PRINTED: 06/11/2019 FORM APPROVED

Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL076-104	B. WING		05/31/2019		
NAME OF PI	ROVIDER OR SUPPLIER	ST	TREET ADDRESS, CITY, STA	TE, ZIP CODE			
STEPS FC	OR CHANGE BEHAVIORA	AL HEALTH CARE	03 SOUTH BRADY STRI AMSEUR, NC 27316	EET			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE		
V 000	INITIAL COMMENTS		V 000				
	on May 31, 2019. The substantiated (Intake Deficiencies were cite This facility is licensed	#NC00149837). ed. d for the following service 27G .4400 Substance	i				
V 266	27G .4401 Sub. Abus	e Intensive Outpt - Scope	V 266				
	program (SAIOP) is of individual and group a services that are providesigned to assist ad primary substance-re recovery and learn skimaintenance.  (b) Treatment support or specifically designed disabilities, co-occurrimental illness or developregnant women, chromogenous groups.  (c) Each SAIOP shall which includes the fold (1) individual constant individual consta	se intensive outpatient one that provides structure addiction treatment and rided in an outpatient settir ults or adolescents with a lated diagnosis to begin cills for recovery  rt activities may be adapte ed for persons with physica ing disorders including elopmental disabilities, conic relapse and other  I have a structured progrationing services: counseling; seling; seling; or relapse prevention, which ty and social supports; gency planning; magement; rdination activities; and l assays to identify recent	ng d al				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		1		
		MHL076-104	B. WING		05	31/2019	
	ROVIDER OR SUPPLIER  OR CHANGE BEHAVIOR	103 SOL	ADDRESS, CITY, STATE  JTH BRADY STREE  UR, NC 27316				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORREC PREFIX (EACH CORRECTIVE ACTION SHOUNT FOR CROSS-REFERENCED TO THE APPR DEFICIENCY)		ON SHOULD BE HE APPROPRIATE	JLD BE COMPLETE	
V 266	Continued From pag	ge 1	V 266				
	failed to provide info operating a structure Outpatient Program findings are:  During an observation approximately 11am Two people (male /fe area in the facility ale	and observation, the facility rmation to assure they were ed Substance Abuse Intensive (SAIOP) program. The on on 5/15/19 at revealed: emale) sitting in a breakroom one. [Licensee] identified ats, however; no other staff					
	When asked by surv to complete the Clier	reyor for the names of clients nt Census Form and if she nd client records for the replied:					
	our program. I think clients."  - The Licensee state the LME/MCO and the survey after she was After waiting approximation of the facility, the again if she could prefor review. The License	any clients we are serving in we have two or three active at that she was meeting with that she would continue the sinish them.  Imately 35 minutes in a back the Licensee was asked ovide staff and client records usee went to look for the diapproximately 30 minutes					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		MHL076-104	B. WING		05/	31/2019		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  103 SOUTH BRADY STREET  103 SOUTH BRADY STREET								
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	, NC 27316  ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE ITHE APPROPRIATE	(X5) COMPLETE DATE		
V 266	audit and I don't know to contact my QP (Qu where the records are Approximately 30 mir called. The Licensee client or staff names of documentation for the Outpatient Program.	where my files are. I need lalified Professional) to see e."  nutes later the QP had not was unable to provide any or files, nor any other e Substance Abuse Intensive  g on. I'm currently going ce and I thought this had	V 266					

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