

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/27/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CAIYALYNN BURRELL CHILD CRISIS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 277 BILTMORE AVENUE ASHEVILLE, NC 28801
--	---

(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	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on June 27, 2024. The complaint was substantiated (Intake#NC00217604). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of all Disability Groups.</p> <p>This facility is licensed for 16 and has a current census of 10.</p>	V 000	<p>RECEIVED JUL 17 2024 DHSR-MH Licensure Sect</p>	
V 540	<p>27F .0103 Client Rights - Health, Hygiene And Grooming</p> <p>10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING</p> <p>(a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the:</p> <ol style="list-style-type: none"> (1) opportunity for a shower or tub bath daily, or more often as needed; (2) opportunity to shave at least daily; (3) opportunity to obtain the services of a barber or a beautician; and (4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil. <p>(b) Bathtubs or showers and toilets which ensure individual privacy shall be available.</p> <p>(c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.</p>	V 540	<p>RECEIVED JUL 17 2024 DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Holly C. Robinson TITLE: FBC Regional Operations Director (X6) DATE: 7/11/24
STATE FORM 6899 V30B11 If continuation sheet 1 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/27/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CAIYALYNN BURRELL CHILD CRISIS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 277 BILTMORE AVENUE ASHEVILLE, NC 28801
--	---

(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 540	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure each client had a right to privacy in the provision of personal health, hygiene, and grooming care. The findings are:</p> <p>Observation of the facility on 6/27/24 at approximately 11:16 am revealed: -A bathroom located between the lobby and the inpatient unit had a 2-way mirror. -A small, locked closet was on the opposite side of the 2-way mirror.</p> <p>Interview on 6/27/24 at 8:55 am with the complainant revealed: -She observed a 2-way mirror in one of the bathrooms of the facility.</p> <p>Interview on 6/27/24 with the Director revealed: -There were 3 client bathrooms in the residential unit. -The bathroom with the 2-way mirror was not considered part of the residential unit but was used at times by staff and/or clients during the admission intake process. -The 2-way mirror was not monitored by staff. "I have been here for 2 years, and it's never been used." -The facility existed in a building which was owned by the local county. -The building was originally constructed and used for a different program operated by a licensee unaffiliated with Daymark Recovery Services, Inc. (current licensee). -She planned to have a board installed on the inside of the closet to block the 2-way mirror. This</p>	V 540		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/27/2024
NAME OF PROVIDER OR SUPPLIER CAIYALYNN BURRELL CHILD CRISIS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 277 BILTMORE AVENUE ASHEVILLE, NC 28801		
(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 540	Continued From page 2 would be a permanent installation.	V 540	Putting plywood over the mirror/window was not possible due to the design of the mirror/window. Black vinyl has been purchased and once it arrives, will be installed over the mirror/window. The center director or designee will inspect once a month to ensure the vinyl is intact and that there is zero visibility.	