

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL094-007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER A PLUS RESULTS INDEPENDENT LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 102 WEST WATER STREET PLYMOUTH, NC 27962
--	--

(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, follow up & complaint survey was completed on 2/21/19. The complaint was substantiated (intake #NC145121). 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 .4500 Substance Abuse Comprehensive Outpatient Treatment</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(f) The governing body for each facility shall</p>	V 110		

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: MHL094-007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER A PLUS RESULTS INDEPENDENT LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 102 WEST WATER STREET PLYMOUTH, NC 27962
--	--

(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 110	<p>Continued From page 1</p> <p>develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 2 of 3 audited staff (Program Coordinator & Counselor #1) demonstrated the knowledge & skills required by the population served. The findings are:</p> <p>A. Observation on 2/12/19 at 4:10pm revealed the following:</p> <ul style="list-style-type: none"> - an open area with several staff's cubicles with no doors to the cubicles - several staff and clients walked throughout the open area - a back cubicle had several urine samples in individual plastic bags across a desk - there was no staff in the cubicle that contained the urine samples <p>Observation on 2/21/19 at 12:19pm revealed the following:</p> <ul style="list-style-type: none"> - the back cubicle had 2 urine samples in individual plastic bags on a desk - there was no staff in the cubicle <p>During interview on 2/12/19 Counselor #1 reported:</p> <ul style="list-style-type: none"> - she was responsible for collecting the urine samples - she would print out a list of client names the day before - urine samples are collected when the clients 	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL094-007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER A PLUS RESULTS INDEPENDENT LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 102 WEST WATER STREET PLYMOUTH, NC 27962
--	--

(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 110	<p>Continued From page 2</p> <p>arrive during the morning hours</p> <ul style="list-style-type: none"> - after urine samples are collected they are sealed and placed in a lock box for the contracted company to pick up - her attention was redirected this morning and the urine samples were not placed in the locked box - there have been no issues of urine samples being tampered with <p>During interview on 2/21/19 the Program Coordinator reported:</p> <ul style="list-style-type: none"> - he was not sure why the urine samples were on the desk - the urine samples should have been in the locked box for the company the contracted with to pick up - urine samples left in open area could be tampered with...confidentiality issues...anything could happened <p>B. "Facility SACOT/SAIOP Program Description revealed: participants may receive incentives to increase motivation for positive lifestyle change, and to increase current level of self esteem...shall be in the form of gift cards to any merchant that does not sell alcohol..."</p> <p>During interview on 2/21/19 client #1 reported:</p> <ul style="list-style-type: none"> - she received \$25.00 per week for attending the program - "staff" gives the allowance - she used it for personal items <p>During interview on 2/21/19 client #2 reported:</p> <ul style="list-style-type: none"> - he received \$25.00 a week from the Program Coordinator to attend the program - he does not use it to buy any drugs or alcohol - he used it wisely 	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL094-007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER A PLUS RESULTS INDEPENDENT LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 102 WEST WATER STREET PLYMOUTH, NC 27962
--	--

(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 110	<p>Continued From page 3</p> <p>During interview on 2/21/19 client #3 reported:</p> <ul style="list-style-type: none"> - her sister worked for the facility - her sister told her if she attended the program she would give her some money - she attends the program so she can get her kids back <p>During interview on 2/21/19 the Program Coordinator reported:</p> <ul style="list-style-type: none"> - client #2 told him "you owe me money I looked out for you" by telling the State he (Program Coordinator) gave money to attend the program - cash money was not given to attend the program - there was an incentative program, however gift cards were given when games like bingo was played - client #3's sister title was "community outreach" she transported the clients to & from the facility 	V 110		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>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.</p> <p>This Rule is not met as evidenced by:</p>	V 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL094-007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER A PLUS RESULTS INDEPENDENT LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 102 WEST WATER STREET PLYMOUTH, NC 27962
--	--

