AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
	MHL065-261		B. WING			01/10/2020	
NAME OF F	PROVIDER OR SUPPLIER		EET ADI	DRESS CITY S	STATE, ZIP CODE	1 0	0/2020
		324		, ,	RIVE, SUITE 1		
CHRYSA	LIS CENTER FOR CO	JUNSELING & FA		TON, NC 28			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs		V 000			
	An annual survey w 2020. Deficiencies	vas completed on January were cited.	<b>/</b> 10,				
	category: 10A NCA	sed for the following servi C 27G .1100 Partial ndividuals Who Are Acute					
V 131	G.S. 131E-256 (D2 Verification	) HCPR - Prior Employme	ent	V 131			
	REGISTRY (d2) Before hiring h health care facility of health care facility s Personnel Registry	EALTH CARE PERSONN realth care personnel into or service, every employe shall access the Health Cannel and shall note each incide propriate business files.	a r at a are				
	failed access the He	view and interview the face ealth Care Personnel Recognition participating in the direct	gistry				
	no records with doc	el records on 1/9/20 revea cumentation the Health Ca had been accessed for ed in the facility.					
		the Clinical Director state re 3 Interns practicing in t					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL065-261	B. WING		01/1	0/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	TATE, ZIP CODE	-	
CHRYSA	LIS CENTER FOR CO	HINSELING & FA	NT MILL DR TON, NC 28	IVE, SUITE 1 403		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROID DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 131 V 133	and 1 was seeking program.  -The Interns would staff, but progress I independently facilities -Interns could also client if needed.  -The facility would be educational program Business Associated -The facility did not during an internship	re from the local university a degree from an on-line begin by shadowing the other by their second semester to tate groups. counsel one on one with a mave a contract with the ms and have the Interns sign a Agreement. access the HCPR before or	V 131			
	CHECK REQUIRED APPLICANTS FOR (a) Definition As a provider applies to program and any prodevelopmental disaservices that is lice. Chapter.  (b) Requirement provider licensed unapplicant to fill a possible applicant to have a conditioned on concriminal history receive applicant has belies than five years is conditioned on concriminal history receive applicant conditioned on concriminal history receive applicant has belies than five years is conditioned on concriminal history received applicant has believed as the conditional criminal history received applicant has believed as the conditional criminal history received as the conditional cr					

Division of Health Service Regulation

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Division of Health Service Regulation

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING:  CO	E SURVEY PLETED 110/2020
MHL065-261 B. WING 01	
	10/2020
	10/2020
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
3240 BURNT MILL DRIVE, SUITE 1	
CHRYSALIS CENTER FOR COUNSELING & EA WILMINGTON, NC 28403	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 133 Continued From page 2 V 133	
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 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 recoviders 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	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	MHL065-261	B. WING		01/	10/2020	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
CURVEALIC CENTER FOR CO	3240 BUF	RNT MILL DR	IVE, SUITE 1			
CHRYSALIS CENTER FOR CO	WILMING	TON, NC 284	403			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
All criminal history in provider is confiden except to the applica (c) of this section. Find subsection, the term business regularly expected a regular to the following factor hire the applicant:  (1) The level and section (2) The date of the provider and the filled.  (3) The age of the properties of the present and the filled.  (4) The prison, jail, prehabilitation, and experson since the date of the date of the present and the filled.  (5) The prison, jail, prehabilitation, and experson since the date of conviction are levant offense. The fact of convictions hall not be a bar to listed factors shall but the provider disquared consideration of the provider may disclosing the criminal history to the disqualification of the criminal history applicant.	employment by the provider. Information received by the Itial and may not be disclosed, Itial					

