

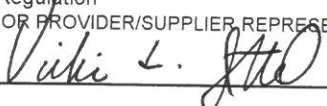
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/05/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HILLSBOROUGH RECOVERY SOLUTIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 129 MAYO STREET HILLSBOROUGH, NC 27278
--	--

(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>An annual and follow-up survey was completed on September 5, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.</p> <p>The client census was 121 at the time of the survey.</p>	V 000		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall</p>	V 109	<p>DHSR - Mental Health</p> <p>OCT 22 2019</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CEO/owner	(X6) DATE 10/4/19
---	---------------------------	-----------------------------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/05/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HILLSBOROUGH RECOVERY SOLUTIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 129 MAYO STREET HILLSBOROUGH, NC 27278
--	--

(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 109	<p>Continued From page 1</p> <p>develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility management failed to assure 1 of 4 audited qualified professional staff (Nurse #1) demonstrated the technical knowledge, decision-making and clinical skills and abilities required affecting 4 of 12 audited clients. The findings are:</p> <p>Review on 9/4/19 of Nurse #2's personnel files revealed: - Hire date of 10/4/18 - Employed as Registered Nurse to work part-time as the only dosing nurse on the weekend shift.</p> <p>Review on 9/5/19 of facility records revealed the following for Client #1: - Admission date of 7/11/19 - Diagnosis of Opioid Use Disorder - Moderate - Physician's order for client to to receive a 16 milligram (mg) dose of Buprenorphine once daily</p> <p>Review on 9/5/19 of facility records revealed the following for Client #2: - Admission date of 7/12/18 - Diagnosis of Opioid Use Disorder - Severe - Physician's order for client to to receive a 16</p>	V 109		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/05/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HILLSBOROUGH RECOVERY SOLUTIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 129 MAYO STREET HILLSBOROUGH, NC 27278
--	--

(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 109	<p>Continued From page 2</p> <p>milligram (mg) dose of Buprenorphine once daily</p> <p>Review on 9/5/19 of facility records revealed the following for Client #3: - Admission date of 4/15/19 - Diagnosis of Opioid Use Disorder - Severe - Physician's order for client to to receive a 16 milligram (mg) dose of Buprenorphine once daily</p> <p>Review on 9/5/19 of facility records revealed the following for Client #1: - Admission date of 1/29/19 - Diagnosis of Opioid Use Disorder - Moderate - Physician's order for client to to receive a 16 milligram (mg) dose of Buprenorphine once daily</p> <p>Review on 9/4/19 of the facility's incident reports for June 2019 - August 2019 revealed Nurse #2 under-dosed four clients. The following are details of the 8/3/19 incident: - Nurse #2 administered each client two 2 mg tablets (total 4 mg) instead of the prescribed two 8 mg tablets (total 16 mg) of Buprenorphine. - She administered the tablets of medication approximately 15 minutes or more between dosing each client at the times identified: a. Client #1: at approximately 9:00 AM b. Client #2: at approximately 9:30 AM c. Client #3: at approximately 9:49 AM d. Client #4: at approximately 9:51 AM</p> <p>Interview on 9/4/19 with the Program Director revealed: - Agency was recently bought by another group and has been re-organizing. - The reorganization has interfered with the facility ongoing training and Nurse #1 has not received some of the required continuing education training in nature of addiction and the withdrawal syndrome.</p>	V 109		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/05/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HILLSBOROUGH RECOVERY SOLUTIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 129 MAYO STREET HILLSBOROUGH, NC 27278
--	--

(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 109	<p>Continued From page 3</p> <ul style="list-style-type: none"> - The under-dosing incidents occurred on the weekend when Nurse #1 worked alone as the only dosing nurse. - The incident was reported however, management remained in discussion about corrective action for the staff. <p>Interview on 9/5/19 with the Lead Nurse revealed:</p> <ul style="list-style-type: none"> - The above clients did not suffer any adverse effects. - Nurse #2 works exclusively on the weekends. She is the only dosing nurse working during that time. - The nurse did not follow the facility's two step process for dosing the Buprenorphine tablets: <ol style="list-style-type: none"> 1. Visually look at each bottle of the medication each time to identify the proper milligram tablet dose 2. Visually look at each tablet each time prior to administering to the client - Bottles should be placed separately on the counter and kept apart. - She was uncertain how Nurse #2 made four under-dosing errors in an approximately one hour time frame. - She said all nurses receive significant training in the proper administration of medication. - She confirmed Nurse #2 did not demonstrate the skills and abilities in this area of her training. 	V 109	<p>1) The organization's dosing PRP were reviewed by Nurse #2. 9/10/19</p> <p>2) Lead Nurse has observed Nurse #2 dosing on three separate occasions to reinforce the training. 10/4/19</p> <p>3) Lead Nurse will review video of Nurse #2 dosing a minimum of once/month to ensure compliance with dosing PRP. Ongoing</p>	
-------	--	-------	---	--

V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident</p>	V 131		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/05/2019
--	---	---	--

NAME OF PROVIDER OR SUPPLIER HILLSBOROUGH RECOVERY SOLUTIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 129 MAYO STREET HILLSBOROUGH, NC 27278
--	--

