

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-171	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER CLEVELAND CRISIS AND RECOVERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH WASHINGTON STREET SHELBY, NC 28150		
(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 and complaint survey was completed on June 5, 2025. The complaint was unsubstantiated (Intake #NC00229252). A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G. 1100 Partial Hospitalization for Individuals who are acutely Mentally Ill, 10A NCAC 27G. 3300 Outpatient Detoxification for Substance Abuse, 10A NCAC 27G. 5000 Facility Based Crisis Service for Individuals of all Disability Groups.</p> <p>The facility is licensed for 16 beds. The .1100 Partial Hospitalization (PHP) for Individuals who are acutely Mentally Ill has a current census of 6, the .3300 Outpatient Detoxification for Substance Abuse has a current census of 0, and the .5000 Facility Based Crisis (FBC) Service for Individuals of all Disability Groups has a current census of 13. The survey sample consisted of audits of 1 current PHP client and 2 current FBC clients.</p>	V 000	<p>PCC Safety Officer has Selected a new Safety Coordinator, who has been trained on the required Schedule of drills. Safety officer will audit the drills to ensure Compliance.</p> <p>RECEIVED 6/16/2025 DHSR-MH Licensure Sect</p>	8/4/2025
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>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</p>	V 114		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Kim D. On Officer 6/11/2025

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-171	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER CLEVELAND CRISIS AND RECOVERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH WASHINGTON STREET SHELBY, NC 28150		
(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 114	<p>Continued From page 1</p> <p>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> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure fire and disaster drills were completed at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 6/5/25 of the facility's fire and disaster drills revealed: -Fourth quarter 2024 (October, November, and December); no fire drills completed for 1st shift. -First quarter 2025 (January, February, and March); no fire or disaster drills completed for 1st shift.</p> <p>Interview on 6/5/25 with the Safety Officer revealed: -Was responsible for reviewing the fire and disaster drills. -Had a "change over with the safety coordinators." -"Hadh't noticed that we hadn't done the first shift drill (for first quarter 2025)." -"Typically, they (safety coordinators) send them (drill logs) quarterly." -Will begin to have the Safety Coordinators send her the drill logs for review monthly.</p>	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-171	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER CLEVELAND CRISIS AND RECOVERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH WASHINGTON STREET SHELBY, NC 28150		
(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 114	Continued From page 2 Interview on 6/5/25 with the Crisis Director revealed: -Was not responsible for fire and disaster drills. -There is a safety coordinator in the facility, and they report to the Safety Officer. -The Safety Officer reports to the Quality Management and Compliance Officer.	V 114		