If continuation sheet 1 of 35

Division	of Health Service Re	egulation			I ORMAN I ROVED	
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	t,	COMPLETED	
		MHL064-129	B. WING		12/09/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
			H PEARL S			
MACTA,	LLC		OUNT, NC			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	DN (X5)	
PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE COMPLETE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE DATE	
		11				
V 000	INITIAL COMMENT	S	V 000			
	A = A = = = 1 O			See allached SI	(
	2019. Deficiencies	vas completed December 09,		See attached of	neut	
	2013. Deficiencies	were cited.				
	This facility is licens	ed for the following service				
	categories:	g				
		G .1200 Psychosocial				
		ties for Individuals with				
	Severe and Persiste					
		G .3700 Day Treatment Jals with Substance Abuse				
	Disorders	alls with Substance Abuse				
		G .4400 Substance Abuse				
	Intensive Outpatien	I				
		G .4500 Substance Abuse				
	Comprehensive Out	tpatient Treatment Program				
V 107	27G .0202 (A-E) Pe	rsonnel Requirements	V 107			
	10A NCAC 27G .02	02 PERSONNEL				
	REQUIREMENTS					
	(a) All facilities shal					
		irector and each staff position				
1	which:					
		e minimum level of education,				
	qualifications for the	xperience and other				
		e duties and responsibilities of				
	the position;					
	(3) is signed by	the staff member and the				
	supervisor; and		(
		n the staff member's file.		RECEIVED		
		l ensure that the director,				
		or any other person who vices to clients on behalf of	E	By DHSR- Mental Health Licensing at 8	8:52 am, Feb 04, 2020	
	the facility:		<u> </u>			
	(1) is at least 18	3 years of age;				
	(2) is able to rea	ad, write, understand and				
	follow directions;					
		inimum level of education,				
	alth Service Regulation	R/SUPPLIER REPRESENTATIVE'S SIGN	ATURE	TITLE	(X6) DATE	
	1.7		ONL	COO	120/2020	
	aunder	S. Alass-Wook			20/2020	

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33KB11

STATE FORM

1

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL064-129 B. WING 12		12/0)9/2019	
NAME OF	PROVIDER OR SUPPLIER	209 NOR1	DRESS, CITY, I H PEARL S IOUNT, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X5) COMPLETE DATE
V 107	competency, work e qualifications for the (4) has no sub- neglect listed on the Personnel Registry. (c) All facilities or s applicants for emplo- conviction. The imple- decision regarding e upon the offense in which the applicant (d) Staff of a facility currently licensed, m accordance with apple- services provided. (e) A file shall be m employed indicating	experience, skills and other e position; and stantiated findings of abuse or e North Carolina Health Care ervices shall require that all oyment disclose any criminal bact of this information on a employment shall be based relationship to the job for is applying. o or a service shall be egistered or certified in plicable state laws for the aintained for each individual the training, experience and for the position, including	V 107			
	no evidence the faci	t as evidenced by: riew and interview, there was lity had a complete personnel I staff (#3). The finding is:				
	Review on 12/04/19 of the facility's records revealed: -No personnel record for staff #3. -None of the proceeding information for staff #3 (written job description, proof above age 18, access the North Carolina Health Care Personnel					

Division of Health Service Regulation STATE FORM

DIVISIO	TOT TEALT OF MEET	guiadon				
	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		E SURVEY PLETED
		MHL064-129	B. WING		12/	09/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
MACTA,	110	209 NOR	TH PEARL S	TREET		
		ROCKY	IOUNT, NC	27804		
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR(DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 107	Continued From pa	ge 2	V 107			
	Registry, criminal di certifications)	sclosure, trainings or				
	-She worked at custodian -Her current job three months -Her job current watching out for the -She worked wir -She was not av	12/09/19, staff #3 reported: the facility initially as a title was Assistant for past duties included sittings with & clients and prep meals thout another staff in the room ware of any client diagnosis that tasks to perform by other				
	Clinical Addiction Sp -She and her hu company -She did not a p the facility -Staff #3's perso located at her home process of transition -She was aware	ersonnel record for staff #3 at onnel record may have been as the agency was in the ing to electronic records staff #3 did not have locuments as required in the				
V 108	10A NCAC 27G .020 REQUIREMENTS (f) Continuing educa	sonnel Requirements 02 PERSONNEL ation shall be documented.	V 108			

