

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-261	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/10/2020
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NAME OF PROVIDER OR SUPPLIER CHRYSLIS CENTER FOR COUNSELING & EA	STREET ADDRESS, CITY, STATE, ZIP CODE 3240 BURNT MILL DRIVE, SUITE 1 WILMINGTON, NC 28403
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(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	INITIAL COMMENTS An annual survey was completed on January 10, 2020. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1100 Partial Hospitalization for Individuals Who Are Acutely Mentally Ill.	V 000		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification 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 of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview the facility failed access the Health Care Personnel Registry (HCPR) for Interns participating in the direct care of clients. The findings are: Review of personnel records on 1/9/20 revealed no records with documentation the Health Care Personnel Registry had been accessed for Interns who practiced in the facility. Interview on 1/9/20 the Clinical Director stated: -Currently there were 3 Interns practicing in the facility.	V 131	V131 • Chrysalis will continue to verify employee's status in the Health Care Personnel Registry (HCPR) and will also monitor interns and complete files on them in the same manner as with regular employees. • Chrysalis has already completed these verifications with interns on site; documentation has been placed in their files. • In the future, we will verify each intern's status in the HCPR before hire. • These steps will be completed by the director of professional relations, who also serves as our human resources professional. • Verification of appropriate documentation will be performed at orientation and at 90 days review by Clinical Director and HR. • All employee files will be reviewed annually by Clinical Director and HR and findings reported to board. • These changes will be implemented by March 10, 2020	

RECEIVED
JAN 23 2020
DHSR-MH Licensure Sect

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

TITLE

(X6) DATE

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V 131	Continued From page 1 -2 of the Interns were from the local university and 1 was seeking a degree from an on-line program. -The Interns would begin by shadowing the other staff, but progress by their second semester to independently facilitate groups. -Interns could also counsel one on one with a client if needed. -The facility would have a contract with the educational programs and have the Interns sign a Business Associate Agreement. -The facility did not access the HCPR before or during an internship.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check 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 program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (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	V 133	V 133 - • All internship applicants will now sign a waiver, prior to hire, that will ensure that a national criminal background check will be completed for each applicant prior to hire. • Chrysalis has already completed these verifications with interns on site; documentation has been placed in their files. • These steps will be completed by the director of professional relations, who also serves as our human resources professional. • Verification of appropriate documentation will be performed at orientation and at 90 day review Clinical Director and HR. • Employee files will be reviewed annually by the Clinical Director and HR and findings will be reported to the board. • These changes will be implemented by March 10, 2020	

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V 133	Continued From page 2 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 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	V 133		

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V 133	<p>Continued From page 3</p> <p>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 the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <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</p>	V 133			

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V 133	Continued From page 4 or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (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. (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. (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 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	V 133		

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CHRYSLIS CENTER FOR COUNSELING & EA

**3240 BURNT MILL DRIVE, SUITE 1
WILMINGTON, NC 28403**

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V 133	<p>Continued From page 5</p> <p>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 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>	V 133		

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V 133	Continued From page 6 This Rule is not met as evidenced by: Based on record review and interview the facility failed to offer Internship positions conditioned on consent to a criminal history record check. The findings are: Review of personnel records on 1/9/20 revealed no criminal history record check requests for Interns who practiced in the facility. Interview on 1/9/20 the Clinical Director stated: -Currently there were 3 Interns practicing in the facility. -The Interns would begin by shadowing the other staff, but progress by their second semester to independently facilitate groups. -Interns could also counsel one on one with a client if needed. -The facility would have a contract with the educational programs and have the Interns sign a Business Associate Agreement. -The facility did not request criminal history record checks before or during an internship. -None of the current Interns had lived out of state within the past 5 years.	V 133		
V 173	27G .1103 Partial Hospitalization - Operations 10A NCAC 27G .1103 OPERATIONS (a) A physician shall participate in diagnosis, treatment planning, and admission and discharge decisions. This physician shall be a psychiatrist unless a psychiatrist is unavailable or for other good cause cannot be obtained. (b) Each facility shall operate for a minimum of four hours per day (exclusive of transportation	V 173	V 173 - • Though a physician does participate in the initial admission and diagnosis to the program in the form of a clinician clearance form (attached), we will now also involve our medical director in treatment planning and discharge decisions by having him review and co-sign the EMR document "IOP Treatment & Aftercare Plan." He will review and collaborate with the clinical director about each client to ensure appropriate disposition. • We will send notification of the need for this to Dr. Kalp via our secure email weekly and review all treatment plans quarterly (at the board meeting) to verify. • Chrysalis will amend this policy in the Policies and Procedures Manual. • Chrysalis will work with EMR to allow for this change to the document. The clinical director will be responsible for collaborating with EMR to make changes. • These changes will be implemented by March 10, 2020	

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V 173	<p>Continued From page 7</p> <p>time), five days per week, excluding legal or governing body designated holidays.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a physician participated in treatment planning, and admission and discharge decisions affecting 3 of 3 clients audited (clients #1, #3, and #4). The findings are:</p> <p>Review on 1/9/20 of client #1's record revealed: -54 year old female admitted 9/12/19. -Diagnoses included Anorexia Nervosa with Bulimia, and Post-Traumatic Stress Disorder (PTSD). -Had no medical primary care physician. Had a gynecology physician. -No documentation a physician had participated in treatment planning.</p> <p>Review on 1/9/20 of client #3's record revealed: -28 year old female admitted 10/17/19. -Diagnoses included Eating Disorder, unspecified; Major Depressive Disorder, recurrent, moderate; Generalized anxiety disorder. -Internal Medicine for her primary care; last physical examination in 2019. -No documentation a physician had participated in treatment planning.</p> <p>Review on 1/9/20 of client #4's record revealed: -21 year old female admitted 12/2/19. -Diagnoses included Other Specified Eating</p>	V 173			

