

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL093-058</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/27/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LAKE AREA COUNSELING HALFWAY HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>519 WALKER STREET NORLINA, NC 27563</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed 3/27/19. No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse.</p>	V 000		
V 108	<p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and</p>	V 108		

**RECEIVED**  
By DHSR-Mental Health Licensure at 3:20 pm, Apr 11, 2019

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Melanie Thomas</i>	TITLE <i>Quality Management Director</i>	(X6) DATE <i>4/11/19</i>
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V 108	<p>Continued From page 1</p> <p>clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 4 (#2) audited staff maintained certification in 1st Aid and Cardio Pulmonary Resuscitation (CPR). The findings are:</p> <p>Review on 3/27/19 of staff #2's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- hire date 5/4/11</li> <li>- 1st Aid/CPR training certificate which expired 2/25/19</li> </ul> <p>During an interview on 3/27/19, staff #2 reported he had been scheduled to attend a CPR/1st Aid training in February, 2019 but missed it. He had been regularly trained in this area every 2 years. He worked on all three shifts and worked alone except on first shift when the Program Manager was present.</p> <p>During an interview on 3/27/19, the Program Manager (PM) reported:</p> <ul style="list-style-type: none"> <li>- staff #2 had been scheduled in February and also on 3/26/19. he missed both training due to staffing needs at the program. He will be immediately re-scheduled</li> </ul>	V 108		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p>	V 110		

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V 110	<p>Continued From page 2</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"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(f) The governing body for each facility shall 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 record review and interview, 2 of 4 Paraprofessional (PP) (#3 and #4) failed to demonstrate knowledge, skills and abilities required to meet the needs of clients served. The findings are:</p> <p>Review on 3/27/19 of staff #3's personnel record</p>	V 110		

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V 110	<p>Continued From page 3</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>- hire date 6/1/18 as a Health Care Counselor</li> <li>- a Bachelor's degree in Education in 2013</li> <li>- trainings including medication training on 6/6/18</li> </ul> <p>Review on 3/27/19 of staff #4's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- hire date 5/14/18 as a Health Care Counselor</li> <li>- trainings including medication training on 7/26/18</li> </ul> <p>a. Review on 3/26/19 of incident reports revealed the following examples of medication errors during the previous 3 months:</p> <ul style="list-style-type: none"> <li>- 3/1/19 Former Client (FC) #15 missed dosages of Buprenorphine on 3/1/19 and 2/28/19 because the prescription was not filled on time</li> <li>- 2/13/19 Client #5 and #6 missed their morning medications when they left early for work</li> <li>- Staff #3 working</li> <li>- 1/1/19 "I gave FC #11 his meds per MAR. I may have given him an extra dose. When I questioned him he denied he got an extra dose. I must pay closer attention when administering medications." (Staff #4).</li> <li>- 12/18/18 "2 Buprenorphine 8mg tabs missing during AM count (for FC #13)..." Staff #4 reported this.</li> <li>- 12/12/18 FC #17 did not receive his morning dose of Suboxone "During...morning meeting this client told that...[Staff #3] had given him his Suboxone to him in error at 9:30pm on 12/11/18. That is why he did not get his 8:00am on 12/12/18...If proper procedure had been followed the client should have taken the medication in front of staff (even if it was the wrong time) Instead the consumer was handed</li> </ul>	V 110		

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V 110	<p>Continued From page 4</p> <p>the 1/2 strip in a medication cup. The staff member had delivered to the clients room instead of making the client present to the office." (Staff #4)</p> <p>- 12/10/18 "I [staff #4] gave [FC #11] Buprenorphine 8mg at 8:30pm when it had been given by [staff #2]at 5:30pm...Program Manager has suggested additional medication Training." (Staff #4)</p> <p>Note: Specific clients are not identified in this report to maintain their anonymity.</p> <p>b. During interviews on 3/26/18 various clients reported:</p> <p>- staff #3 was only there "for the paycheck" He never interacted with the clients. He stayed in the office on the computer and only gave them their medications. He did not speak with them while administering medications. - staff #3 took them to outside meetings but never went in with them like he was supposed to do.</p> <p>During interviews on 3/26/19 and 3/27/19, the Program Manager reported:</p> <p>- there had been a period of time in late 2018 when they had several incidences of the medication counts for Buprenorphine were off. She stated the issue stopped after a particular client was discharged.</p> <p>- the agency was aware their were medication administration issues with staff #3 and #4.</p> <p>- they required each staff to attend an additional medication training but they did not have a record of the training.</p> <p>- most of the errors had subsided but the few that occurred were 1. because the doctor prescribing weekly doses of Buprenorphine did not call the prescriptions in on time and 2. two</p>	V 110		