(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:
(1) general organizational orientation;
(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation

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Division of Health Service Regu	lation	
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			MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL064-129	B. WING		12/0	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
МАСТА,	LLC		H PEARL S			
			IOUNT, NC			
(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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 108	Continued From pa	ge 3	V 108			
	(3) training to meet	the mh/dd/sa needs of the treatment/habilitation				
	plan; and (4) training in infect					
		tted under 10a NCAC 27G chapter, at least one staff				
	member shall be av times when a client	ailable in the facility at all is present. That staff			1	
	including seizure ma	nined in basic first aid anagement, currently trained				
	trained in the Heimli	monary resuscitation and ich maneuver or other first aid those provided by Red Cross,				
	the American Heart					
	(i) The governing be implement policies a	ody shall develop and and procedures for identifying,				
	reporting, investigating and controlling infectious and communicable diseases of personnel and clients.					
		view and interview, there was				
		lity had a complete personnel I staff (#3). The finding is:				
	revealed:	of the facility's records				
	-None of the pro	ecord for staff #3.				
	rights, training to me	et the MH/DD/SA needs of				
	bloodborne pathoge	n infectious diseases and ns)				
ivision of He	alth Service Regulation					

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		E SURVEY
			A. BOILDING,			
		MHL064-129	B. WING		12/	09/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
МАСТА,	LLC		TH PEARL ST			
			IOUNT, NC 2			
(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 DEFICIENC [\]	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE
V 108	Continued From page	ge 3	V 108			
	client as specified ir plan; and (4) training in infect bloodborne pathoge (h) Except as permi .5602(b) of this Sub member shall be av times when a client member shall be tra including seizure ma to provide cardiopuli trained in the Heimli techniques such as the American Heart equivalence for relie (i) The governing bo implement policies a reporting, investigati	ens. tted under 10a NCAC 27G chapter, at least one staff ailable in the facility at all is present. That staff ined in basic first aid anagement, currently trained monary resuscitation and ch maneuver or other first aid those provided by Red Cross,				
	no evidence the facil file for 1 of 7 audited Review on 12/04/19 revealed: -No personnel re -None of the pro- #3 (organizational or rights, training to me	iew and interview, there was lity had a complete personnel staff (#3). The finding is: of the facility's records ecord for staff #3. ceeding information for staff ientation, training on client et the MH/DD/SA needs of n infectious diseases and				

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If continuation sheet 4 of 35

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL064-129	B. WING 12/09		09/2019	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
МАСТА,	LLC		TH PEARL S IOUNT, NC			
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 108	Continued From pa	ge 4	V 108			
V 131	-She worked at custodian -Her current job three months -Her job current watching out for the -She worked wit -She was not av -She was not av -She was told w staff During interview on Clinical Addiction Sp -She and her hu company -She did not hav #3 at the facility -Staff #3's perso located at her home process of transition -She was aware trainings as required licensure rules G.S. 131E-256 (D2) Verification G.S. §131E-256 HE/ REGISTRY (d2) Before hiring he health care facility or health care facility sh	12/09/19, staff #3 reported: the facility initially as a title was Assistant for past duties included sittings with & clients and prep meals thout another staff in the room vare of any client diagnosis hat tasks to perform by other 12/09/19, the Licensed pecialist-A reported: sband established the re a personnel record for staff onnel record may have been as the agency was in the ing to electronic records staff #3 did not have in the mental health HCPR - Prior Employment ALTH CARE PERSONNEL alth care personnel into a service, every employer at a hall access the Health Care and shall note each incident topriate business files.	V 131			
determent (alth Service Regulation					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
	MHL064-129 B. WING		12/	09/2019		
NAME OF MACTA,	PROVIDER OR SUPPLIER	209 NOR	DRESS, CITY, S TH PEARL S MOUNT, NC			
(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 ACT CROSS-REFERENCED TO 1 DEFICIENC	TON SHOULD BE	(X5) COMPLETE DATE
V 131	Continued From pa	ge 5	V 131			
	failed to access the Personnel Registry paraprofessional sta findings are: Review on 12/04/19 revealed: -Hired: no date -Title: Paraprofe -No documentat completed. Review on 12/04/19 revealed: -Hired: prior to M -Title: Medical R Administrator/Parap -No documentat completed. Review on 12/09/19	view and interview, the facility North Carolina Health Care (HCPR) for 3 of audited 4 aff (#1, #2, and #3). The staff #1's personnel file essional tion HCPR has been staff #2's personnel file March 2018 tecords				
	-Current job title	12/09/19, staff #3 reported: : Assistant istant 3 months, previously				
	During interview on Clinical Addiction Sp -Maintained the -Could not locate	12/05/19, the Licensed ecialist-A stated she: staff's personnel records. e the HCPR checks for the f #3's personnel file was				

