STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			MHI 0601367 B. WING			
		MHL0601367	B. WING		05	5/02/2019
IAME OF PR	OVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
IDWOOD	ADDICTION TREATME	NT, LLC				
			OTTE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	3	V 000			
		vas completed on 5/2/19. The antiated (#NC149854). ed.				
	This facility is licensed for the following service categories: 10A NCAC 27G .3300 Outpatient Detox, 10A NCAC 24G .4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G .4500 Substance Abuse Comprehensive					
V 266	Outpatient Treatmen 27G .4401 Sub. Abu	se Intensive Outpt - Scope	V 266			
	program (SAIOP) is of individual and group services that are pro- designed to assist ac primary substance-re- recovery and learn si- maintenance. (b) Treatment suppo or specifically design disabilities, co-occurr mental illness or dev pregnant women, ch- homogenous groups (c) Each SAIOP sha which includes the for (1) individual of (2) group courr (3) family courr (4) strategies f incorporate commun (5) life skills; (6) crisis contin	se intensive outpatient one that provides structured addiction treatment and vided in an outpatient setting dults or adolescents with a elated diagnosis to begin kills for recovery out activities may be adapted ed for persons with physical ring disorders including elopmental disabilities, ronic relapse and other Il have a structured program, illowing services: ounseling; iseling; or relapse prevention, which ity and social supports;				
		anagement; ordination activities; and				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL0601367	B. WING		0.5	5/02/2019
	ROVIDER OR SUPPLIER	1	DDRESS, CITY, STATE		08	02/2019
AIVIE OF PI	ROVIDER OR SUPPLIER		E PLAZA	, ZIP CODE		
IDWOOD	DADDICTION TREATME	NTIIC	DTTE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 266	Continued From pag	e 1	V 266			
	(9) biochemica drug use (e.g. urine (al assays to identify recent drug screens).				
	facility failed to provi	view and interviews, the de a structured individual and ment program within the				
	provision for the follo 27G .3300 Outpatier .4400 Substance Ab Program (SAIOP) an	2019 license revealed wing services:10A NCAC at Detox, 10A NCAC 24G use Intensive Outpatient ad 10A NCAC 27G .4500 omprehensive Outpatient				
	-first admission date date of 1/4/19; -relapsed and re-adr diagnoses of Opioid Alcohol Use Disorde					
	"Day/Night (PHP) wh followingrequires s programmatic milieu	1 met admission criteria for hich includes the tructured therapy and a to promote treatment				
	different levels of car likely to success at li	ry because of failure at re. Such interventions are not ntensive Outpatient Level of commended to attend PHP nours per day;"				
		client #2's record revealed:				
ion of Hea	alth Service Regulation					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE S COMPL	
		MHL0601367	B. WING		05/0	2/2019
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		
NIDWOOD	ADDICTION TREATME	NT. LLC	E PLAZA OTTE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
V 266	Continued From pag	e 2	V 266			
	-admission date of 4, Alcohol Use Disorder -admission assessme documented client #2 "Day/Night (PHP) wh followingrequires s programmatic milieu progress and recove different levels of car likely to success at In serviceClient is rec LOC 6x per week 6 h Review on 5/1/19 of -admission date of 4, Alcohol Use Disorder -admission assessme documented client #2 "Day/Night (PHP) wh followingrequires s programmatic milieu progress and recove different levels of car likely to success at In serviceClient is rec LOC 6x per week 6 h Interview on 5/2/19 w -was here before, ha moved to a sober livi months later and retu -currently in SAIOP, -started when she fir (Partial hospitalizatio SAIOP, had a drug s possible positive, wa	 /17/19 with diagnosis of r, Severe; ent dated 4/17/19 2 met admission criteria for nich includes the tructured therapy and a to promote treatment ry because of failure at re. Such interventions are not intensive Outpatient Level of commended to attend PHP nours per day" client #3's record revealed: /22/19 with diagnosis of r, Severe; ent dated 4/17/19 3 met admission criteria for nich includes the tructured therapy and a to promote treatment ry because of failure at re. Such interventions are not needed to attend PHP nours per day" 				
vision of Llos	then moved back to -attend groups during					

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If continuation sheet 3 of 10

