

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL0601206</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>01/06/2025</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MCLEOD CENTERS FOR WELLBEING</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>500 ARCHDALE DRIVE, 3RD FLOOR<br/>CHARLOTTE, NC 28217</b> |
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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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 1/6/25. A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3100 Nonhospital Medical Detoxification for Individuals Who are Substance Abusers and 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders.</p> <p>This facility is licensed for 36 and has a current census of 26. The survey sample consisted of audits of 3 current clients.</p>   | V 000         |   |                    |
| V 114              | <p><b>27G .0207 Emergency Plans and Supplies</b></p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> | V 114         |   |                    |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| V 114              | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview the facility failed to complete disaster drills and fire drills quarterly and on each shift. The findings are:</p> <p>Review on 1/3/25 of the facility's fire and disaster drills from January 2024 to January 2025 revealed:</p> <ul style="list-style-type: none"> <li>- No fire drills were conducted on 2nd shift in the first quarter.</li> <li>- No fire nor disaster drills were conducted on 1st and 2nd shifts in the second quarter.</li> <li>- No fire drills were conducted on 2nd shift in the third quarter.</li> </ul> <p>Interview on 1/3/25 with client #8 revealed:</p> <ul style="list-style-type: none"> <li>- He had been admitted "maybe 21 or 22 days."</li> <li>- He had not practiced a disaster drill since he had been admitted to the facility.</li> </ul> <p>Interview on 1/3/25 with client #6 revealed:</p> <ul style="list-style-type: none"> <li>- She was admitted on 12/17/24.</li> <li>- She had not practiced a fire nor disaster drill.</li> </ul> <p>Interview on 1/3/25 with client #26 revealed:</p> <ul style="list-style-type: none"> <li>- She was admitted yesterday.</li> <li>- She had not practiced a fire nor disaster drill.</li> </ul> <p>Interview on 1/6/25 with the Director of Compliance revealed:</p> <ul style="list-style-type: none"> <li>- At the beginning of the year the facility had not practiced fire and disaster drills frequently "but after CARF (Commission on Accreditation of Rehabilitation Facilities) came we started practicing more fire and disaster drills."</li> </ul> | V 114         |   |                    |