STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL075-005	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PAVILLON INTERNATIONAL	241 PAVILLON PLACE MILL SPRING, NC 28756

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 3/27/26. Deficiencies were cited. This facility is licensed for the following service categories: 10A 27G .3100 Nonhospital Medical Detoxification for Individuals Who are Substance Abusers, 10A 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders, 10A 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders and 10A 27G .5000 Facility Based Crisis Service for Individuals of All Disability Groups. This facility is licensed for 55 and has a current census of 32. The 10A 27G .3100 Nonhospital Medical Detoxification for Individuals Who are Substance Abusers has a current census of 1, the 10A 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders has a current census of 31, the 10A 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders has a current census of 15 and the 10A 27G .5000 Facility Based Crisis Service for Individuals of All Disability Groups has a current census of 0. The survey sample consisted of audits of 1 current client in the 10A 27G .3100 Nonhospital Medical Detoxification for Individuals Who are Substance Abusers and 2 current clients in the 10A 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders.	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	V 114		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL075-005	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PAVILLON INTERNATIONAL	241 PAVILLON PLACE MILL SPRING, NC 28756

(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 1	V 114		

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.

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure disaster drills were conducted on each shift at least quarterly. The findings are:

Review on 3/25/26 of the facility's fire and disaster drill logs for 1/1/25-12/31/25 revealed:
-No documentation of disaster drills during the following shifts and quarters:
-January - March 2025: 1st, 2nd & 3rd shift.
-April - June 2025: 1st, 2nd & 3rd shift.
-October - December 2025: 1st, 2nd & 3rd shift.

Interview on 3/25/26 with Client #1 revealed:
-He had not been at the facility long enough to participate in drills.
-"I read all the materials about it (fire and disaster drills) so I figured at some point there is one (drill) coming..."

Attempted interview on 3/25/26 with Client #2 was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL075-005	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PAVILLON INTERNATIONAL	241 PAVILLON PLACE MILL SPRING, NC 28756

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V 114	Continued From page 2 unsuccessful as he declined to be interviewed. Interview on 3/25/26 with Client #3 revealed: -She participated in fire drills but did not remember having any disaster drills. Interview on 3/27/26 with the Director of Non-Clinical Support Services revealed: -The Facilities Manager was responsible to ensure fire and disaster drills were completed. -She would follow up with him to make sure disaster drills were completed as required. This deficiency has been cited 4 times since the original cite on September 20, 2018 and must be corrected within 30 days.	V 114		
V 220	27G .3103 Nonhospital Med. Detox. - Operations 10A NCAC 27G .3103 OPERATIONS (a) Monitoring Clients. Each facility shall have a written policy that requires: (1) procedures for monitoring each client's general condition and vital signs during at least the first 72 hours of the detoxification process; and (2) procedures for monitoring and recording each client's pulse rate, blood pressure and temperature at least every four hours for the first 24 hours and at least three times daily thereafter. (b) Discharge Planning And Referral To Treatment/Rehabilitation Facility. Before discharging the client, the facility shall complete a discharge plan for each client and refer each client who has completed detoxification to an outpatient or residential treatment/rehabilitation facility.	V 220		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL075-005	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PAVILLON INTERNATIONAL	241 PAVILLON PLACE MILL SPRING, NC 28756

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V 220	Continued From page 3	V 220		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to develop and implement a written policy that ensured vital signs for clients admitted for medical detoxification were monitored and recorded at least every four hours for the first 24 hours affecting 1 of 3 current clients audited (#1). The findings are:

Reviews on 3/25/26 and 3/27/26 of Client #1's record revealed:
-Date of admission to the medical detoxification (detox) unit 3/23/26.
-Diagnoses of Alcohol Use Disorder, Severe; Myocardial Infarction, Thyroidectomy/Hypothyroidism and Hypertension.
-Vital signs recorded on:
-3/23/26 at 2:00 pm and 8:00 pm - 2 times.
-3/24/26 at 2:00 am, 8:00 am, 2:00 pm and 8:00 pm - 4 times.
-3/25/26 at 2:00 am, 8:00 am and 8:00 pm - 3 times.

Interview on 3/25/26 with Client #1 revealed:
-"They (nurses) checked my vital signs regularly."

Interview on 3/25/26 with Registered Nurse (RN) #1 revealed:
-She worked on the medical detox unit.
-"We do vital signs at least every 6 hours at 8:00 am and 2:00 pm and also in between if needed."

