

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CARE ASSOCIATION (STREET ADDRESS, CITY, STATE, ZIP CODE 1931 UNION CROSS ROAD WINSTON-SALEM, NC 27107
--	---

(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>A Complaint Survey was completed on March 13, 2019. The complaints were unsubstantiated (intakes #NC00148111 and #NC00148380). A deficiency was cited.</p> <p>This facility is licensed for the following service categories:</p> <ul style="list-style-type: none"> - 10A NCAC 27G .3100: Non-hospital medical detox - 10A NCAC 27G .3400: Residential treatment for individuals with Substance Abuse Disorders - 10A NCAC 27G .4400: SAIOP: Substance Abuse Intensive Outpatient Program - 10A NCAC 27G .4500: SACOT: Substance Abuse Comprehensive Outpatient Treatment - 10A NCAC 27G .5000: Facility Based Crisis for all Disability Groups - 10A NCAC 27G .5600E: Supervised Living for Substance Abuse Adults 	V 000		
V 366	<p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ol style="list-style-type: none"> (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 	V 366		

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: MHL034-004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CARE ASSOCIATION (STREET ADDRESS, CITY, STATE, ZIP CODE 1931 UNION CROSS ROAD WINSTON-SALEM, NC 27107
--	---

(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	<p>Continued From page 1</p> <p>to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(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</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(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:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(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</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CARE ASSOCIATION (STREET ADDRESS, CITY, STATE, ZIP CODE 1931 UNION CROSS ROAD WINSTON-SALEM, NC 27107
--	---

(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 2 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 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	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CARE ASSOCIATION (STREET ADDRESS, CITY, STATE, ZIP CODE 1931 UNION CROSS ROAD WINSTON-SALEM, NC 27107
--	---

(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	<p>Continued From page 3</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to implement policies governing their response to level I incidences, specifically not maintaining documentation regarding: determining the cause of incidences; and developing and implementing measures to prevent similar incidences. The findings are:</p> <p>Review on 3-12-19 of documentation given when incident reports were requested revealed:</p> <ul style="list-style-type: none"> - completed IRIS (Integrated Reporting Improvement System) reports - "Situation Memorandum" reports for level Is - "Medication Event Report" for level Is <p>Further review of the "Situation Memorandum" and the "Medication Event Report" forms constituted the facility ' s documentation of level I incident reports. Review of the "Medication Event Report" form revealed:</p> <ul style="list-style-type: none"> - client ' s name - client ' s medication and dosage - check boxes to indicate issues related to medication - an area to write a, "brief comment if needed:" - staff signatures - no place to document the reason or cause of the medication issue - no place to document how the medication issue could be prevented in the future 	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CARE ASSOCIATION (STREET ADDRESS, CITY, STATE, ZIP CODE 1931 UNION CROSS ROAD WINSTON-SALEM, NC 27107
--	---

(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	<p>Continued From page 4</p> <p>Review of the "Situation Memorandum" form revealed:</p> <ul style="list-style-type: none"> - "Patient/Employee/Visitor Name" - "Date/Time of Occurrence" - "Employee Preparing Report" - "Nature of Occurrence:" with checklist of possible events - "Injury:" with checklist of possible injuries - "Factual summary of occurrence/assessment of injury or change in condition:" - "Action Taken:" - "Disposition:" with checklist for various dispositions - "What statements were made to staff?" - no place to document the reason or cause of the situation/event - no place to document how the situation/event could be prevented <p>Review on 3-13-19 of the personnel training document titled, "Incident Reporting Training" revealed:</p> <ul style="list-style-type: none"> - "Level 1 incidents are reported on the one-page ' Situation Memorandum ' form and are forwarded to the Assistant Director for review" - "Medication errors are generally Level 1 incidents, unless the client ' s health or safety is threatened as a result of the error, and are reported on ' Medication Event ' forms, found in the Nursing Station." - no communication regarding what information should be recorded or documented - no communication regarding the documentation of a cause or reason for the situation or event that might constitute a level I incident - no communication regarding the documentation of how the situation or event could be prevented 	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/13/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CARE ASSOCIATION (STREET ADDRESS, CITY, STATE, ZIP CODE 1931 UNION CROSS ROAD WINSTON-SALEM, NC 27107
--	---

(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 Interview on 3-12-19 with the Finance Administrator/Quality Assurance Officer (FA/QA) revealed: - "I complete all the incident reports. I enter them into IRIS." - when asked what is documented, the FA/QA reports, "staff involved, date, time, what happened." - there ' s a monthly management team meeting where level I incidents are discussed - if a level I incident is discussed, it is documented in the minutes of the meeting - acknowledged that neither the "Situation Memorandum" nor the "Medication Event Report" capture causes or possible preventions of future incidences.	V 366		
-------	--	-------	--	--