

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-451	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2018
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NAME OF PROVIDER OR SUPPLIER HEALING TRANSITIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 1251 GOODE STREET RALEIGH, NC 27603
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] **RECOVERY ENGAGEMENT COOR**

9/27/18

Division of Health Service Regulation

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[Signature] **RECOVERY ENGAGEMENT CAR**

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STATE FORM 6899 T9S111 If continuation sheet 1 of 4

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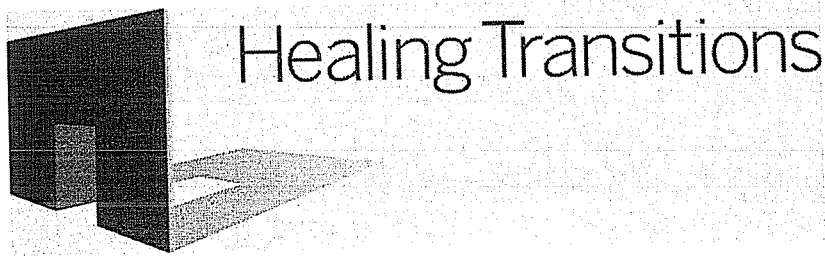
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DHSR-Mental Health

OCT 01 2018

Lic. & Cert. Section

Chris Budnick
MSW, LCSW, LCAS, CCS
Executive Director

September 27, 2018

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Mental Health Licensure and Certification Section
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Dear Renee Kowalski-Ames

Brad Turlington
Secretary

Please find the written plan of correction for the annual compliance survey conducted on August 23, 2018. Included is the corrective actions for the Women's and Men's Facilities at Healing Transitions along with the active waiver approved on May 22, 2018.

Evelyn Booker

Tom Drewry

Please let me know if you have further corrections or if we need to provide any additional information.

Holly Hammer

Angel Menendez

Thank you.

Anita Neville

Charlie Hitlin
Recovery Engagement Coordinator

Will Roach

Chris Valauri

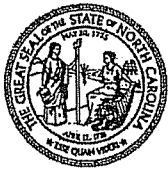
DHSR - Mental Health

OCT 01 2018

Lic. & Cert. Section

www.Healing-Transitions.org

MEN'S CAMPUS & ADMINISTRATION 1251 Goode St, Raleigh, NC 27603 (919)838-9800 FAX (919)834-1473
WOMEN'S CAMPUS 3304 Glen Royal Rd, Raleigh, NC 27617 (919)865-2550 FAX (919)782-6728



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Health Service Regulation

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director

May 22, 2018

Mr. Chris Budnick
Executive Director
Healing Transitions
1251 Goode Street
Raleigh, North Carolina 27603

RE: Approval of Request for Renewal of Waiver of Rule 10A NCAC 27G .0209 (c)(2) for The Healing Place of Wake County, Healing Transitions Men's Facility, MHL-092-451 and the Women's Facility, MHL-092-643, Wake County

Dear Mr. Budnick:

Pursuant to your request contained in your letter dated December 6, 2017, which was received on January 2, 2018 and after review by our staff, I have determined that the request for waiver be approved for licensure year 2018. This is based on delegation of authority given to me by Mark Payne, Director of the Division of Health Service Regulation, on April 23, 2018. Our review was delayed awaiting receipt of a recommendation from the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, which was received on May 17, 2018.

Rule 10A NCAC 27G .0209 (c)(2) provides, "[m]edications shall be self-administered by clients only when authorized in writing by the client's physician."

Renewal of the waiver will allow clients to self-administer their own medications without authorization in writing by the client's physician."

I hereby approve your request for renewal of waiver of Rule 10A NCAC 27G .0209 (c)(2) based on the following representations:

- The Medication Guidelines used by the Healing Transitions includes a review of the clients' medication with staff. Protocol includes bringing concerns to the attention of the Licensed Clinical Addictions Specialist, the Medical Director, the Health Care coordinator or the prescribing physician.
- Medication is locked in a personal locker that staff have the key to. Staff unlock the locker and observe the client self-administer the medication as prescribed. This is then documented.
- The short-term nature of the social setting detox program (less than 3 days) does not allow adequate time to secure written approval for clients making compliance with this rule extremely difficult.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
OFFICE OF THE DIRECTOR

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 2701 Mail Service Center, Raleigh, NC 27699-2701
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3750 • FAX: 919-733-2757

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Mr. Chris Budnick
May 22, 2018

- Healing Transitions has operated with this waiver for several years without incident or concerns that impact services or clients.
- Clients are not administered any medications to assist withdrawal. They are closely assessed using a combination of withdrawal history, alcohol and drug use prior to admission, co-occurring medical conditions, and vital signs and scores on the Clinical Institute Withdrawal Assessment for Alcohol Revised or Clinical Opiate Withdrawal Scale.
- The facility does not contract with a Local Management Entity-Managed Care Organization. Its Board of Directors submitted a letter in support of this request.
- There are no identified health and safety concerns, associated with approval of this waiver, for the individual or other residents in the home.

In accordance with 10A NCAC 27G .0813, the waiver of Rule 10A NCAC 27G .0209 (c)(2) cannot exceed the expiration date of the 2018 license which is December 31, 2018; and, therefore shall be subject to renewal consideration upon the request of the licensee.

Should you have any questions regarding this matter, please contact me at (919) 855-3750.

Sincerely,

Stephanie Gilliam

Stephanie Gilliam
Chief, Mental Health Licensure & Certification Section

SG:peb

cc: Dr. Jason E. Vogler, Director, DMH/DD/SAS
Denise Baker, Esq., DMH/DD/SAS
LaTonya Baker, DMH/DD/SAS
Mark Payne, DHSR