Interview on 3/27/26 with RN #2 revealed:
-The "protocol is for vital signs to be conducted every 6 hours, 8:00 am, 2:00 pm, 8:00 pm 2:00 am" while clients were in the medical detox unit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL075-005	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PAVILLON INTERNATIONAL	241 PAVILLON PLACE MILL SPRING, NC 28756

(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 220	Continued From page 4 Interview on 3/27/26 with the Physician Assistant revealed: -When a client was on the medical detox unit then "vital signs are completed every 6 hours until transferred from the detox program...I was not aware state rule mandated vital signs be conducted every 4 hours...I will make the required changes immediately..."	V 220		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL075-005	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PAVILLON INTERNATIONAL	241 PAVILLON PLACE MILL SPRING, NC 28756

(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 366	Continued From page 5	V 366		

shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.
(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:
(1) immediately securing the client record by:
(A) obtaining the client record;
(B) making a photocopy;
(C) certifying the copy's completeness; and
(D) transferring the copy to an internal review team;
(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:
(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;
(B) gather other information needed;
(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and
(D) issue a final written report signed by the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL075-005	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PAVILLON INTERNATIONAL	241 PAVILLON PLACE MILL SPRING, NC 28756

(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 366	Continued From page 6 owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement written policies governing their response to Level II incidents. The finding are:	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL075-005	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PAVILLON INTERNATIONAL	241 PAVILLON PLACE MILL SPRING, NC 28756

(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 366	Continued From page 7 Review on 3/25/26 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No incident reports. Review on 3/25/26 of facility level I incident reports revealed: -1/10/26 - type of incident "Act of violence or aggression." Law enforcement (LE) called and arrived to remove a belligerent former client (FC) off the property. -1/13/26 - type of incident "Other: Patient (client) got into new admits (client newly admitted) vehicle...Overdose." LE was called due to a FC getting into another client's vehicle. He refused to exit the vehicle which had a gun in the glove box. LE removed the FC off the property. There was no additional information for "overdose." -2/3/26 - type of incident "Act of violence or aggression...Premature discharge: Administrative..." LE was called due to FC being belligerent who eventually walked off the property. LE was notified where FC walked to and went to pick up the FC. -2/21/26 - type of incident "Act of violence or aggression...Other: Osphena (Dyspareunia)...ingested pills...Suicide attempt/threat/suicide...Overdose..." FC grabbed 2 bottles of Osphena that was sitting at the nurse's station. FC became belligerent hitting and attacking multiple staff while putting the pills in her mouth and swallowing. Emergency Medical Services was called as well as Poison Control. -None of the reports had documentation to determine the facts and causes of the incident, no recommendations to minimize future occurrences, no internal review within 24 hours of the incident, no 5 day written report of preliminary findings, and no notification to the client's legal guardian, as applicable.	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL075-005	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PAVILLON INTERNATIONAL	241 PAVILLON PLACE MILL SPRING, NC 28756

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V 366	Continued From page 8 Interview on 3/27/26 with the Director of Non-Clinical Support Services revealed: -She was familiar with IRIS but was told they did not have to submit incidents to IRIS due to being a private pay facility.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL075-005	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PAVILLON INTERNATIONAL	241 PAVILLON PLACE MILL SPRING, NC 28756

(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 367	Continued From page 9	V 367		

day whenever:
(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).
(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:
(1) medication errors that do not meet the definition of a level II or level III incident;
(2) restrictive interventions that do not meet the definition of a level II or level III incident;
(3) searches of a client or his living area;
(4) seizures of client property or property in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL075-005	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PAVILLON INTERNATIONAL	241 PAVILLON PLACE MILL SPRING, NC 28756

(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 367	Continued From page 10 the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report all level II incidents in the Incident Response Improvement System (IRIS) and failed to notify the Local Management Entity (LME)/ Managed Care Organization (MCO) responsible for the catchment area where services are provided within the required time frames. The findings are: Review on 3/25/26 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No incident reports. Review on 3/25/26 of facility level I incident reports revealed: -1/10/26 - type of incident "Act of violence or aggression." Law enforcement (LE) called and arrived to remove a belligerent former client (FC) off the property. -1/13/26 - type of incident "Other: Patient (client) got into new admits (client newly admitted) vehicle...Overdose." LE was called due to a FC	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL075-005	A. BUILDING: _____ B. WING _____	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PAVILLON INTERNATIONAL	241 PAVILLON PLACE MILL SPRING, NC 28756

(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 367	Continued From page 11 getting into another client's vehicle. He refused to exit the vehicle which had a gun in the glove box. LE removed the FC off the property. There was no information for "overdose." -2/3/26 - type of incident "Act of violence or aggression...Premature discharge: Administrative..." LE was called due to FC being belligerent who eventually walked off the property. LE was notified where FC walked to and went to pick up the FC. -2/21/26 - type of incident "Act of violence or aggression...Other: Osphena (Dyspareunia)...ingested pills...Suicide attempt/threat/suicide...Overdose..." FC grabbed 2 bottles of Osphena that was sitting at the nurse's station. FC became belligerent hitting and attacking multiple staff while putting the pills in her mouth and swallowing. Emergency Medical Services was called as well as Poison Control. Interview on 3/27/26 with the Director of Non-Clinical Support Services revealed: -Was not aware of the LME/MCO responsible for the catchment area. -She was familiar with IRIS but was told they did not have to submit incidents to IRIS due to being a private pay facility.	V 367		