(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 4</p> <p>Based on record review and interview the facility failed to ensure 1 of 3 audited staff (Counselor #2) had a Health Care Personnel Registry (HCPR) check completed. The findings are:</p> <p>Review on 2/12/19 of counselor #2's personnel record revealed:</p> <ul style="list-style-type: none"> - hired in 2016 - no documentation of a HCPR <p>During interview on 2/21/19 the Program Coordinator reported:</p> <ul style="list-style-type: none"> - he was not able to locate the HCPR - another HCPR will be completed 	V 131		
V 267	<p>27G .4402 Sub. Abuse Intensive Outpt- Staff</p> <p>10A NCAC 27G .4402 STAFF</p> <p>(a) Each SAIOP shall be under the direction of a Licensed Clinical Addictions Specialist or a Certified Clinical Supervisor who is on site a minimum of 50% of the hours the program is in operation.</p> <p>(b) When a SAIOP serves adult clients there shall be at least one direct care staff who meets the requirements of a Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 12 or fewer adult clients.</p> <p>(c) When a SAIOP serves adolescent clients there shall be at least one direct care staff who meets the requirements of a Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 6 or fewer adolescent clients.</p> <p>(d) Each SAIOP shall have at least one direct care staff present in the program who is trained in the following areas:</p> <ol style="list-style-type: none"> (1) alcohol and other drug withdrawal symptoms; and (2) symptoms of secondary complications 	V 267		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL094-007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER A PLUS RESULTS INDEPENDENT LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 102 WEST WATER STREET PLYMOUTH, NC 27962
--	--

(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 267	<p>Continued From page 5</p> <p>due to alcoholism and drug addiction.</p> <p>(e) Each direct care staff shall receive continuing education that includes the following:</p> <p>(1) understanding of the nature of addiction;</p> <p>(2) the withdrawal syndrome;</p> <p>(3) group therapy;</p> <p>(4) family therapy;</p> <p>(5) relapse prevention; and</p> <p>(6) other treatment methodologies.</p> <p>(f) When a SAIOP serves adolescent clients each direct care staff shall receive training that includes the following:</p> <p>(1) adolescent development; and</p> <p>(2) therapeutic techniques for adolescents.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure a Licensed Clinical Addiction Specialist (LCAS) was on site a minimum of 50% of hours the program was in operation. The facility also failed to have a Qualified Professional (QP) for every 12 or fewer adult clients. The findings are:</p> <p>A. During interview on 2/21/19 the Clinical Director reported:</p> <ul style="list-style-type: none"> - he was the LCAS for the SAIOP & SACOT program - he felt he was capable of meeting the percentage for both programs since they were on the same site 	V 267		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL094-007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER A PLUS RESULTS INDEPENDENT LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 102 WEST WATER STREET PLYMOUTH, NC 27962
--	--

(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 267	<p>Continued From page 6</p> <p>During interview on 2/12/19 & 2/21/19 the Program Coordinator reported:</p> <ul style="list-style-type: none"> - the Clinical Director was the LCAS for the SAIOP & SACOT program - he planned to hire a LCAS for the SAIOP and a LCAS for the SACOT program - the LCAS will have job descriptions with specific job duties - the LCAS will have to sign in to ensure the percentage of time spent at the program <p>B. Observation on 2/12/19 at 12:47pm revealed the following:</p> <ul style="list-style-type: none"> - a classroom with chairs around the wall and around a table...all chairs were full - 25 clients were counted by the Program Coordinator - 1 counselor was in the classroom <p>Observation on 2/21/19 at 12:32pm revealed the following:</p> <ul style="list-style-type: none"> - 26 adult clients in the classroom - 1 counselor in the classroom <p>Review on 2/12/19 & 2/21/19 of the client's census revealed the following:</p> <ul style="list-style-type: none"> - on 2/12/19 a sign in sheet with 24 client names listed - on 2/21/19 a client census had 17 names listed for attendance <p>During interview on 2/21/19 client #4 reported:</p> <ul style="list-style-type: none"> - the Program Coordinator was her teacher - there was usually 23-24 clients in her classroom - one staff conducted the group, however the staff rotate on some days - group was from 10am - 1pm <p>During interview on 2/21/19 the Program</p>	V 267		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL094-007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER A PLUS RESULTS INDEPENDENT LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 102 WEST WATER STREET PLYMOUTH, NC 27962
--	--