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V 173	<p>Continued From page 8</p> <p>Disorder; Major Depressive Disorder in partial remission.</p> <p>-Internal Medicine for her primary care; last physical examination in 2019.</p> <p>-No documentation a physician had participated in treatment planning.</p> <p>Interview on 1/9/20 the Clinical Director stated:</p> <p>-It was a requirement for all clients to be seen by their private physician prior to admission.</p> <p>-There was no physician that participated with the treatment team for treatment planning, admission, or discharge decisions.</p> <p>-Because of the shortage of psychiatrists in the area, the current facility physician was a Board Certified Neurologist.</p> <p>-The facility physician's role did not include direct client clinical services or participation in the treatment team.</p>	V 173			

3240 Burnt Mill Drive • Suite 1 • Wilmington, NC 28403 • Tel: 910-790-9500 • Fax: 910-796-8111

IOP REFERRAL FORM - PHYSICIAN

Every client is required to undergo a physical/medical health screening prior to admission with a qualified medical professional within two weeks of expected admission date:

Client Name: _____

DOB: _____ Gender: M F _____

Referring provider name, facility: _____

Office Address: _____

Phone: _____ Fax: _____ Email: _____

Physical Exam

Height: _____ ft _____ in (Blind) Weight _____ lbs. BMI _____

*Any client with significant eating disorder symptoms (weight below 80% of IBW, medical complications of malnutrition or purging, etc.) will require medical clearance from their doctor verifying that they are safe to be in the program. The information will be reviewed by our staff prior to admission.

	<u>Lying</u>	<u>Standing</u>
Blood pressure: (orthostatic)	_____ / _____	_____ / _____

Pulse: (orthostatic)	_____	_____
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RR: _____ Temp: _____

HEENT: _____

Dental: _____

Thyroid: _____

Chest/Lungs: _____

Breasts: _____

Heart: _____

Abdomen: _____

Pelvic/Rectal: _____

Skin/Hair/Nails: _____

Musculoskeletal: _____

Neurological: _____

Extremities/Edema: _____

Allergies: _____

IOP REFERRAL FORM - PHYSICIAN

Client Name: _____

Current Diagnosis: _____

Current Symptoms: _____

Current medications (including dose and frequency): _____

Medical problems and treatment: _____

Substance use/abuse: _____

Risk assessment (SI, SIB, etc.): _____

Requirements for IOP Admission:

Is the patient ambulatory? Yes No

Details: _____

Can the patient manage her/his own medications? Yes No

Details: _____

Are there any limitations on physical activities? Yes No

Details: _____

Does the client have any history of or current communicable diseases? Yes No

If no, can the patient still be admitted with necessary precautions to the intensive outpatient program? Yes No

Details: _____

The following tests are **required** prior to the patient's admission; **please forward copies:**

- | | |
|---|---|
| <input type="radio"/> Documentation of specific allergen testing is required for food allergies if exclusion is recommended | <input type="radio"/> Magnesium |
| <input type="radio"/> CBC with differential | <input type="radio"/> Phosphorous |
| <input type="radio"/> Chemistry panel comprehensive | <input type="radio"/> EKG |
| <input type="radio"/> TSH, T3, Total T4 | <input type="radio"/> Urine HCG (if indicated) |
| <input type="radio"/> Amylase, Lipase | <input type="radio"/> Vit D, Vit B12 (if indicated) |
| | <input type="radio"/> Hepatitis A screen/documentation (if indicated) |
| | <input type="radio"/> Drug Toxicology Screen (if indicated) |

Additional information/comments: _____

I hereby certify that _____ the above-named client is medically stable and meets all requirements for admission to an IOP.

Physician Name: _____

Physician Signature: _____ Date: _____



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

January 13, 2020

Alexis Hunter

Chrysalis Center for Counseling & Eating Disorder Trmt
3240 Burnt Mill Drive, Suite 1
Wilmington, NC 28403

Re: Annual Survey completed January 10, 2020
Chrysalis Center for Counseling & Eating Disorder Trmt, 3240 Burnt Mill Drive,
Suite 1, Wilmington, NC 28403
MHL # 065-261
E-mail Address: alexis@chrysaliscenter-nc.com

Dear Ms. Hunter:

Thank you for the cooperation and courtesy extended during the annual survey completed January 10, 2020.

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

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is March 10, 2020.

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.).

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

January 13, 2020

Alexis Hunter

Chrysalis Center for Counseling & Eating Disorder Trmt

- 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 Gloria Locklear at 910-214-0350.

Sincerely,



Betty Godwin, RN, MSN
Nurse Consultant
Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Assistant



January 23, 2020

Betty Godwin, RN, MSN
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Dear Ms. Godwin,

In response to your Survey and findings report, we are happy to present to you our updates to our policies and procedures. Please find enclosed the completed form with corrective actions to our deficiencies.

These processes have already been put into practice and we will ensure they will be completed corrected within 60 days.

We thank you for the opportunity to serve the people of Southeastern North Carolina through our facility.

Should you need anymore information, please do not hesitate to reach out to our team.

Sincerely,

A handwritten signature in black ink, appearing to read "Alexis Hunter", written over a horizontal line.

Alexis Hunter
Director of Professional Relations

Cc: Kelly Broadwater Pickell, Executive Director Chrysalis Center
Dr. Matthew Kelp, Medical Director Chrysalis Center
Kendra Wilson, Clinical Director Chrysalis Center
Terri Mazingo, Nutrition Director Chrysalis Center