR. License request is to remove Non-Hospital Medical Detox from License and to solely identify the facility and a Facility Based Crisis Center. (Attachment B: Email Submission for Application Change)	Application Submitted  7/14/2023  Payment Submitted 7/27/23

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V 219	<p>Continued From page 2</p> <p>the nature of addiction, the withdrawal syndrome, group therapy, family therapy and other treatment methodologies.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to identify one direct care staff member to be on duty at all times for every nine or fewer clients. The findings are:</p> <p>Review on 7/5/23 of staffing list revealed: -Staff list was not separated by service category but provided for the facility as a whole.</p> <p>Interview on 7/5/23 with Client #1 revealed: -"Don't know why other people are admitted. All staff work with everyone."</p> <p>Interview on 7/6/23 with Staff #1 revealed: -Job title was Facility Based Crisis (FBC) Specialist. -Worked with both groups (detoxification and FBC) at the same time.</p> <p>Interview on 7/6/23 with the Case Manager revealed: -He was responsible for discharge planning for all clients. -Specialists were cross trained.</p> <p>Interview on 7/6/23 with Nurse #2 revealed: -Usually, 2 nurses work each shift. Had worked as only nurse about 3 times in past 4 months. -Nurses alternate conducting intakes as they come in. -The doctor determines who receives detoxification or crisis protocols.</p>	V 219		
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V 219	Continued From page 3  Interview on 7/5/23 with Clinical Director revealed: -All the staff were cross trained and worked both services provided by the facility. -When there were 2 specialists working they assisted everyone as needed.  Interview on 7/7/23 with the Regional Director revealed: -Typically staff 2 nurses at all times. Try to have 2 specialists on when only one nurse. -Occasionally will have 2 specialists on each shift. -The facility was planning to move to a crisis only facility.  This deficiency constitutes a recite deficiency and must be corrected within 30 days.	V 219		
V 270	27G .5002 Facility Based Crisis - Staff  10A NCAC 27G .5002 STAFF (a) Each facility shall maintain staff to client ratios that ensure the health and safety of clients served in the facility. (b) Staff with training and experience in the provision of care to the needs of clients shall be present at all times when clients are in the facility. (c) The facility shall have the capacity to bring additional staff on site to provide more intensive supervision, treatment, or management in response to the needs of individual clients. (d) The treatment of each client shall be under the supervision of a physician, and a physician shall be on call on a 24-hour per day basis. (e) Each direct care staff member shall have access at all times to qualified professionals who are qualified in the disability area(s) of the clients with whom the staff is working.	V 270	Change license application was submitted to DHSR on 7/14/23, payment submitted 7/27/23. Awaiting follow up action from DHSR. License request is to remove Non-Hospital Medical Detox from License and to solely identify the facility and a Facility Based Crisis Center. (Attachment B: Email Submission for Application Change)	Application Submitted  7/14/2023  Payment Submitted 7/27/23

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V 270	<p>Continued From page 4</p> <p>(f) Each direct care staff member shall be trained and have basic knowledge about mental illnesses and psychotropic medications and their side effects; mental retardation and other developmental disabilities and accompanying behaviors; the nature of addiction and recovery and the withdrawal syndrome; and treatment methodologies for adults and children in crisis.</p> <p>(g) Staff supervision shall be provided by a qualified professional as appropriate to the client's needs.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to identify staff to maintain staff to client ratios that ensure the health and safety of clients served in the facility. The findings are:</p> <p>Review on 7/5/23 of staffing list revealed: -Staff list was not separated by service category but provided for the facility as a whole.</p> <p>Interview on 7/5/23 with Client #1 revealed: -"Don't know why other people are admitted. All staff work with everyone."</p> <p>Interview on 7/6/23 with Staff #1 revealed: -Job title was Facility Based Crisis (FBC) Specialist. -Worked with both groups (detoxification and FBC) at the same time.</p> <p>Interview on 7/6/23 with the Case Manager revealed: -He was responsible for discharge planning for all clients.</p>	V 270		
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V 270	<p>Continued From page 5</p> <p>-Specialists were cross trained.</p> <p>Interview on 7/6/23 with Nurse #2 revealed: -Usually, 2 nurses work each shift. Had worked as only nurse about 3 times in past 4 months. -Nurses alternate conducting intakes as they come in. -The doctor determines who receives detoxification or crisis protocols.</p> <p>Interview on 7/5/23 with Clinical Director revealed: -All the staff were cross trained and worked both services provided by the facility. -When there were 2 specialists working they assisted everyone as needed.</p> <p>Interview on 7/7/23 with the Regional Director revealed: -Typically staff 2 nurses at all times. Try to have 2 specialists on when only one nurse. -Occasionally will have 2 specialists on each shift. -The facility was planning to move to a crisis only facility.</p> <p>This deficiency constitutes a recite deficiency and must be corrected within 30 days.</p>	V 270		
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**Subject:** FRTC Disaster Drill- First Shift

**Start:** Wed 9/6/2023 12:00 AM

**End:** Thu 9/7/2023 12:00 AM

**Show Time As:** Free

**Recurrence:** Monthly

**Recurrence Pattern:** Occurs every month on the first Wednesday of the month effective 9/6/2023.

**Meeting Status:** Accepted

**Organizer:**

**Required Attendees:**



Complete disaster drill today- see attached schedule, upload all required documents to Safety Folder

**Subject:** FRTC Disaster Drill- Second Shift

**Start:** Tue 9/19/2023 12:00 AM

**End:** Wed 9/20/2023 12:00 AM

**Show Time As:** Free

**Recurrence:** Monthly

**Recurrence Pattern:** Occurs every month on the third Tuesday of the month effective 9/19/2023.

**Meeting Status:** Accepted

**Organizer:**

**Required Attendee**



Complete disaster drill (see attached schedule), upload documents into Safety Folder



RE: [External] Foothills Regional Treatment Center- Change License Application

Attachment B

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Received.

Thank you.

*Danalouise Reeves*

Administrative Specialist I

Division of Health Service Regulation, Mental Health Licensure and Certification Section  
NC Department of Health and Human Services

Office: 919-855-3831

Fax: 919-715-8078

[Danalouise.Reeves@dhhs.nc.gov](mailto:Danalouise.Reeves@dhhs.nc.gov)

1800 Umstead Drive, Williams Building

2718 Mail Service Center

Raleigh, NC 27699-2718

**Enterprise System - Frequently Asked Questions**

<https://info.ncdhhs.gov/dhsr/faq.htm>

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**From:** Tracey Irvine <Tracey.Clark@rhanet.org>

**Sent:** Friday, July 14, 2023 4:04 PM

**To:** Reeves, Danalouise V <Danalouise.Reeves@dhhs.nc.gov>

**Subject:** [External] Foothills Regional Treatment Center- Change License Application

**CAUTION:** External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Dana Louise,

Thanks for taking the time to review this information with me by phone earlier today. Please see attached completed request form. I have also submitted this by fax.

Thanks,

Tracey B. Irvine, MA, LCMHC-S

Director- Caldwell and Alexander Counties

Mobile- 828-610-7209

Caldwell County

2415 Morganton Blvd., SW

Lenoir, NC 28645-9691  
Office- 828-394-5566  
Fax- 828-394-5418

Alexander County  
395 3<sup>rd</sup> Ave., SW  
Taylorsville, NC 28681-4180  
Office- 828-848-2515 ext 2532  
Fax- 828-848-2514

**Attachment B**



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