(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 267	<p>Continued From page 7</p> <p>Coordinator reported:</p> <ul style="list-style-type: none"> - there was normally 2 staff per group - he was in group with the counselor prior to the surveyors arrival - he felt there was enough staff to meet staff/client ratios - there were times he sent a staff on an errand which caused the staff/client shortage...this doesn't happen often - a client's birthday was today and he sent a counselor to get her a gift which caused a shortage with staff/client ratio - he was in the process of requesting permission to hire another QP <p>During interview on 2/21/19 the Clinical Director reported:</p> <ul style="list-style-type: none"> - the clients have increased at the program - staff met the client ratio due to some clients not attending on a daily basis - management needed to discuss hiring more staff in case all active clients attended the program or a better system of what days clients could attend the program to meet staff/client ratio 	V 267		
V 281	<p>27G .4502 Sub. Abuse Comp. Outpt. Tx. - Staff</p> <p>10A NCAC 27G .4502 STAFF</p> <p>(a) The SACOT shall be under the direction of a Licensed Clinical Addictions Specialist or a Certified Clinical Supervisor who is on site a minimum of 90% of the hours the program is in operation.</p> <p>(b) For each SACOT there shall be at least one direct care staff who meets the requirements of a Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 10 or fewer clients.</p> <p>(c) Each SACOT shall have at least one direct care staff present in the program who is trained in</p>	V 281		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL094-007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER A PLUS RESULTS INDEPENDENT LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 102 WEST WATER STREET PLYMOUTH, NC 27962
--	--

(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 281	<p>Continued From page 8</p> <p>the following areas:</p> <p>(1) alcohol and other drug withdrawal symptoms; and</p> <p>(2) symptoms of secondary complications due to alcoholism and drug addiction.</p> <p>(d) Each direct care staff shall receive continuing education that includes the following:</p> <p>(1) understanding of the nature of addiction;</p> <p>(2) the withdrawal syndrome;</p> <p>(3) group therapy;</p> <p>(4) family therapy;</p> <p>(5) relapse prevention; and</p> <p>(6) other treatment methodologies.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure a Licensed Clinical Addiction Specialist (LCAS) was on site a minimum of 90% of hours the program was in operation. The facility also failed to have a Qualified Professional (QP) for every 10 or fewer adult clients. The findings are:</p> <p>A. During interview on 2/21/19 the Clinical Director reported:</p> <ul style="list-style-type: none"> - he was the LCAS for the SAIOP & SACOT program - he felt he was capable of meeting the percentage for both programs since they were on the same site <p>During interview on 2/12/19 & 2/21/19 the Program Coordinator reported:</p> <ul style="list-style-type: none"> - the Clinical Director was the LCAS for the 	V 281		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL094-007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER A PLUS RESULTS INDEPENDENT LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 102 WEST WATER STREET PLYMOUTH, NC 27962
--	--

(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 281	<p>Continued From page 9</p> <p>SAIOP & SACOT program</p> <ul style="list-style-type: none"> - he planned to hire a LCAS for the SAIOP and a LCAS for the SACOT program - the LCAS will have job descriptions with specific job duties - the LCAS will have to sign in to ensure the percentage of time spent at the program <p>B. Observation on 2/12/19 at 12:50pm revealed the following:</p> <ul style="list-style-type: none"> - 25 clients were counted by the counselor - 1 counselor was in the classroom <p>Observation on 2/21/19 at 12:35pm revealed the following:</p> <ul style="list-style-type: none"> - the SACOT had been seperated to two seperate rooms - 1 counselor had 13 clients in her classroom - 1 counselor had 10 clients in her classroom <p>Review on 2/12/19 & 2/21/19 of the client's census revealed the following:</p> <ul style="list-style-type: none"> - on 2/12/19 a sign in sheet with 19 client names listed - on 2/21/19 a client census had 20 names listed for attendance <p>During interview on 2/21/19 the Program Coordinator reported:</p> <ul style="list-style-type: none"> - there was normally 2 staff per group - he felt there was enough staff to meet staff/client ratios - there were times he sent a staff on an errand which caused the staff/client shortage...this doesn't happen often - a client's birthday was today and he sent a counselor to get her a gift which caused a shortage with staff/client ratio - he was in the process of requesting permission to hire another QP 	V 281		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL094-007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER A PLUS RESULTS INDEPENDENT LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 102 WEST WATER STREET PLYMOUTH, NC 27962
--	--

(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 281	<p>Continued From page 10</p> <p>During interview on 2/21/19 the Clinical Director reported:</p> <ul style="list-style-type: none"> - the clients have increased at the program - staff met the client ratio due to some clients not attending on a daily basis - management needed to discuss hiring more staff in case all active clients attended the program or a better system of what days clients could attend the program to meet staff/client ratio 	V 281		