	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER		CONSTRUCTION		E SURVEY PLETED	
					R		
		MHL092-960	B. WING		05/	5/02/2019	
IAME OF F	ROVIDER OR SUPPLIER		EET ADDRESS, CITY, S				
ABSOLU	TE CARE HUMAN SE	FRVICES	5 IVERSON STREE _EIGH, NC 27604	1			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMEN	TS	V 000				
	A follow up survey Deficiencies were o	was completed on 5/2/19 cited.					
		sed for the following servic C 27G .5600A Supervised III Adult.					
V 112	27G .0205 (C-D) Assessment/Treatr	nent/Habilitation Plan	V 112				
	PLAN (c) The plan shall assessment, and in legally responsible of admission for cli receive services be (d) The plan shall (1) client outcome achieved by provisi projected date of a (2) strategies; (3) staff responsible (4) a schedule for annually in consultar responsible person (5) basis for evalua- outcome achievem (6) written consent responsible party, of	ILITATION OR SERVICE be developed based on the partnership with the clier person or both, within 30 ents who are expected to eyond 30 days. include: (s) that are anticipated to ion of the service and a chievement; le; review of the plan at least ation with the client or lega or both; ation or assessment of	e nt or days be ally nt or he				
ision of He	ealth Service Regulation						

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED
		MHL092-960	B. WING	B. WING		R 02/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ABSOLU	TE CARE HUMAN SE	RVICES	ERSON STREE ⁻ H, NC 27604	Т		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLETI DATE
V 112	Continued From pa	ige 1	V 112			
	failed to develop the audited clients (#1, ) with goals to a The findings are: A. Review on 4/17/ revealed: -Admission dat	view and interview the facility eatment plans for four of four #2, Discharged Client DC #3 address their specific needs. 19 of client #1's record				
	Chest Pain, Hypert Immunodeficiency Alcohol Use and Po -Hospital Admis	ension, Human Virus (HIV), Depression, olysubstance Use. ssion dated 1/3/19- "Admitted al ideation and sepsis, History				
	following goals: -Participate in s activitieseducatio activities -Alleviate depre isolationparticipat coping skills -Abstain from s	nal and recreational essed moods and e in group activitiesdevelop substance use, develop aviors, relapse triggers				
	dated 1/11/19 revea -Admitted on 1/ sepsisHistory of s questionable histor -Enrolled in [loc	A/17/19 of Hospital Discharge aled: /3/19 for suicidal ideation and substance abuse and y of schizophrenia cal substance use program], cance abuse services.				

If continuation sheet 2 of 11

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Multiple A. Building:	CONSTRUCTION		E SURVEY PLETED
		MHL092-960	B. WING			R 02/2019
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ABSOLU	ITE CARE HUMAN SE	RVICES	RSON STREE H, NC 27604	Т		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 112	Continued From pa	age 2	V 112			
	-"Transitioning 4/1/19."	to independent housing on				
	-Been staying a transferring to inde -Was admitted 2019 with stomach abuse. -Been drinking -This was the fi this long. -Detoxed while admission to the fa -Activities durin alcohol antonymou -Had a case ma assisted him in place him sober living or -Was told by ca "transitional placem place to go.	to the hospital in January issues as a result of alcohol alcohol since age of sixteen. irst time he had been sober in the hospital prior to cility. ng the day include going to s (AA) meetings. anager from the hospital that cement until they could find				
	Abuse, Generalized -Hospital admis attemptleft and st kill himself by takin depressedongoin use" Enrolled in [lo	r FL-2 dated 1/21/19 "Alcohol d Anxiety and Hypertension. ssion dated 1/4/19- "suicidal tarted drinking, attempted to				
vision of H	dated 2/21/19 rever -Participate in s	nal and recreational				

Division of Health Service Regulation STATE FORM

SMLM11

If continuation sheet 3 of 11

	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
			B. WING			R
		MHL092-960			05/	02/2019
AME OF F	PROVIDER OR SUPPLIER		TADDRESS, CITY, S			
BSOLU	TE CARE HUMAN SE	FRVICES	VERSON STREE GH, NC 27604	1		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 112	Continued From pa	age 3	V 112			
	activities					
	-Alleviate depre	essed moods and				
		te in group activitiesdevelo	p			
	coping skills					
		substance use, develop				
	-Attends all app	naviors, relapse triggers pointments.				
	During intonviow on	a 4/17/19 Client #2 stated:				
		d in January 2019, admitted	to			
	hospital and discha					
		d multiple times in the past.				
	-Attends couns	eling at local substance abu	se			
	program.					
		le AA meetings during the				
	week with other ho	usemates. r with local hospital is helpin	a			
	him move to indepe		9			
		I came here, I guess until th	lev			
	can find me somet		5			
		ermanent housing would be				
	available 4/29/19.					
	C. Review on 4/17	/19 of Discharged (DC) Clie	nt			
	#3 revealed:					
	-Admission dat					
	e .	r FL-2 dated 3/7/19 "Alcohol				
	Seizure Disorder a	, Anxiety, Type 2 Diabetes,				
	-Discharge dat					
	5	arge dated 3/7/19 "Multiple				
		want to recover from alcoho	I			
	abuse and control r	my depression and anxiety."				
	Review on 4/17/19	of Treatment Plan dated				
	3/11/19 revealed:					
	-Participate in s					
		nal and recreational				
	activities	accod moods and hi nale-				
	-Alleviate depre ealth Service Regulation	essed moods and bi-polar				