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MUI 0601267	B. WING			
		MHL0601367			05/02/201	
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, E PLAZA	ZIP CODE		
IDWOOD	DADDICTION TREATME	NT. LLC	OTTE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 266	Continued From page	e 3	V 266			
		n this program to another ore planned out, not as				
	Interview on 5/2/19 with client #2 revealed: -first time here, been here 2 weeks; -come all day here in PHP and was living in the sober living house, now commute from home; -various groups such as trauma, relationships, conflict.					
	-completed detox at a here; -in PHP, come Mond -counselors choose v	-				
		detox clients; curriculum to utilize, present;				
	everyone to use;	tablished curriculum for)) can build one for everyone				
		revealed: opics to cover for each day; and group facilitators for				

STATE FORM

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			B. WING			
		MHL0601367			05	5/02/2019
ME OF PH	ROVIDER OR SUPPLIER	1111 THE	DDRESS, CITY, STATE,	ZIP CODE		
DWOOD	ADDICTION TREATME	NT. LLC	TTE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 266	Continued From pag	e 4	V 266			
	revealed: -does the admission -completes intakes a -some clients will col -some clients will on -checks admission a for clients; -these clients are sec checked on by the n -clients complete PH -SACOT not on adm level of treatment for -lingo in Florida whe here is different. Interview on 5/2/19 w -confusion between with different service -here called SACOT hospitalization; -understand need to admission paperwor match license; -has a treatment cur and completed, read	nd discharges; mplete all levels of care; y complete certain levels; ssessment criteria for PHP en by the physician and also urse; P and then move to IOP; ission documentation as a clients; re corporate office is and with the CD revealed: corporate in Florida and here labels; but there called PHP, partial address discrepancies in k in levels of services to riculum has been working on y to put in binders and and staff;				
V 200	curriculum and being -been in process of c	creating this recently.	N 200			
v 280	10A NCAC 27G .450 (a) A substance abu treatment program (\$	se comprehensive outpatient SACOT) is one that provides bach to treatment in an	V 280			

STATE FORM

STATEMENT O	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
	MHL0601367 B. V		B. WING	B. WING		2/02/2010	
	VIDER OR SUPPLIER		DDRESS, CITY, STATE,		05/02/201		
		1111 TH	E PLAZA	2			
MIDWOOD A	DDICTION TREATME	NT, LLC CHARLO	OTTE, NC 28205				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 280 C	Continued From page	e 5	V 280				
s r () o d n p h () v () () () () () () () () d () F fr () s () () () b e () () () () () () () () () () () () () () () (tructure and suppor ecovery. b) Treatment suppor r specifically design isabilities, co-occurr nental illness or devi- regnant women, chi- omogenous groups. c) SACOT shall have thich includes the for 1) individual c 2) group count 3) family count 4) strategies f 10 individual c 2) group count 3) family count 4) strategies f 10 crisis contin 7) disease mat 3) service coo 3) biochemical 10 reduction in 10 reduction in 11 reduction in 11 reduction in 12 the underst 13 development 14 educational 15 vocational s 16 y reducing substance 17 miproved fat 17 improved fat 18 construction in 19 reduction and in 10 reduction and in 10 social and in 11 improved fat 11 improved fat 12 construction in 13 social and in 14 construction in 15 social and in 16 social and in 17 improved fat 17 improved fat 18 construction in 19 social and in 10 improved fat 10 improved fat 10 improved fat 10 improved fat 10 improved fat 10 improved fat 11 improved fat 12 improved fat 13 improved fat 14 improved fat 15 improved fat 15 improved fat 15 improved fat 16 improved fat 17 improved fat 17 improved fat 18 improved fat 19 improved fat 10 improved fat	re a structured program, llowing services: ounseling; seling; seling; or relapse prevention to nd social support systems in agency planning; inagement; rdination activities; and I assays to identify recent drug screens). tivities specified in Rule shall emphasize the a use and abuse of ued abstinence; anding of addictive disease; int of social support network le changes; I skills; skills leading to work activity are abuse as a barrier to interpersonal skills; amily functioning; e consequences of					

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If continuation sheet 6 of 10

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL0601367	B. WING		05	5/02/2019
IAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	ZIP CODE		
IDWOOD	DADDICTION TREATME	NT. LLC	E PLAZA DTTE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 280	Continued From page	e 6	V 280			
	(9) continued commitment to recovery and maintenance program.					
	This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to provide a structured individual and group addiction treatment program within the scope of the license. The findings are:					
	provision for the follo 27G .3300 Outpatien .4400 Substance Abu Program (SAIOP) an	2019 license revealed wing services:10A NCAC It Detox, 10A NCAC 24G use Intensive Outpatient d 10A NCAC 27G .4500 omprehensive Outpatient				
	-first admission date date of 1/4/19; -relapsed and re-adm diagnoses of Opioid Alcohol Use Disorder -admission assessme documented client # "Day/Night (PHP) wh followingrequires s programmatic milieu progress and recove different levels of car likely to success at Ir	ent dated 3/13/19 1 met admission criteria for nich includes the tructured therapy and a to promote treatment ry because of failure at re. Such interventions are not intensive Outpatient Level of commended to attend PHP				
	-admission date of 4/ Alcohol Use Disorder -admission assessme					