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V 110	Continued From page 5  clients obtained a new job in which they had to leave very early and they missed their meds the first day. They immediately instituted a new procedure and they did not miss again. - both staff # 3 and #4 would be dealt with through a disciplinary process.	V 110		



## Freedom House Recovery Center

*Integrated behavioral health care for children and adults*

**April 11, 2019**

**Lake Area Counseling Halfway House  
519 Walker Street  
Norlina, NC 27563**

**MHL: 093 058**

This Plan of Correction is in response to the annual and follow up survey completed March 27, 2019

### **V. 108 – 27G.0202 – Personnel Requirements**

**Findings: The facility failed to ensure 1 of 4 (# 2) audited staff maintained certification in 1<sup>st</sup> Aid and cardio pulmonary resuscitation (CPR).**

**Measures to Correct:** Staff # 2 (BH) has been scheduled to attend CPR/FA training on April 23, 2019. The Program Manager has confirmed employee's attendance will be met by ensuring adequate program coverage. Freedom House has a protocol that ensures that staff are scheduled for needed trainings approximately one month in advance of the training due date. Human Resources (HR) maintains a spreadsheet that tracks all staff training dates and dates when the next training is due. Training is then offered prior to the expiration date of the last training. In this case, the staff member, was unable to attend the training due to a previously scheduled medical appointment that could not be rescheduled.

**Measures to prevent:** The Halfway House Clinical Supervisor and Program Manager will ensure that adequate staff coverage is available to ensure staff attendance at required mandatory training. HR Director will continue to monitor staff compliance. HR Director is in the process of creating a yearly training calendar to be made available to all staff to aid in planning around conflicting appointments/commitments.

**Who will monitor and frequency:** Program Manager and HR Director will ensure that all staff are current on initial and annual training certificates. On a monthly basis, the HR Director/staff will monitor the attendance following each class to ensure staff compliance with notification to Regional Clinical Operations Director, Program Director, and Quality Management director

**Complete date: 4-23-2019**



United Way  
of the Greater Triangle  
Certified Community Impact Partner

104 New Stateside Drive Chapel Hill, NC 27516 Phone: 919-942-2803 Fax: 919-942-2126

[www.freedomhouserecovery.org](http://www.freedomhouserecovery.org)



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**V 110 - 27G. 0204 Training/Supervision Paraprofessionals**

**Findings: 2 of 4 paraprofessional (PP) (#3 and #4) failed to demonstrate knowledge, skills and abilities required to meet the needs of clients served.**

**Measures to correct:** Freedom House has recently hired a licensed clinical supervisor to provide enhanced supervision and training to all halfway house staff.

**Measure to prevent:** The licensed clinical supervisor will initially provide clinical supervision and training to staff #3 (JB) and # 4 (MT) at least every other week in order to ensure that staff have the knowledge, skills and abilities to provide services to the client population

**Who will monitor and how often:** The licensed clinical supervisor will maintain a log of the supervision activities and report progress to the Regional Clinical Operators Director and HR Director on a monthly basis.

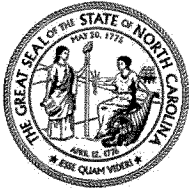
Complete Date: 5-1-2019

If there are any questions, please contact me at [Melanie.t@fhrecovery.org](mailto:Melanie.t@fhrecovery.org) or 919 428 4756.

Sincerely,

Melanie Thomas,  
Quality Management Director





NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

March 29, 2019

Melanie Thomas, Quality Management Director  
Freedom House Recovery Center, Inc.  
104 New Stateside Drive  
Chapel Hill, NC 27516

Re: Annual Survey Completed March 27, 2019  
Lake Area Counseling Halfway House 519 Walker Street Norlina, NC 27563  
MHL# 093-058  
E-mail Address: Melanie.T@fhrecovery.org

Dear Ms. Thomas:

Thank you for the cooperation and courtesy extended during the annual survey completed March 27, 2019.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

**Type of Deficiencies Found**

- All other tags cited are standard level deficiencies.

**Time Frames for Compliance**

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is May 26, 2019.

**What to include in the Plan of Correction**

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION**

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603  
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718  
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

March 27, 2019  
Melanie Thomas  
Freedom House Recovery Center, Inc

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Renee Kowalski Ames at 919-552-6847.

Sincerely,



Marie Anctil  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: [qmemail@cardinalinnovations.org](mailto:qmemail@cardinalinnovations.org)  
[DHSR@Alliancebhc.org](mailto:DHSR@Alliancebhc.org)  
[QM@partnersbhm.org](mailto:QM@partnersbhm.org)