STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-443	A. BUILDING: _____ B. WING _____	05/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIADA TREATMENT CENTER	882 ELIADA HOME ROAD ASHEVILLE, NC 28806

(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
V 000	INITIAL COMMENTS An annual survey was completed on May 13, 2024. Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents. This facility is licensed for 8 and has a current census of 4. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to hold fire and disaster drills at least quarterly for each shift. The findings are:	V 114		

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V 114	Continued From page 1 Review on 5/7/24 and 5/8/24 of the facility's fire and disaster drill log revealed: -No documentation of fire drills on first shift for third quarter 2023 (July-September). -No documentation of fire drills on first shift for fourth quarter 2023 (October-December). -No documentation of fire drills on first shift for first quarter 2024 (January-March). -No documentation the clients were present for disaster drills on first shift for third and fourth quarter 2023 (July-December) and first quarter 2024 (January-March). Interview on 5/13/24 with the Residential Director revealed: -"I make sure they (fire drills) are done." -"Documenting that it (disaster drills) is happening on campus but not necessarily in the cottage." Interview on 5/13/24 with the Chief Compliance Officer revealed: -Was the responsibility of the Residential Director to make sure drills were completed correctly. -The Quality Assurance Manager would check the fire and disaster drill logs. Interview on 5/13/24 with the Quality Assurance Manager revealed: -Disaster drills were completed even if no clients were present in the facility. -Would alternate who was responsible for completing the fire drills.	V 114		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a	V 131		

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V 131	Continued From page 2 health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete the Health Care Personnel Registry (HCPR) check prior to hire. The findings are: Review on 5/9/24-5/10/24 of Former Staff (FS) #2's record revealed: -Date of Hire: 1/8/24. -Date of HCPR check: 5/7/24. Interview on 5/13/24 with the Chief Compliance Officer revealed: -Human Resources was responsible for completing and filing the HCPR checks. -HCPR checks had been completed for other staff hired the same day as FS #2.	V 131		