

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL044-068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/06/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE BALSAM CENTER ADULT RECOVERY UNIT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>91 TIMBERLANE ROAD</b> <b>WAYNESVILLE, NC 28786</b>
--	--

(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 and follow up survey was completed on November 6, 2025. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of all Disability Groups.</p> <p>This facility is licensed for 16 and currently has a census of 5. The .4400 Substance Abuse Intensive Outpatient Program has a current census of 0 and the .5000 Facility Based Crisis Program for Individuals of all Disability Groups has a current census of 5. The survey sample consisted of audits of 3 current clients in the .5000 Facility Based Crisis Service for Individuals of all Disability Groups.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</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>	V 114		

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:  <b>MHL044-068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/06/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE BALSAM CENTER ADULT RECOVERY UNIT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>91 TIMBERLANE ROAD</b> <b>WAYNESVILLE, NC 28786</b>
--	--

(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>(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 review and interviews, the facility failed to conduct fire and disaster drills quarterly for each shift. The findings are:</p> <p>Review on 11/6/25 of Division of Health Service Regulation (DHSR) construction survey dated 6/5/25 revealed: -"Findings on June 5, 2025: a. Records of fire rehearsal drills were not available at the time of survey."</p> <p>Interview on 11/6/25 with the Nurse Practitioner revealed: -There were two shifts per day. -The previous operations director took over responsibility for fire and disaster drills. -"We don't know where those would be (record of the fire and disaster drills)."</p> <p>Review on 11/6/25 of facility fire and disaster drills revealed: -No fire drills were provided for either shift covering the 3rd quarter of 2025 (July-September). -No disaster drills were provided for either shift covering the 1st, 2nd and 3rd quarters of 2025 (January-March, April-June, July-September).</p> <p>Interviews on 11/6/25 with Staff #1 and Staff #2 revealed: -Fire and disaster drills had been performed.</p> <p>Interview on 11/6/25 with the Director of Nursing revealed: -The former operations director was responsible for maintaining fire and disaster drill records.</p>	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL044-068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/06/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE BALSAM CENTER ADULT RECOVERY UNIT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>91 TIMBERLANE ROAD</b> <b>WAYNESVILLE, NC 28786</b>
--	--

(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  -"At this point...gonna guess it is going to fall to me (to be responsible for drills)."  This deficiency has been cited 3 times since the original cite on 1/26/24 and must be corrected within 30 days.	V 114		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hiring 2 of 3 audited staff (Staff #2 and the Registered Nurse). The findings are:  Review on 11/6/25 of Staff #2's personnel record revealed: -Job Title: Community Mental Health Assistant -Date of Hire: 7/28/25 -Date of HCPR check: 7/29/25  Review on 11/6/25 of the Registered Nurse's personnel record revealed:	V 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL044-068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/06/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE BALSAM CENTER ADULT RECOVERY UNIT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>91 TIMBERLANE ROAD</b> <b>WAYNESVILLE, NC 28786</b>
--	--

(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 131	<p>Continued From page 3</p> <p>-Job Title: Registered Nurse -Date of Hire: 9/8/25 -Date of HCPR check: 9/9/25</p> <p>Interview on 11/6/25 with the Nurse Practitioner revealed: -Human Resources was responsible for completing HCPR checks.</p> <p>Interview on 11/6/25 with the Human Resources Generalist revealed: -The Human Resources department was responsible for completing pre-hire checks. -Had spoken to the director today to let her know it was important that checks were completed prior to hire.</p> <p>Interview on 11/6/25 with the Director of Nursing revealed: -Would assume Human Resources would be responsible for checks.</p>	V 131		
V 722	<p>27G .0302 (a) DHSR Construction Approval</p> <p>10A NCAC 27G .0302 FACILITY CONSTRUCTION/ALTERATIONS/ ADDITIONS (a) When construction, use, alterations or additions are planned for a new or existing facility, work shall not begin until after consultation with the DHSR Construction Section and with the local building and fire officials having jurisdiction. Governing bodies are encouraged to consult with DHSR prior to purchasing property intended for use as a facility.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to consult with the Division of Health Service Regulation (DHSR) Construction Section</p>	V 722		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL044-068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/06/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE BALSAM CENTER ADULT RECOVERY UNIT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>91 TIMBERLANE ROAD</b> <b>WAYNESVILLE, NC 28786</b>
--	--

(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 722	<p>Continued From page 4</p> <p>prior to making facility alterations. The findings are:</p> <p>Observation and interview with the Nurse Practitioner on 11/6/25 at approximately 9:27 am of the facility revealed:</p> <ul style="list-style-type: none"> <li>-There was a locked door that led to another section of the building.</li> <li>-There were no licensed services provided in that section of the building.</li> <li>-The space being occupied by the unlicensed program used to be offices for the facility-based crisis service.</li> <li>-Was unaware of the process for alterations for the facility. "...the floor plan I don't think changed..."</li> </ul> <p>Review on 11/6/25 of DHSR construction survey dated 6/5/25 revealed:</p> <p>"Findings on June 5, 2025: a. A portion of the Adult Recovery Unit has been altered to create a unit for children resulting in a loss of space for the adult program and changes to accessing the adult program unit. DHSR Construction does not have a record of the changes made to the existing floor plan."</p> <p>Interview on 11/6/25 with the Director of Nursing revealed:</p> <ul style="list-style-type: none"> <li>-Had thought prior approval had been received prior to the departure of the previous operations director.</li> <li>-"From my understanding, the building did not change..."</li> <li>-There was a locked door that separated where the licensed and unlicensed services were being provided.</li> </ul>	V 722		