Division of Health Service Regulation

Division	of Health Service Re	egulation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		MHL064-129	B. WING		12/0	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
МАСТА,	LLC		TH PEARL S IOUNT, NC			
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 131	Continued From page	ge 6	V 131			
	being transitioned to electronic and may have been at her home opposed to the office. -Thought HCPR checks had been completed upon hire for all staff					
V 133	G.S. 122C-80 Crimi	nal History Record Check	V 133			
	 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 fill a position that does not require the applicant to seen 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. The national criminal history record check shall include a check of the applicant 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 					

Division of Health Service	Regulation
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				X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		MHL064-129			12/0	12/09/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MACTA		209 NOR1	TH PEARL S	TREET		
MACIA,		ROCKYN	IOUNT, NC	27804		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	DN .	(X5)
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)		COMPLETE DATE
V 133	Continued From pa	ge 7	V 133			
	section or shall subj entity to conduct a S check required by th G.S. 114-19.10, the return the results of record checks for en- covered by Public L Department of Heal Criminal Records C business days of rea- history of the person and Human Service Unit, shall notify the information received of the applicant. In m national criminal hist with the provider. Pr upon request verifica- check has been com by this section. A co- appropriate local or the Division of Crimi may conduct on beh criminal history reco- section without the p request to the Depar case, the county sha criminal history reco- section within five bu conditional offer of e All criminal history in provider is confident except to the applica (c) of this section. For subsection, the term business regularly en	th and Human Services, heck Unit. Within five ceipt of the national criminal h, the Department of Health s, Criminal Records Check provider as to whether the d may affect the employability to case shall the results of the tory record check be shared oviders shall make available ation that a criminal history hpleted on any staff covered unty that has adopted an dinance and has access to nal Information data bank half of a provider a State rd check required by this provider having to submit a timent of Justice. In such a all commence with the State rd check required by this usiness days of the mployment by the provider. formation received by the ial and may not be disclosed, ant as provided in subsection or purposes of this "private entity" means a hgaged in conducting rd checks utilizing public				

