	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	DNSTRUCTION		E SURVEY PLETED	
		MHL036-332	B. WING		05	R 5/23/2024	
NAME OF PF	OVIDER OR SUPPLIER	STREET A	ET ADDRESS, CITY, STATE, ZIP CODE				
REEDOM			RAY DRIVE NIA, NC 28054				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMENTS	3	V 000				
	unsubstantiated (#NC complaints were subs #NC 00213874, and Deficiencies were cite This facility is license	4. One complaint was C 00213668) and three stantiated (#NC 00214483, #NC 00215562). ed. d for the following service					
	Medical Detoxification Substance Abusers a Residential Treatmen Individuals with Subs	27G 3100 Nonhospital n for Individuals Who are and 10A NCAC 27G 3400 at/Rehabilitation for tance Abuse Disorders. d for 30 and currently has a					
	-	rvey sample consisted of					
V 114	27G .0207 Emergence	cy Plans and Supplies	V 114				
	AND SUPPLIES (a) A written fire plan area-wide disaster plan shall be approved by authority.	an shall be developed and the appropriate local					
	and evacuation proce posted in the facility. (c) Fire and disaster shall be held at least repeated for each shi	made available to all staff edures and routes shall be drills in a 24-hour facility quarterly and shall be ift. Drills shall be conducted simulate fire emergencies.					
		have basic first aid supplies					
aion of Llog	Ith Service Regulation						

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL036-332	B. WING		R 05/23/2024	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	ZIP CODE	•	
REEDON		1089 X F	RAY DRIVE			
REEDON		GASTO	NIA, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
V 114	Continued From page	9 1	V 114			
	facility failed to ensur	as evidenced by: ews and interviews the e that fire and disaster drills ach shift at least quarterly.				
	the 1st quarter of 202 -No third shift fire Jan-March of 2024.	Fire and Disaster Drills for 4 revealed: e drill documented for aster drill documented for				
	revealed: -The shifts were: 3pm-11pm, ans 11pm -They had been of drills.	ith the Nurse Practioner 1st shift 7am-3pm, n,-7am. completing fire and disaster een completing them for				
		rith Client #1 revealed: en there for 3 weeks and had y fire of disaster drills.				
	Director revealed: -He was the Inter the Permanent Execu starting in a few week -They would ens	ure that the fire and disaster on each shift at least				
V 218	27G .3101 Nonhospit	al Med. Detox Scope	V 218			
	10A NCAC 27G .310 ⁻	1 SCOPE				

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STATEMENT	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL036-332	B. WING		05	R 5/ 23/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		1089 X F	AY DRIVE			
FREEDON	Λ	GASTON	NA, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLETI DATE
V 218	Continued From page	2	V 218			
	treatment and suppor supervision of a physi (b) This facility is des individual from alcoho	cility which provides medical tive services under the ician. signed to withdraw an of or other drugs and to a more extensive treatment				
	failed to ensure that th	as evidenced by: ew and interviews the facility he number of detoxify clients be of license. The findings				
	-27G .3100 Non- Detoxification-Individu Abusers: 20 beds	uals Who are Substance dential Treatment-Individuals				
	4-3-24 revealed: -20 clients in the Detoxification-Individu Abusers Program with admitted on 4-3-24. -No clients from t Medical Detoxification	the facility client list for .3100 Non-hospital Medical uals Who are Substance h 4 more scheduled to be the .3100 Non-hospital n-Individuals Who are vere scheduled for discharge				
	-4 clients in the .3	3400 Residential with Substance Abuse				

