Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION		
			A. BUILDING:		COMPLETED	
		MHL075-005	B. WING		R <b>01/14/2025</b>	
		MHE075-005			01/14/2025	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E, ZIP CODE		
PAVILLON	INTERNATIONAL		LLON PLACE			
			RING, NC 28756			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	on January 14, 2025.	up survey was completed A deficiency was cited.				
	categories: 10A 27G	d for the following service .3100 Nonhospital Medical viduals Who are Substance				
	Abusers, 10A 27G .34					
	Substance Abuse Dis Treatment Facilities for	orders, 10A 27G .3700 Day or Individuals with				
		orders and 10A 27G .5000 Service for Individuals of All				
	_	d for 55 and has a current A 27G .3100 Nonhospital				
		n for Individuals Who are as a current census of 3,				
	Treatment/Rehabilitat	ion for Individuals with orders has a current census				
	of 16, the 10A 27G .3 Facilities for Individua	700 Day Treatment als with Substance Abuse				
	27G .5000 Facility Ba	ent census of 9 and the 10 A used Crisis Service for				
	census of 0. The surv	bility Groups has a current rey sample consisted of ent in the 10A 27G .3100				
	Nonhospital Medical I	Detoxification for Individuals  Abusers and 2 current clients				
	in the 10A 27G .3400					
	Substance Abuse Dis					
V 114	27G .0207 Emergence	y Plans and Supplies	V 114			
	10A NCAC 27G .0207 AND SUPPLIES	7 EMERGENCY PLANS				
	(a) Each facility shall	develop a written fire plan				

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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL075-005	B. WING		R 01/14/2025	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STATE, ZIP CODE			
PAVILLON	INTERNATIONAL		NG, NC 28756			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 114			V 114			
	facility failed to ensur	as evidenced by: ew and interviews, the e fire and disaster drills were nift at least quarterly. The				
	-No documentation of following shifts and quality - January - March -April - June 202 -July - Septembe -October - Decer	1/1/24-12/31/24 revealed:  If fire drills during the Luarters: 1 2024: 1st, 2nd & 3rd shift. 14: 1st, 2nd & 3rd shift. 15: 2024: 1st, 2nd & 3rd shift. 16: 2024: 1st, 2nd & 3rd shift. 17: 2024: 1st & 3rd shift. 18: 3rd shift. 19: 4 shift. 1				

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-January - March 2024: 1st, 2nd & 3rd shift.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND LEAR OF CONTROL			A. BUILDING			
		MHL075-005	B. WING		R 01/14/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
DAVII I ON	I INTERNATIONAL	241 PAVIL	LON PLACE			
FAVILLON	INTERNATIONAL	MILL SPRI	NG, NC 28756			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 114	Continued From page	2	V 114			
	•	4: 1st, 2nd & 3rd shift. nber 2024: 2nd & 3rd shift.				
	Interview on 1/13/25 v	with Client #1 revealed:				
		ted in a fire or disaster drill				
	since being admitted	<u>-</u>				
		ent of a fire at the facility				
	was discussed with h					
	lot in the event of a fir	he facility to the staff parking				
		<b>c</b> .				
	Interview on 1/13/25	with Client #2 revealed:				
		ated in a fire or disaster drill				
	since being admitted to the facility.					
	,	o do in the event of a fire at				
	the facility) during orientationShe would evacuate the facility to the front of the					
	building in the event of a fire.					
	Interview on 1/13/25					
	Treatment Services re					
	-The Director of Non-	eting the fire and disaster				
	drills at the facility.	etting the life and disaster				
	1	ire drill December 2024 and				
	a disaster drill Novem					
	, , , , ,	over what to do (with the				
	clients) for a fire or er	nergency at orientation."				
	Interview on 1/14/25 v	with the Director of				
	Non-Clinical Services					
	-1st shift was 8am-4p					
	-2nd shift was 4pm-12					
	-3rd shift was 12am-8					
		esponsible for scheduling				
	the fire and disaster of	Irills for the facility. disaster drills were her				
	responsibility, "ultima					
		drill scheduled for 1/25/25				
	and a bomb threat dri					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION		IDENTIFICATION NOWIDEN.	A. BUILDING: _				
		MHL075-005	B. WING		R <b>01/14/2025</b>		
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
PAVILLON	INTERNATIONAL	241 PAVILL MILL SPRII	LON PLACE				
040.15	CHMMADV CT	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	1 075		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE		
V 114	Continued From page 3		V 114				
	disaster drills moving drills will be reviewed Improvement Quality	per would schedule fire and forward and the completed monthly by the Continuous Committee.  een cited 3 times since the					
		mber 20, 2018 and must be					

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