

Plan of Correction Oasis Recovery

-10A NCAC 27G .4501 Substance Abuse Comprehensive Outpatient Treatment Program (V280)

Our organization has taken the measures to change the verbiage within the program to reflect the correct term, Substance Abuse Comprehensive Outpatient Treatment Program. Our organization has kept the current policies and procedures and the compliance officer has reviewed with employees our SACOT policies and procedures. As an organization we have changed the term PHP to SACOT on our all EMR records. The compliance officer has trained all employees on the correct verbiage and why it is SACOT reflecting our North Carolina licensure. The compliance officer met with client as a group and explained the change in verbiage. The compliance officer has changed the term PHP to SACOT on all clinical documents and trained all employees how to complete necessary documents with the new SACOT verbiage(Pre-admission screen, treatment plans, discharge planning, initial intake assessments, information page, clinical level of care, client consents, client progress notes.) The compliance officer and the clinical director audits and monitors these measures on a daily basis and the compliance officer and clinical director reviews all new documents once a week to ensure the correct verbiage of SACOT is being used correctly. Any staff that continues to use the incorrect verbiage will be given one oral warning following a written warning after that. Any further use of the incorrect verbiage will result in a write up with disciplinary action taken.

Christopher Scullin, Compliance officer

Date



12/27/19

RECEIVED
DEC 30 2019
DHSR-MH Licensure Sect

Plan of Correction Oasis Recovery

-10A NCAC 27G .0604 Incident Reporting Requirements

Our organization have taken the measures to submit all incident reports within 72 hours. These measures go as follows. The compliance officer has correctly trained both Clinical director and Program director with rules to IRIS reports from Vaya health. The compliance officer, clinical director, and program director have followed through with the Vaya health IRIS reporting system training. The compliance officer has also reviewed Oasis Policy procedures for incident reporting with all employees. Oasis has implemented new incident reporting training so that the incident will not occur again. The compliance officer and clinical director will be responsible for monitoring incident reporting to ensure corrective action. This monitoring will take place once a week, every week.

Christopher Scullin, Compliance officer

Date

A handwritten signature in black ink, appearing to read 'C. Scullin', written over a horizontal line.

12/27/19



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

December 19, 2019

Jonathan Wood, Chief Executive Officer
Oasis Recovery Centers, Incorporated
191 Charlotte Street, Suite #200
Asheville, NC 28801

Re: Annual and Complaint Survey completed November 15, 2019
Oasis Recovery Treatment Center, 191 Charlotte Street, Suite #200,
Asheville, NC 28801

MHL # 011-423

E-mail Address: jon@oasisrecoverync.com

christopher@oasisrecoverync.com

Complaint Intake #s: NC00155219 and NC00156664

DHSR - Mental Health

DEC 30 2019

Lic. & Cert. Section

Dear Mr. Wood:

Thank you for the cooperation and courtesy extended during the annual and complaint survey completed November 15, 2019. The complaints were unsubstantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

Standard level deficiencies are cited for:

- 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367);
- 10A NCAC 27G .4501 Scope-Substance Abuse Comprehensive Outpatient Treatment Program (V280).

Time Frames for Compliance

Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is January 14, 2020.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

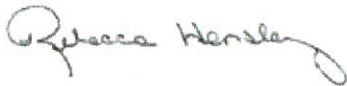
Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Sonia Eldridge, Mountains Team Leader, at (828) 665-9911.

Enclosure

Sincerely,



Rebecca Hensley
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc:dhhs@vayahealth.com
File