

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-274	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/03/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE HEALING PLACE OF NEW HANOVER COI	STREET ADDRESS, CITY, STATE, ZIP CODE 1008 MEDICAL CENTER DRIVE WILMINGTON, NC 28401
---	--

(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>An annual survey was completed on October 3, 2024. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3200 Social Setting Detoxification for Substance Abuse.</p> <p>This facility is licensed for 28 and has a current census of 28. The survey sample consisted of audits of 3 current clients and 1 former client.</p>	V 000		
V 223	<p>27G .3203 Social Setting Detox. - Operations</p> <p>10A NCAC 27G .3203 OPERATIONS</p> <p>(a) Monitoring Clients. Each facility shall have a written policy that requires:</p> <p>(1) procedures for monitoring each client's general condition and vital signs during at least the first 72 hours of the detoxification process; and</p> <p>(2) procedures for monitoring and recording each client's pulse rate, blood pressure and temperature at least four times daily for the first 72 hours after admission.</p> <p>(b) Discharge Planning And Referral To Treatment/Rehabilitation Facility. The facility shall complete a discharge plan for each client and refer each client who has completed detoxification to an outpatient or residential treatment or rehabilitation facility.</p> <p>This Rule is not met as evidenced by: Based on interviews and records review, the facility failed to develop and implement a procedure for monitoring each client's general condition during the detoxification process and vital signs of pulse rate, blood pressure and</p>	V 223		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-274	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/03/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE HEALING PLACE OF NEW HANOVER COI	STREET ADDRESS, CITY, STATE, ZIP CODE 1008 MEDICAL CENTER DRIVE WILMINGTON, NC 28401
---	--

(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 223	<p>Continued From page 1</p> <p>temperature at least four times daily for the first 72 hours after admission for 4 of 4 clients (#1, #2, #3 and former client #5). The findings are:</p> <p>Review on 10/3/2024 of client #1's record revealed: -Admission date of 9/28/2024. -Diagnoses included opioid use and other psychoactive substance abuse with intoxications. -Vital signs were recorded on 9/28/24(12pm and 4:51pm), 9/29/24(8am, 4pm, and 12am), and 9/30/24(8:30am, 4pm, and undetermined time).</p> <p>Review on 10/3/2024 of client #2's record revealed: -Admission date of 9/28/2024. -Diagnoses included alcohol use and cocaine use. -Vital signs were recorded on 9/28/24(4:39pm), 9/29/24(8am, 4pm, and 12am), and 9/30/24(8:35am, 4pm, and 12am).</p> <p>Review on 10/3/2024 of client #3's record revealed: -Admission date of 9/29/2024. -Diagnoses included anxiety, depression, and post-traumatic stress disorder. -Vital signs were recorded on 9/29/24(12pm and 4pm), 9/30/24(8:40am, 4pm, and 12am), and 10/01/24(8am, 4pm, and 12am).</p> <p>Review on 10/3/2024 of former client #4's record revealed: -Admission date of 9/26/24 and discharge date of 10/01/24. -Diagnoses included alcohol use, alcohol dependence, and cannabis dependence. -Vital signs were recorded on 9/26/24(12pm and 6pm), 9/27/24(8:15am, 6:10pm, and 12am), 9/28/24(8am, 4pm, and 12am), and 9/29/24(8am,</p>	V 223		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-274	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/03/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE HEALING PLACE OF NEW HANOVER COI	STREET ADDRESS, CITY, STATE, ZIP CODE 1008 MEDICAL CENTER DRIVE WILMINGTON, NC 28401
---	--

(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 223	<p>Continued From page 2</p> <p>4pm, and 12am).</p> <p>Interview on 10/3/2024 client #1 stated: -They took vital signs three times a day (morning, afternoon and close to midnight). -It had been that way since the initial admission date.</p> <p>Interview on 10/3/2024 client #2 stated: -They took vital signs three times a day and they were still doing them three times a day. -Vitals had always been taken the same way.</p> <p>Interview on 10/3/2024 client #3 stated: -"I think they were doing vital signs three times a day."</p> <p>Interview on 10/3/2024 former client #4 stated: -They checked vitals three times a day (morning, afternoon and night).</p> <p>Interview on 10/3/2024 staff #1 stated: -He had worked in his current position for 1 year. -Vital signs were completed three times a day.</p> <p>Interview on 10/3/2024 staff #2 stated: -She had worked in her current position for over 1 year. -Vitals were taken on every shift (8am, 4pm and midnight) from the first day until discharge. -Additional vitals were taken as needed.</p> <p>Interview on 10/3/2024 Detox Coordinator stated: -She had worked in her current position for 9 months. -Vitals were taken on every shift (8am, 4pm and midnight). -The schedule had been consistent from day one. -Additional vitals were taken as needed.</p>	V 223		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-274	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/03/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE HEALING PLACE OF NEW HANOVER COI	STREET ADDRESS, CITY, STATE, ZIP CODE 1008 MEDICAL CENTER DRIVE WILMINGTON, NC 28401
---	--

(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 223	Continued From page 3 Interview on 10/3/2024 Detox Manager stated: -The staff completed vitals three times a day until the client was discharged. -Additional vitals were completed as needed.	V 223		