STATE FORM

SMLM11

If continuation sheet 4 of 11

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL092-960	B. WING	B. WING		R 02/2019
IAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
BSOLU	ITE CARE HUMAN SE	RVICES	RSON STREE H, NC 27604	T		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 112	symptoms. -Abstain from a -Attends all app D. Review on 4/17/ -Admission data -Diagnosis- Ma -Discharge data House." -Hospital Disch on 2/16/19 Alcohol suicidal thoughts/ withdrawal, Alcohol Review on 4/17/19 Plan revealed: -Participate in s activitieseducation activities -Alleviate depre -Abstain from s -Attends all app During interview on -Clients are adr -All clients have -They do have along with "mental I -Develops the t client needs. -All the clients are managers that help	 Icohol use, develop skills pointments. 19 of DC client #4 revealed: e of 2/27/19. jor Depression. e of 4/1/19 to "Sober Living arge dated 2/27/19 -"Admitted Dependence, cocaine use, Alcohol dependence with induced mood disorder" of DC client #4's Treatment skill building nal and recreational essed moods and anxiety. ubstance use pointments. 4/17/19 the Licensee stated: mitted from local hospital. "mental health diagnoses." 				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY	
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED		
		MHL092-960	B. WING			R 05/02/2019	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
	TE CARE HUMAN SE	3905 IVE	RSON STREE	т			
BSOLU	TE CARE HUMAN SE	RALEIG	H, NC 27604				
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE DATE	
V 112	Continued From pa	age 5	V 112				
	[This is a re-cited d corrected within 30	eficiency and must be days.]					
V 289	27G .5601 Supervi	sed Living - Scope	V 289				
	provides residentia home environment these services is the rehabilitation of ind illness, a developm or a substance abu supervision when in (b) A supervised line the facility serves et (1) one or me (2) two or me (2) two or me (2) two or me (3) Same facility. (c) Each supervised licensed to serve a designated below:	ng is a 24-hour facility which I services to individuals in a where the primary purpose of the care, habilitation or ividuals who have a mental tental disability or disabilities, use disorder, and who require in the residence. ving facility shall be licensed if					
	serves adults whos illness but may also (2) "B" desig serves minors who developmental disa diagnoses; (3) "C" desig serves adults whos	e primary diagnosis is mental b have other diagnoses; nation means a facility which se primary diagnosis is a ability but may also have other nation means a facility which se primary diagnosis is a					
	diagnoses; (4) "D" desig serves minors who substance abuse d other diagnoses;	ability but may also have other nation means a facility which se primary diagnosis is ependency but may also have nation means a facility which					

		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL092-960	B. WING			R 02/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE		
ABSOLI	JTE CARE HUMAN SE	RVICES	RSON STREE [®] I, NC 27604	Т		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 289	serves adults whos substance abuse d other diagnoses; or (6) "F" design private residence, w three adult clients w mental illness but n disabilities, or three clients whose prima developmental disa other disabilities wh family provides the exempt from the foi .0201 (a)(1),(2),(3), (A),(B),(E),(F),(G),((18) and (b); 10A N (i); 10A NCAC 27G (a),(b); 10A NCAC 27G (b),(c); (c),(c),(c); (f); (g) (b)(2),(d)(4). This f alternative family liv (AFL).	e primary diagnosis is ependency but may also have nation means a facility in a which serves no more than whose primary diagnoses is nay also have other e adult clients or three minor ary diagnoses is ibilities but may also have no live with a family and the service. This facility shall be llowing rules: 10A NCAC 27G (4),(5)(A)&(B); (6); (7) H); (8); (11); (13); (15); (16); CAC 27G .0202(a),(d),(g)(1) .0203; 10A NCAC 27G .0205 27G .0207 (b),(c); 10A NCAC 10A NCAC 27G .0209[(c)(1) - edications only] (d)(2),(4); (e) y; and 10A NCAC 27G .0304 acility shall also be known as ving or assisted family living	V 289			

