Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED			
		BENTI IOATION NOWBER.	A. BUILDING:				
		MHL011-436	B. WING		11	R / 05/2024	
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE, ZIP CODE				
SHEVILL	E DETOX CENTER		CTAW STREET LLE, NC 28801				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMENTS		V 000				
	completed on Novem was unsubstantiated deficiency was cited. This facility is license category: 10A NCAC	t, and follow up survey was aber 5, 2024. The complaint (Intake# NC00222022). A ed for the following service C 27G .3100 Non-hospital n for Individuals who are					
	census of 11. The su	ed for 16 and has a current urvey sample consisted of ents and 1 deceased client.					
V 114	10A NCAC 27G .020 AND SUPPLIES (a) Each facility shall and a disaster plan a these plans available to the county emerge request. The plans sl procedures and route (b) The plans shall be and evacuation proce posted in the facility. (c) Fire and disaster shall be held at least repeated for each sh	ency services agencies upon hall include evacuation es. e made available to all staff edures and routes shall be drills in a 24-hour facility quarterly and shall be ift. cted under conditions that response to fire	V 114				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			R
		MHL011-436	B. WING		11	/05/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
ASHEVILL	E DETOX CENTER		CTAW STREET LLE, NC 28801			
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V 114	Continued From pag	e 1	V 114			
	failed to ensure that to conducted for each so findings are: Review on 11/4/24 of disaster drills from 2/ -No documentation of shifts and quarters: -April 2024-June -No documentation of following shifts and quarters -April 2024-June shifts. -July 2024-Septo shifts. Interview on 11/1/24	iew and interview, the facility fire and disaster drills were shift at least quarterly. The f the facility's fire and (12/24 to 11/4/24 revealed: of fire drills for the following e 2024: 1st and 3rd shifts. of disaster drills for the juarters: e 2024:1st, 2nd, and 3rd ember 2024: 2nd and 3rd with Client #1 revealed: facility long enough to				
	Interview on 11/4/24 with Client #2 revealed: -had not been at the facility long enough to participate in a fire/disaster drill. -knew that they would go outside in case of an emergency.					
	-worked as a second technician (BHT) at t -second shift was fro shift came in at 11:30	m 3:30PM-12:00AM, third DPM and stayed till 8:00AM. I disaster drill while on shift.				

ZKX811

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ON NUMBER: A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL011-436			R 11/05/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE, ZIP CODE				
SHEVILI	LE DETOX CENTER		CTAW STREET LLE, NC 28801				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY 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 COMPL D THE APPROPRIATE DAT		
V 114	Continued From page 2		V 114				
	revealed: -moved into a superv -typically worked 1st 8:00AM. -worked with the Prog drills completed. -had not completed a Interview on 11/4/24 revealed: -clients were at the fa detoxification. -became the PD of th 2024. -worked to ensure that were completed time -could not respond to fire and disaster drills	and 11/5/24 with the PD acility short term for ne facility in the summer of at fire and disaster drills ly. b how the prior PD conducted S. itutes a re-cited deficiency					

ZKX811