

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601457	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2024
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NAME OF PROVIDER OR SUPPLIER THE BLANCHARD INSTITUTE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 19902 NORTH COVE ROAD CORNELIUS, NC 28031
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(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 11-6-24. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27 G .3300 Outpatient Detoxification for Substance Abuse, 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders, and 10A NCAC .4400 Substance Abuse Intensive Outpatient Program (SAIOP).</p> <p>The facility has a current census of 38. The first licensed category has a census of 0, the second licensed category has a census of 9 and the third licensed category has a census of 29. The survey sample consisted of audits of 2 current SAIOP clients and 2 current Day Treatment Facilities for Individuals with Substance Abuse Disorders.</p>	V 000		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the hot water was between 100 and 116 degrees. The findings are:</p>	V 752		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 752	<p>Continued From page 1</p> <p>Observation on 11-5-24 at approximately 4:00pm revealed: -The hot water in the group room was 121 degrees.</p> <p>Interview on 11-5-24 with Client #5 revealed: -He had no problem with the hot water.</p> <p>Interview on 11-5-24 with Client #6 revealed: -She had no problems with the hot water.</p> <p>Interview on 11-5-24 with the Regulatory Compliance Officer revealed: -The would get the maintenance man to adjust the hot water as soon as possible.</p>	V 752		