STATEMEN	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL092-960	B. WING		R 05/02/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	ITE CARE HUMAN SE	3905 IVE	ERSON STREE	т		
ABSOLU	TE CARE HOMAN SE	RALEIG	H, NC 27604			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 289	Continued From pa	ige 7	V 289			
	revealed: -Admission dat -Diagnoses per Chest Pain, Hypert Immunodeficiency Alcohol Use and Po -Hospital Admis on 1/3/19 for suicid of substance abuse Treatment Plan dat following goal:	r FL-2 dated 1/10/19- Sepsis, ension, Human Virus (HIV), Depression, olysubstance Use. ssion dated 1/3/19- "Admitted al ideation and sepsis, History e"	,			
	skillsmanage beh Further review on 4 dated 1/11/19 revea -Admitted on 1/ sepsisHistory of s questionable histor -Enrolled in [loc	Substance use, develop haviors, relapse triggers 4/17/19 of Hospital Discharge aled: /3/19 for suicidal ideation and substance abuse and y of schizophrenia cal substance use program], cance abuse services.				
		d 3/31/19 revealed: to independent housing on				
	-Been staying a transferring to inde -Was admitted 2019 with stomach abuse.	to the hospital in January issues as a result of alcohol				
	-This was the f this long. -Detoxed while admission to the fa	alcohol since age of sixteen. irst time he had been sober in the hospital prior to cility. In the day include going to				

STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL092-960	B. WING		R 05/02/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	TATE, ZIP CODE		
BSOLU	TE CARE HUMAN SE	3905 IV	VERSON STREE	т		
		RALEI	GH, NC 27604			1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 289	Continued From pa	ige 8	V 289			
	assisted him in plac him sober living or -Was told by ca	anager from the hospital that cement until they could find	t			
	revealed: -Admission dat -Diagnoses per Abuse, Generalized -Hospital admis attemptleft and st kill himself by taking depressedongoin use" Enrolled in [lo	FL-2 dated 1/21/19 "Alcoho d Anxiety and Hypertension. ssion dated 1/4/19- "suicidal arted drinking, attempted to				
	dated 2/21/19 revea -Abstain from s	of client #2's Treatment Plar aled the following goal: substance use, develop aviors, relapse triggers	1			
	-Had overdose hospital and discha -Had overdose	4/17/19 Client #2 stated: d in January 2019, admitted irged to the facility. d multiple times in the past. eling at local substance abus				
	week with other ho -Case manage	r with local hospital is helping	g			
	can find me someth	I came here, I guess until the	ey			