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION		E SURVEY PLETED	
		MHL036-332	B. WING		05	R 05/23/2024	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
FREEDOM	4	1089 X F	RAY DRIVE				
REEDUI	n	GASTON	NIA, NC 28054				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 218	Continued From pag	e 3	V 218				
	revealed: -The administration put more people into Medical Detoxification Substance Abusers F -The goal was to Medical Detoxification Substance Abusers F of the building and the hall, but it is not work -The residential have been put in the are detoxing and it were clients up at night. -No one has been being together. -"We get paid medica Who are Substance for Interview on 4-4-24 were -The facility was the .3100 Non-hospital Detoxification-Individa Abusers Program that -He thought it me that had already deto someone that was judent of the set Interview on 4-4-24 were -The facility was the .3100 Non-hospital Detoxification-Individa Abusers Program that -He thought it me that had already deto someone that was judent of the set Interview on 4-4-24 were -She has had cliither the set of the set	clients had complained, they same room with clients that as keeping the residential en hurt due to the clients ore for detox clients." (.3100 I Detoxification-Individuals Abusers) with Staff #1 revealed: bringing in more clients into tal Medical uals Who are Substance an it was supposed to have. ade it harder for the clients boxed to be rooming with st starting to detox. o the Interim Executive sue, but it didn't change. with Staff #2 revealed: ents complain to her about ent in their room when they I Program. her concerns to Interim					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		MHL036-332	B. WING		05	R 5/23/2024	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
		1089 X F	AY DRIVE				
FREEDOM	n	GASTON	NA, NC 28054				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETE DATE	
V 218	Continued From page	e 4	V 218				
	-She had been at weeks. -She had come in Medical Detoxification Substance Abusers P the Residential Progra -She had a room minutes prior to the in Non-hospital Medical Who are Substance A -The roommate f "She was in a bad wa last night" -"She was detoxi with hot packs." Interview on 4-10-24 f Director revealed: -They had been f and add beds. They t by the licensing depal -"It must have be detox clients) -They never inter clients in the .3100 No Detoxification-Individu Abusers Program. -He understood t many detox clients) -It had never bee clients in the same ro residential program. -He had not hear	rogram, and then moved to am. mate until approximately 30 neterview that was in .3100 Detoxification-Individuals abusers Program. had kept her up last night. hy. I didn't get much sleep ng, crying. I tried to help her with the Interim Residential trying to change the license hought it had been approved rtment. then a goof." (having too many moded to have too many on-hospital Medical uals Who are Substance hat it was happening. (Too					
	Abusers Program and rooming together.	uals Who are Substance I the Residential Program hat the scope of the program and there could not be					

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		MHL036-332	B. WING		R 05/23/202	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	•	
REEDON		1089 X F	RAY DRIVE			
REEDON		GASTO	NIA, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 218	Continued From page	e 5	V 218			
	Medical Detoxification	in the .3100 Non-hospital n-Individuals Who are Program at any given time.				
V 752	27G .0304(b)(4) Hot	Water Temperatures	V 752			
	EQUIPMENT (b) Safety: Each faci constructed and equi ensures the physical visitors. (4) In areas of exposed to hot water	4 FACILITY DESIGN AND lity shall be designed, pped in a manner that safety of clients, staff and the facility where clients are the temperature of the ained between 100-116				
		n and interview, the facility water between 100-116				
	of the sink in the activ	24 at approximately 2:00pm vity room revealed: 132 Fahrenheit degrees.				
	revealed: -The facility had being too hot. -No client or staf	with the Nurse Practioner previous issues with that sink f had been burned or injured				
	-He had no prob	g too not. with Client #4 revealed: lem with the hot water and one having been burned or				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			R
		MHL036-332	B. WING		05	/23/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
REEDON	n		RAY DRIVE NIA, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLETI DATE
V 752	Continued From page	e 6	V 752			
		with Client #5 revealed: es with the hot water.				
	Executive Director re- -He would get a that day (4-17-24) to -He could turn th room sink until the plu -The clients had temperature up on the -The sink now ha system so the temper tampered with. Review on 4-17-24 of dated 4-17-24 and sig Director revealed: "What immediate acti ensure the safety of t -Turn water off 4	plumber out to the facility turn the water down. e water off in the activity umber arrived. been turning the e sink. ad a lock on the heating rature could not be f the Plan of Protection gned by the Executive ion will the facility take to he consumers in your care? /17 @1:30pm use water 4/17 1:30pm eduled 4-17				
	happens. -Will put sign to r Executive Director) 4. -Maintanence wi -Plumber has be 4/17	ll be contacted myself 4/17 en contacted and scheduled				
	of the hot water in the showed that the wate Fahrenheit. The facili	24 at approximately 2:00pm e sink of the activity room				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
	of correction	IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL036-332	B. WING		05	R 5/23/2024
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
REEDON	1					
(X4) ID	SUMMARY ST		NIA, NC 28054	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	COMPLET DATE
V 752	Continued From page	e 7	V 752			
	been injured by the h constitutes a Type A2	perature up. No clients had not water. This deficiency 2 rule violation for substantial and must be corrected within				