STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601361		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
		IDENTIFICATION NOMBER.	A. BUILDING:			R-C 09/20/2023	
		B. WING					
AME OF F	ROVIDER OR SUPPLIER	STREET A	DRESS, CITY, STATE, ZIP CODE				
		1810 BA	CK CREEK DR				
ECU YC	OUTH CRISIS CENTE	R, A MONARCH P CHARLO	OTTE, NC 2821	13			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
V 000		те	V 000	DEFICIENC	1)		
v 000	INITIAL COMMENTS		v 000				
	A complaint and follow up survey was completed on September 20, 2023. The complaint was substantiated (intake #NC00205489). A deficiency was cited.						
	categories: 10A NC Medical Detoxificat Substance Abusers	sed for the following service CAC 27G. 3100 Nonhospital ion for Individuals Who are and 10A NCAC 27G. 5000 is Service for Individuals of All					
	census of 12. The	sed for 16 and currently has a survey sample consisted of clients and 1 former client.					
V 108	27G .0202 (F-I) Personnel Requirements		V 108				
	(g) Employee train	cation shall be documented. ing programs shall be					
	<ul><li>following:</li><li>(1) general organiz</li><li>(2) training on clie</li><li>delineated in 10A N</li></ul>	minimum, shall consist of the zational orientation; nt rights and confidentiality as ICAC 27C, 27D, 27E, 27F and	1				
	client as specified i plan; and	t the mh/dd/sa needs of the n the treatment/habilitation					
	bloodborne pathog (h) Except as perm .5602(b) of this Sul	itted under 10a NCAC 27G ochapter, at least one staff					
	times when a client member shall be tr	vailable in the facility at all t is present. That staff ained in basic first aid nanagement, currently trained					

Division of Health Service Re STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R-C 09/20/2023		
		MHL0601361					
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE. ZIP CODE			
		1810 BA	CK CREEK DR				
SECU YU	OUTH CRISIS CENTE	R, A MONARCH P CHARLO	OTTE, NC 2821	3			
(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 ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
V 108	Continued From page 1		V 108				
	trained in the Heim techniques such as the American Hear equivalence for reli (i) The governing k implement policies reporting, investiga	Imonary resuscitation and lich maneuver or other first aid to those provided by Red Cross t Association or their eving airway obstruction. body shall develop and and procedures for identifying ting and controlling infectious diseases of personnel and	,				
	Based on record re facility served clien mood dysregulatior substance abuse d defiant disorder, an Former Staff (FS) (	et as evidenced by: eviews and interviews the ts with diagnoses of disruptive in disorder, generalized anxiety isorder and oppositional ind failed to ensure 2 of 3 #3 and #4) were trained to needs of the clients. The					
	-Hire date 3/20/23. -Separation date 7/	l Health Technician.					
	-Hire date 10/24/22 -Separation date 7/	25/23. I Health Technician.					
		v on 9/15/23 with FS #3 was o FS #3 declining interview.					

OQN011

Division of Health Service Regulation           STATEMENT OF DEFICIENCIES           AND PLAN OF CORRECTION           (X1) PROVIDER/SUPPLIER/CLIA           IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NOMBER.	A. BUILDING:		R-C	
		MHL0601361	B. WING			20/2023
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ECU YC	OUTH CRISIS CENTE					
(X4) ID	SUMMARY ST		DTTE, NC 2821	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	COMPLET DATE
V 108	Continued From page 2		V 108			
	Attempted interview on 9/15/23 with FS #4 was unsuccessful due to no response to phone calls.					
	Interview on 9/7/23 with The Vice President of Operations revealed:					
	<ul> <li>-Responsible for making sure all staff had mh/dd/sa training.</li> <li>-A new mh/dd/sa training had been added to employee orientation.</li> <li>-Older staff will receive the new mh/dd/sa training.</li> </ul>					
		nstitutes a re-cited deficiency cted within 30 days.				
ion of L	ealth Service Regulation					

OQN011