Division of Health Servi STATE FORM

SMLM11

If continuation sheet 9 of 11

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		A. BUILDING:			
	MHL092-960	B. WING			R 02/2019
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	3905 IVF				
TE CARE HUMAN SE	RVICES	H, NC 27604			
		ID			(X5)
		TAG	CROSS-REFERENCED TO	THE APPROPRIATE	COMPLET DATE
Continued From pa	ge 9	V 289		, 	
	-				
C. Review on 4/17	/19 of Discharged (DC) Client				
#3 revealed:					
HospitalizationsI	want to recover from alcohol				
abuse and control r	my depression and anxiety."				
Review on 4/17/19	of Treatment Plan dated				
D. Review on 4/17/	19 of DC client #4 revealed:				
	e of 4/1/19 to "Sober Living				
Review on 4/17/19	of DC client #4's Treatment				
Plan revealed:					
-Abstain from s	substance use				
During interview on	4/17/19 the Licensee stated:				
	nts transition to sober living or				
	he option to stay loss tame 'f				
	ne option to stay long term if				
	admitted and have case				
	T OF DEFICIENCIES OF CORRECTION PROVIDER OR SUPPLIER TE CARE HUMAN SE SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa C. Review on 4/17, #3 revealed: -Admission dat -Diagnoses per Abuse, Depression Seizure Disorder an -Discharge data -Hospital disch: HospitalizationsI abuse and control r Review on 4/17/19 3/11/19 revealed th -Abstain from a D. Review on 4/17/19 3/11/19 revealed th -Abstain from a D. Review on 4/17/19 3/11/19 revealed th -Discharge data -Discharge da	OF CORRECTION IDENTIFICATION NUMBER: MHL092-960 3395 IVE PROVIDER OR SUPPLIER STREET AI TE CARE HUMAN SERVICES 3905 IVE RALEIGI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 C. Review on 4/17/19 of Discharged (DC) Client #3 revealed: -Admission date of 3/7/19. -Diagnoses per FL-2 dated 3/7/19 "Alcohol Abuse, Depression, Anxiety, Type 2 Diabetes, Seizure Disorder and Asthma." -Discharge date of 4/3/19. -Hospital discharge dated 3/7/19 "Multiple HospitalizationsI want to recover from alcohol abuse and control my depression and anxiety." Review on 4/17/19 of Treatment Plan dated 3/11/19 revealed the following goal: -Abstain from alcohol use, develop skills D. Review on 4/17/19 of DC client #4 revealed: -Admission date of 2/27/19. -Diagnosis- Major Depression. -Discharge date of 4/1/19 to "Sober Living House." -Hospital Discharge dated 2/27/19 -"Admitted on 2/16/19 Alcohol Dependence, cocaine use, suicidal thoughtsAlcohol dependence with withdrawal, Alcohol induced mood disorder" Review on 4/17/19 of DC client #4's Treatment Plan revealed: -Abstain from substance use During interview on 4/17/19 the Licensee stated: -Clients are admitted from local hospital. -This a a "Pilot Program" through local hospital where clients transition to sober living or independent living. -Client's have the option to stay long term if	TO PERFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE A. BUILDING: DENTIFICATION NUMBER: MHL092-960 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST BUILDING: CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 9 V 289 C. Review on 4/17/19 of Discharged (DC) Client #3 revealed: -Admission date of 3/7/19. -Diagnoses per FL-2 dated 3/7/19 "Alcohol Abuse, Depression, Anxiety, Type 2 Diabetes, Seizure Disorder and Astma." -Discharge date of 4/3/19. -Hospital discharge dated 3/7/19 "Multiple HospitalizationsI want to recover from alcohol abuse and control my depression and anxiety." Review on 4/17/19 of Treatment Plan dated 3/11/19 revealed the following goal: -Abstain from alcohol use, develop skills D. Review on 4/17/19 of DC client #4 revealed: -Admission date of 2/27/19. -Diagnosis- Major Depression. -Discharge date of 4/1/19 to "Sober Living House." -Hospital Discharge dated 2/27/19 -"Admitted on 2/16/19 Alcohol Dependence, cocaine use, suicidal thoughtsAlcohol dependence with withdrawal, Alcohol induced mood disorder" Review on 4/17/19 of DC client #4's Treatment Plan revealed: -Abstain from substance use During interview on 4/17/19 the Licensee stated: -Clients are admitted from local hospital. -This a "Pilot Program" through local hospital where clients transition to sober living or independent living. -Client's have the option to stay long term if they choose. -The clients are admitted and have case managers that help them find permanent	TO F DEFICIENCIES (X1) PROVIDER/SUPPLIERCLIA (X2) MULTIPLE CONSTRUCTION OF CORRECTION MHL092-960 B. WING ''ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE TE CARE HUMAN SERVICES 3905 IVERSON STREET REQUIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES ID (EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX Continued From page 9 V 289 C. Review on 4/17/19 of Discharged (DC) Client #3 revealed: -Admission date of 3/7/19. -Diagnoses per FL-2 dated 3/7/19 "Alcohol Abuse, Depression, Anxiety, Type 2 Diabetes, Seizure Disorder and Astma." -Discharge date of 4/3/19. -Hospital discharge dated 3/7/19 "Multiple HospitalizationsI want to recover from alcohol abuse and control my depression and anxiety." Review on 4/17/19 of Treatment Plan dated 3/11/19 revealed: -Admission date of 2/27/19. -Diagnosis- Major Depression, Discharge dated 2/27/19. "Admitted on 2/16/19 Alcohol Dependence, cocaine use, suicidal thoughtsAlcohol dependence with withdrawal, Alcohol induced mood disorder" Review on 4/17/19 of DC client #4's Treatment Plan revealed: -Abstain from substance use Image: Street Augustance use During interview on 4/17/19 the Licensee stated: -Clients are admitted from local hospital. -This a a "Pilot Program" through local hospital where clients transition to sober living or independent living. -Clients have the option to stay long term if they c	TOP DEFICIENCIES (M1) PROVIDERSUPPLIERCIAL MURDER: A2 MULTIPLE CONSTRUCTION (A3 DUTA) OF CORRECTION MHL092-960 B. WING (D5/ ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE (D5/ TE CARE HUMAN SERVICES 395 IVERSON STREET (EACH OPERICENCY MUST BE PRECEDED BY FULL RECENCES IN COMPACTIVE ACTION SHOLLD BE CREATED FOR THE PRECEDED BY FULL RECENCE ON THE RECENCE ON T

Division of Health Service Regulation STATE FORM

6899

SMLM11

If continuation sheet 10 of 11

STATEMEN	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	E SURVEY PLETED
	OF CONNECTION	IDENTIFICATION NONBER.	A. BUILDING: _			
		MHL092-960	B. WING		— R 05/02/20	
IAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
BSOLU	TE CARE HUMAN SE	FRVICES	ERSON STREE H, NC 27604	т		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF ((X5) COMPLET
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	DATE
V 289	Continued From pa	age 10	V 289			
	-They do have along with "mental -Develops the client needs. -All the clients needs. -The clients do community outings	e "mental health diagnoses." substance use diagnoses health diagnoses." treatment plans based on the have the same "mental health attend AA as part of the				
	ealth Service Regulation					