

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL019-065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/27/2018
NAME OF PROVIDER OR SUPPLIER CHATHAM RECOVERY		STREET ADDRESS, CITY, STATE, ZIP CODE 1758 E 11TH STREET, SUITE E SILER CITY, NC 27344	
(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	INITIAL COMMENTS An annual and follow up survey was completed on 6/27/18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment. The client census was 181 at the time of the survey.	V 000	DHSR - Mental Health JUL 09 2018 Lic. & Cert. Section
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and	V 105	Application for CIA waiver completed & mailed on 6/26/2018. Once initial accreditation is approved, Program Director will ensure that renewals are completed every two years so that there is no lapse in certification. 6/26/18

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

TITLE

(X6) DATE

Alwan Stanley

Program Director

7/5/18

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V 105	<p>Continued From page 1</p> <p>recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement adoption</p>	V 105		

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V 105	Continued From page 2 of standards that ensured operational and programmatic performance meeting applicable standards of practice for the use of Urine Drug Screen Testing including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are: a. Review on 6/26/18 of client #1's record revealed: - Admission date of 11/12/15. - Diagnosis of Opioid Use Disorder. -There were Urine Drug Screens for client #1 completed on 3/12/18, 4/16/18, 4/30/18 and 5/14/18. b. Review on 6/26/18 of client #2's record revealed: - Admission date of 5/13/16. - Diagnosis of Opioid Use Disorder. -There were Urine Drug Screens for client #2 completed on 4/23/18, 5/24/18, 5/25/18 and 6/20/18. c. Review on 6/26/18 of client #3's record revealed: - Admission date of 6/24/16. - Diagnosis of Opioid Use Disorder. -There were Urine Drug Screens for client #3 completed on 3/27/18, 4/23/18, 5/21/18 and 6/11/18. Interview with the Lead Nurse on 6/26/18 and 6/27/18 revealed: -The facility nurses do urine drug screens onsite. -The facility nurses would normally do urine drug screens at admission for each client. -The facility nurses would also do drugs screens if they suspect a client is using a substance. -The agency also uses an outside company to do urine drug screens.	V 105		

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V 105	<p>Continued From page 3</p> <p>-She confirmed the facility failed to have a CLIA waiver in order to complete urine drug screens.</p> <p>Interview with the Program Director on 6/26/18 and 6/27/18 revealed:</p> <ul style="list-style-type: none"> -The facility nurses would normally do urine drug screens at admission or as needed for clients. -They use a local company to do most of the urine drug screens for clients. -She was not aware the facility required a CLIA waiver to do urine drug screens for clients. -She confirmed the facility failed to have a CLIA waiver in order to complete urine drug screens. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 105		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AHL019-065	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/27/2018
NAME OF FACILITY CHATHAM RECOVERY	STREET ADDRESS, CITY, STATE, ZIP CODE 1758 E 11TH STREET, SUITE E SILER CITY, NC 27344	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0114 Reg. # 27G .0207 LSC	Correction Completed 06/27/2018	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
J Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR Kimberly R Sauls and Joseph Corprew	DATE 6/28/18
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 5/16/2017	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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