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AND DIAN OF CORRECTION \ \ \ IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			X3) DATE SURVEY COMPLETED		
		MHL065-261		B. WING		01/	10/2020
	CHRYSALIS CENTER FOR COUNSELING & EA WILMII				STATE, ZIP CODE RIVE, SUITE 1 403		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 133	or employee of a procomplies with this socivil liability for:  (1) The failure of the individual on the bath the criminal history  (2) Failure to check criminal offenses if history record check criminal offenses if history record check compliance with this (e) Relevant Offense relevant offense federal criminal hist indictment of a criminal felony, that bears un have responsibility persons needing modisabilities, or subscirimes include the cany of the following General Statutes: A lesuing Monetary Sendangering Exect Article 6, Homicide; Sex Offenses; Artick Kidnapping and Aboundary Device of the Burnings; Art Robbery; Article 18 False Pretenses and Obtaining Property Fraudulent Use of Carticle 19B, Financia Act; Article 20, Frau 26, Offenses Again Decency; Article 26	ovider that, in good faith ection shall be immune to e provider to employ an sis of information provider to ecord check of the indivan employee's history of the employee's criminal k is requested and receive	from ed in vidual. of ved in lon, ding nor or sis to leing of ontal lesse the in lesse the ind lesse	V 133			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN			A. BUILDING:		COMP	LLILD
		MHL065-261	B. WING		01/1	0/2020
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CHRYSA	LIS CENTER FOR CO	HINSELING & FA		RIVE, SUITE 1		
0111(10)	LIO GENTER TOR GO	WILMING	TON, NC 28	403		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	29, Bribery; Article Office; Article 35, C Peace; Article 36A, Article 39, Protection of the Fa Intoxication; and Ar Crime. These crime sale of drugs in vio Controlled Substan 90 of the General Soffenses such as siviolation of G.S. 18 impaired in violation G.S. 20-138.5.  (f) Penalty for Furnapplicant for emplosupplies, or otherw an employment approximal history recishall be guilty of a (g) Conditional Empemploy an applicant obtaining the result check regarding the following requirement (1) The provider shorior to obtaining the criminal history recisubsection (b) of the fingerprint cards as (2) The provider shoriominal history recibusiness days after conditional employ 2001-155, s. 1; 200	31, Misconduct in Public Offenses Against the Public, Riots and Civil Disorders; on of Minors; Article 40, amily; Article 59, Public rticle 60, Computer-Related es also include possession or lation of the North Carolina aces Act, Article 5 of Chapter Statutes, and alcohol-related ale to underage persons in IB-302 or driving while of G.S. 20-138.1 through ishing False Information Any syment who willfully furnishes, ise gives false information on plication that is the basis for a ord check under this section Class A1 misdemeanor. ployment A provider may at conditionally prior to is of a criminal history record e applicant if both of the	V 133			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	MHL065-261		B. WING		01/1	0/2020
	PROVIDER OR SUPPLIER	NUNSELING & FA 3240 BUF		STATE, ZIP CODE RIVE, SUITE 1 403		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 133	This Rule is not me Based on record refailed to offer International consent to a criminal findings are:  Review of personners no criminal history interns who practice.  Interview on 1/9/20 - Currently there we facility.  -The Interns would staff, but progress independently facility-Interns could also client if needed.  -The facility would interest reducational programs business Associated.	et as evidenced by: view and interview the facility ship positions conditioned on al history record check. The el records on 1/9/20 revealed record check requests for ed in the facility.  the Clinical Director stated: re 3 Interns practicing in the begin by shadowing the other by their second semester to tate groups. counsel one on one with a mave a contract with the ms and have the Interns sign a	V 133			
		uring an internship. It Interns had lived out of state ars.				
V 173	10A NCAC 27G .11 (a) A physician shatreatment planning, decisions. This phyunless a psychiatris good cause cannot (b) Each facility sha	all participate in diagnosis, and admission and discharge ysician shall be a psychiatrist tt is unavailable or for other	V 173			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		MHL065-261		B. WING	· · · · · · · · · · · · · · · · · · ·	01/	10/2020
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CHRYSA	LIS CENTER FOR CO	OUNSELING & EA		NT MILL DR	IVE, SUITE 1 403		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 173		week, excluding lega	l or	V 173			
	facility failed to ensit treatment planning,	views and interviews, ure a physician partici and admission and d 3 of 3 clients audited	ipated in lischarge				
	-54 year old female -Diagnoses include Bulimia, and Post-T (PTSD)Had no medical pri gynecology physicia	d Anorexia Nervosa w raumatic Stress Diso imary care physician. an. a physician had parti	vith rder Had a				
	-28 year old female -Diagnoses include unspecified; Major I recurrent, moderate disorderInternal Medicine f physical examination	d Eating Disorder, Depressive Disorder, e; Generalized anxiety or her primary care; la on in 2019. a physician had parti	/ ast				
	-21 year old female	f client #4's record rev admitted 12/2/19. d Other Specified Eat					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED	
		MHL065-261	B. WING		01/	10/2020
	PROVIDER OR SUPPLIER	STATE, ZIP CODE RIVE, SUITE 1 403				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
V 173	Disorder; Major DeremissionInternal Medicine f physical examinationNo documentation in treatment plannir  Interview on 1/9/20 -It was a requirement their private physiciThere was no physicient treatment team for admission, or disches area, the current facertified Neurologis.	pressive Disorder in partial or her primary care; last on in 2019. a physician had participated ng.  the Clinical Director stated: nt for all clients to be seen by an prior to admission. sician that participated with the treatment planning, arge decisions. ortage of psychiatrists in the cility physician was a Board	V 173			

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