

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-436	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/05/2024
NAME OF PROVIDER OR SUPPLIER ASHEVILLE DETOX CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 25 CHOCTAW STREET 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	INITIAL COMMENTS An annual, complaint, and follow up survey was completed on November 5, 2024. The complaint was unsubstantiated (Intake# NC00222022). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .3100 Non-hospital Medical Detoxification for Individuals who are Substance Abusers. This facility is licensed for 16 and has a current census of 11. The survey sample consisted of audits of 2 current clients and 1 deceased client.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.	V 114	<p>Please see attached</p> <p>RECEIVED DEC 02 2024 DHRS-MH Licensure Sect</p>	<p>multiple completion dates are included in attached POC</p>

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

ASL

TITLE *CO*

(X6) DATE

11/25/24

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V 114	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that fire and disaster drills were conducted for each shift at least quarterly. The findings are: Review on 11/4/24 of the facility's fire and disaster drills from 2/12/24 to 11/4/24 revealed: -No documentation of fire drills for the following shifts and quarters: -April 2024-June 2024: 1st and 3rd shifts. -No documentation of disaster drills for the following shifts and quarters: -April 2024-June 2024: 1st, 2nd, and 3rd shifts. -July 2024-September 2024: 2nd and 3rd shifts. Interview on 11/1/24 with Client #1 revealed: -had not been at the facility long enough to participate in a fire/disaster drill. 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. Interview on 11/5/24 with Staff #2 revealed: -worked as a second shift behavioral health technician (BHT) at the facility. -second shift was from 3:30PM-12:00AM, third shift came in at 11:30PM and stayed till 8:00AM. -completed a fire and disaster drill while on shift. -could not recall the date when this was completed.	V 114		

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V 114	<p>Continued From page 2</p> <p>Interview on 11/4/24 with BHT Supervisor #1 revealed:</p> <ul style="list-style-type: none"> -moved into a supervisory role in July 2024. -typically worked 1st shift was at the facility by 8:00AM. -worked with the Program Director (PD) to get fire drills completed. -had not completed a disaster drill. <p>Interview on 11/4/24 and 11/5/24 with the PD revealed:</p> <ul style="list-style-type: none"> -clients were at the facility short term for detoxification. -became the PD of the facility in the summer of 2024. -worked to ensure that fire and disaster drills were completed timely. -could not respond to how the prior PD conducted fire and disaster drills. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		



Plan of Correction for Asheville Detox Center

ID Prefix Tag V 114

On 11/25/24, the Chief Compliance Officer will provide training to the Facility Director at Asheville Detox Center. The training shall include a review of the disaster plan at Asheville Detox Center, a review of state rule 27G .0207, and a review of the evacuation routes and procedures. CCO will have the Facility Director walk through a sample fire and disaster drill to ensure said drills meet facility standards and adequately simulate an emergency situation. The Facility Director will then provide the same training to all personnel that work at the facility, and will complete the training by 12/2/24.

The Facility Director will designate one staff member on each shift that will be responsible for completing, documenting and submitting drill reports in his absence, and will provide additional training on the documentation procedure utilized by the facility to these staff members. This training will be completed by 12/4/24.

Automated monthly email reminders will be utilized, and sent to the Facility Director, as a reminder that fire and disaster drills must be completed. The Facility Director will have one week from the date of the email reminder to facilitate, document and submit the drill report. Email reminders will be sent on the first of each month, beginning December 1, 2024.

Drill report documentation will be monitored by the CCO on a monthly basis, beginning eight days after the receipt of the automated email reminder. If the drill report has not been completed and submitted, CCO will communicate with the Facility Director to identify why the drill report has not been completed, and allow an addition 72 hours for the drill report to be completed. If additional monitoring indicates the drill report has not been documented, CCO will go to the facility and facilitate the fire/disaster drill, and complete documentation.

Authorized Representative Signature: _____

ASL

CCO

Date: 11/25/24