

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-177	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2018
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NAME OF PROVIDER OR SUPPLIER JOHNSTON RECOVERY SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1699 OLD US HIGHWAY 70 WEST CLAYTON, NC 27520
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(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 survey was completed November 1, 2018. There was a deficiency cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment. The facility currently serve 270 clients.</p>	V 000	<p>DHSR - Mental Health</p> <p>NOV 20 2018</p> <p>Lic. & Cert. Section</p>	
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112	<p>On the anniversary of the patient, the counselor will complete new Person-Centered Plan (Treatment Plan).</p> <p>A training with Clinical Staff will be conducted by the Clinical Supervisor within 30 days. The training will include scheduling Annual PCP requirements, how updating a PCP within that time frame of 30 days or quarterly does not meet the Annual Requirement for a new PCP. Also, educate on how to use the Quarterly Chart Update Form as a tool to help meet deadlines and updates.</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jennifer Davison

TITLE
Program Director (X6) DATE
11/14/18

Division of Health Service Regulation

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to have a current treatment plan for one of fifteen audited clients. The findings are:</p> <p>Review on 10/31/18 of Client #1's record # (1128) revealed: -Admission date of 10/25/17. -Diagnosis of Opioid Dependence. -Treatment plan expired 10/25/18. -There was no current treatment plan in the client's record.</p> <p>Interview on 11/1/18 with the Clinical Director revealed: -Counselors were responsible for completing treatment plans. -During the time the treatment plan expired, the counselor responsible was completing continuing education credentials. -The treatment plan would be completed as soon as possible.</p>	V 112		