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		MHL0601367	B. WING		05/02	
AME OF PF	OVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, STATE,	ZIP CODE		
IIDWOOD	ADDICTION TREATME	NT. LLC				
	CLIMMADY C		OTTE, NC 28205	PROVIDER'S PLAN OF		
(X4) ID PREFIX TAG	(EACH DEFICIENC	LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 280	Continued From pag	e 7	V 280			
	"Day/Night (PHP) wh	ich includes the				
		tructured therapy and a				
	• .	to promote treatment				
		ry because of failure at				
	different levels of car	e. Such interventions are not				
	likely to success at Ir	ntensive Outpatient Level of				
	serviceClient is recommended to attend PHP					
	LOC 6x per week 6 hours per day"					
	Review on 5/1/19 of	client #3's record revealed:				
	-admission date of 4/22/19 with diagnosis of					
	Alcohol Use Disorder, Severe;					
	-admission assessment dated 4/17/19					
	documented client #3 met admission criteria for					
	"Day/Night (PHP) wh	ich includes the				
	• .	tructured therapy and a				
		to promote treatment				
		ry because of failure at				
		e. Such interventions are not				
		ntensive Outpatient Level of				
		commended to attend PHP				
	LOC 6x per week 6 h	iours per day"				
		vith client #1 revealed:				
		d completed program,				
		ng home, relapsed several				
	months later and retuined					
		attends three days a week;				
		st was re-admitted in PHP,				
	•	n program), then moved to				
		creen that came back s put back into PHP until got				
		s put back into PHP until got g screen was a false positive				
	then moved back to					
		g day, what staff pick,				
		addiction education, trauma,				
	coping skills, self est					
		this program to another				
		ore planned out, not as				
	structured as could b					

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE COMF	SURVEY
		MUL 0004207	B. WING			
		MHL0601367			05/02/201	
AME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, E PLAZA	ZIP CODE		
IDWOOD	ADDICTION TREATME	NT. LLC	OTTE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLE ⁻ DATE
V 280	Continued From page	e 8	V 280			
	-first time here, been -come all day here in sober living house, n	Interview on 5/2/19 with client #2 revealed: -first time here, been here 2 weeks; -come all day here in PHP and was living in the sober living house, now commute from home; -various groups such as trauma, relationships, conflict.				
	Interview on 5/2/19 with client #3 revealed: -completed detox at another facility then came here; -in PHP, come Monday through Saturday; -counselors choose whatever topics they want to do for group that day, emotions, mental health issues, physical and spiritual; -lives at the sober living houses.					
	-provide individual, g -facility provides IOP hospitalization); -not many outpatient -need an established scheduled things to p -no specific framewo -not effective if no es everyone to use;	detox clients; l curriculum to utilize, present;				
) revealed: opics to cover for each day; and group facilitators for				
	Interview on 5/2/19 w revealed: -does the admission	vith the Case Manager assessments;				

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If continuation sheet 9 of 10

		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONS IDENTIFICATION NUMBER: A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL0601367	B. WING			
		1			08	5/02/2019
AIVIE OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, E PLAZA	, ZIP CODE		
IDWOOI	D ADDICTION TREATME	NT. LLC	DTTE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
V 280	Continued From pag	e 9	V 280			
	-some clients will onl -checks admission a for clients; -these clients are see checked on by the m -clients complete PH -SACOT not on adm level of treatment for -lingo in Florida when here is different. Interview on 5/2/19 v -confusion between of with different service -here called SACOT hospitalization; -understand need to admission paperwork match license; -has a treatment curr and completed, read present to clinicians	mplete all levels of care; ly complete certain levels; ssessment criteria for PHP en by the physician and also urse; IP and then move to IOP; ission documentation as a r clients; re corporate office is and vith the CD revealed: corporate in Florida and here labels; but there called PHP, partial address discrepancies in k in levels of services to riculum has been working on y to put in binders and and staff; s and staff on structured g using soon;				