(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 131	<p>Continued From page 4 of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility management failed to assure a HCPR check was completed prior to hire for 1 of 4 audited professional staff (Nurse #2.) The findings are:</p> <p>Review on 9/4/19 of Nurse #2's personnel file revealed: - Hire date of 9/10/18 - HCPR check dated 9/17/18 was completed after the staff was hired to work as a dosing nurse.</p> <p>Interview on 9/4/19 with the Program Director confirmed: - He is responsible for conducting required checks for all staff and for completing personnel files. - Nurse #1's HCPR check was not completed prior to her employment with the agency.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 131	<p>1) Since this is a re-cited deficiency, we cannot go back and correct for this same employee.</p> <p>2) However, HCPR checks will be conducted prior to hire for any onboarding employees by Program Director</p> <p>3) On an ongoing basis, the Program Sponsor will review all new employee personnel files to ensure compliance.</p>	<p>9/9/19</p> <p>9/9/19</p> <p>9/9/19</p>
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/05/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HILLSBOROUGH RECOVERY SOLUTIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 129 MAYO STREET HILLSBOROUGH, NC 27278
--	--

(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 133	<p>Continued From page 5</p> <p>program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health</p>	V 133		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/05/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HILLSBOROUGH RECOVERY SOLUTIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 129 MAYO STREET HILLSBOROUGH, NC 27278
--	--

(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 133	<p>Continued From page 6</p> <p>and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of 	V 133		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/05/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HILLSBOROUGH RECOVERY SOLUTIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 129 MAYO STREET HILLSBOROUGH, NC 27278
--	--

(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 133	<p>Continued From page 7</p> <p>the person and the job duties of the position to be filled.</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and</p>	V 133		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/05/2019
--	---	---	--

NAME OF PROVIDER OR SUPPLIER HILLSBOROUGH RECOVERY SOLUTIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 129 MAYO STREET HILLSBOROUGH, NC 27278
--	--

(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 133	<p>Continued From page 8</p> <p>Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may</p>	V 133		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/05/2019
--	---	---	--

NAME OF PROVIDER OR SUPPLIER HILLSBOROUGH RECOVERY SOLUTIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 129 MAYO STREET HILLSBOROUGH, NC 27278
--	--

(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 133	<p>Continued From page 9</p> <p>employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility management failed to assure a state and national criminal record check was completed within five days of the offer of hire for 1 of 4 audited professional staff (Nurse #2.) The findings are:</p> <p>Review on 9/4/19 of Nurse #2's personnel file revealed:</p> <ul style="list-style-type: none"> - Hire date of 9/10/18 - State and national criminal record check was dated 9/21/18 and was not within the required time frame of offer of employment. <p>Interview on 9/4/19 with the Program Director confirmed:</p> <ul style="list-style-type: none"> - He is responsible for conducting required checks for all staff and for completing personnel 	V 133		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/05/2019
--	---	---	--

NAME OF PROVIDER OR SUPPLIER
HILLSBOROUGH RECOVERY SOLUTIONS

STREET ADDRESS, CITY, STATE, ZIP CODE
**129 MAYO STREET
HILLSBOROUGH, NC 27278**

(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 133	Continued From page 10 files. - Nurse #1's State and national criminal record check was not completed within the required time frame of her employment with the agency. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 133	1) All State/National Criminal Background Checks shall be conducted and completed within required timeframes.	9/9/19
V 235	27G .3603 (A-C) Outpt. Opioid Tx. - Staff 10A NCAC 27G .3603 STAFF (a) A minimum of one certified drug abuse counselor or certified substance abuse counselor to each 50 clients and increment thereof shall be on the staff of the facility. If the facility falls below this prescribed ratio, and is unable to employ an individual who is certified because of the unavailability of certified persons in the facility's hiring area, then it may employ an uncertified person, provided that this employee meets the certification requirements within a maximum of 26 months from the date of employment. (b) Each facility shall have at least one staff member on duty trained in the following areas: (1) drug abuse withdrawal symptoms; and (2) symptoms of secondary complications to drug addiction. (c) Each direct care staff member shall receive continuing education to include understanding of the following: (1) nature of addiction; (2) the withdrawal syndrome; (3) group and family therapy; and (4) infectious diseases including HIV, sexually transmitted diseases and TB.	V 235	2) The Program Director is responsible for conducting background checks. 3) On an ongoing basis, the Program Sponsor will review all new employee personnel files to ensure compliance.	9/9/19 9/9/19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/05/2019
--	---	--	--

NAME OF PROVIDER OR SUPPLIER HILLSBOROUGH RECOVERY SOLUTIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 129 MAYO STREET HILLSBOROUGH, NC 27278
--	--

(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 235	<p>Continued From page 11</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure each direct care staff member received continuing education in nature of addiction and the withdrawal syndrome affecting two of nine audited staff (Nurse #1). The findings are:</p> <p>Review on 9/4/19 of the facility's personnel files revealed: -Nurse #1 was hired on 10/4/18. -Nurse #1 was hired as a Registered Nurse-Part Time. -Nurse #1 had no documentation of continuing education in nature of addiction and the withdrawal syndrome.</p> <p>Interview on 9/4/19 with the Program Director revealed: -Agency was recently bought by another group and had been re-organizing. -Agency used RELIAS in the past as training program for staff, but stopped after it was sold. -Nurse #1 mainly worked on weekends. -He confirmed Nurse #1 had no continuing education in nature of addiction and the withdrawal syndrome.</p>	V 235	<p>1) Nurse #1 completed continuing education in nature of addiction and withdrawal syndrome</p> <p>2) Lead Nurse will audit all Nurse employee files to ensure that required trainings are completed within required timeframes.</p> <p>3) Program Director will audit all employee files to ensure compliance with all training requirements on an ongoing basis.</p>	<p>9/9/19</p> <p>9/9/19</p> <p>9/9/19</p>