Division	of	Health	Service	Regulation

PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM		ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE S COMPLE					
MACTA, LLC 209 NORTH PEARL STREET ROCKY MOUNT, NC 27804 (204 IID PETIX TXG SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) PREFIX TXG PROVIDER'S FLAN OF CORRECTION SHOULD BE CROSS-REFERENCE ACTION SHOULD BE TREAT TO BE AD SETURE ACTION SHOULD BE CROSS-REFERENCE ACTION SHOULD BE CROSS-REFERENCE ACTION SHOULD BE TREAT TO CONTINUE TO THE ACTION SHOULD BE CROSS-REFERENCE ACTION SHOULD BE			MHL064-129	B. WING		12/(09/2019
Image: Provider splan of connections ROCKY MOUNT, NC 27804 (24) ID PREFIX 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) (c) COM V 133 Continued From page 8 V 133 (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: V 133 (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 cords of the person since the date the crime accommitted. (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. 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 disqualification, but may not provide a copy of 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. (a) Limited Immunity A provider and an officer or employee of a provider that, in good faith,							
PREFIX TAG (EACH DEFICIENCY MUST BE PRECODED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFX TAG (EACH DEFICIENCY) CEACH DEFICIENCY CONSTRETERENCE TO THE APPROPRIATE DEFICIENCY Continued From page 8 V 133 V 133 Continued From page 8 V 133 V 133 V 133 (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: V 133 (1) The level and seriousness of the crime. (2) The date of the crime, if have a disclose informed. V 133 (3) The age of the person at the time of the commission of the crime, if known. (5) The nexus between the criminal conduct of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. 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 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. (4) Limited Immunity A provider and an officer or employee of a provider that, in good faith,	МАСТА,	LLC					
 (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: (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 of a relevant offense. 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 to the applicant. (d) Limited Immunity A provider and an officer or employee of a provider that, in good faith, 	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
civil İlability 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		 (c) Action If an apprecord check reveal a relevant offense, to of the following factor hire the applicant: (1) The level and see (2) The date of the person and the person of the person and the person and the person since the data (7) The subsequent a relevant offense. The fact of conviction shall not be a bar to listed factors shall be for the provider disqual consideration of the provider disqualification of the criminal history recomplies with this sectivil liability for: (1) The failure of the provider disqualification of the criminal history recomplies with this sectivil liability for: (2) Failure to check a criminal offenses if the provider disqualification of the criminal history recomplies with the sectivil liability for: 	plicant's criminal history is one or more convictions of the provider shall consider all ors in determining whether to eriousness of the crime. crime. erson at the time of the ess surrounding the trime, if known. een the criminal conduct of ob duties of the position to be probation, parole, mployment records of the te the crime was committed. commission by the person of n of a relevant offense alone employment; however, the e considered by the provider. alifies an applicant after relevant factors, then the se information contained in ecord check that is relevant n, but may not provide a copy y record check to the that, in good faith, ection shall be immune from provider to employ an is of information provided in ecord check of the individual. an employee's history of the employee's criminal	V 133			

Division	of Health Service Re	egulation				/ I I KOVED
STATEME	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMF	SURVEY PLETED
		MHL064-129	B. WING		12/0	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
МАСТА,		209 NORT	H PEARL S	TREET		
		ROCKY M	OUNT, NC	27804		
(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 SHOUL) CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
	"relevant offense" m federal criminal hist indictment of a crim felony, that bears up have responsibility f persons needing me disabilities, or subst crimes include the o any of the following. General Statutes: A Issuing Monetary Su Endangering Execut Article 6, Homicide; Sex Offenses; Articl Kidnapping and Abd Injury or Damage by Incendiary Device of and Other Housebre	e As used in this section, neans a county, state, or ory of conviction or pending e, whether a misdemeanor or bon an individual's fitness to or the safety and well-being of ental health, developmental ance abuse services. These riminal offenses set forth in Articles of Chapter 14 of the rticle 5, Counterfeiting and ubstitutes; Article 5A, tive and Legislative Officers; Article 7A, Rape and Other e 8, Assaults; Article 10, uction; Article 13, Malicious v Use of Explosive or r Material; Article 14, Burglary eakings; Article 15, Arson and				
	Other Burnings; Artic Robbery; Article 18, False Pretenses and Obtaining Property of Fraudulent Use of C Article 19B, Financia Act; Article 20, Fraud 26, Offenses Agains Decency; Article 26A Article 27, Prostitutio 29, Bribery; Article 3 Office; Article 35, Off Peace; Article 36A, F Article 39, Protection Protection of the Far Intoxication; and Artic Crime. These crimes sale of drugs in viola	cle 16, Larceny; Article 17, Embezzlement; Article 19, Cheats; Article 19A, or Services by False or redit Device or Other Means; I Transaction Card Crime ds; Article 21, Forgery; Article				

Division	of Health Service Re	egulation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	LE CONSTRUCTION	(X3) DATE	
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	\$ x	COMP	LETED
		MHL064-129	B. WING		12/0	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY	STATE, ZIP CODE		
			H PEARL S			
MACTA,	LLC		OUNT, NC			
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 10	V 133			
	90 of the General S offenses such as sa violation of G.S. 188 impaired in violation G.S. 20-138.5. (f) Penalty for Furnis applicant for employ supplies, or otherwis an employment app criminal history reco shall be guilty of a C (g) Conditional Emp employ an applicant obtaining the results check regarding the following requirement (1) The provider sha prior to obtaining the criminal history reco subsection (b) of this fingerprint cards as (2) The provider sha criminal history reco business days after conditional employm 2001-155, s. 1; 2004	tatutes, and alcohol-related ale to underage persons in 3-302 or driving while of G.S. 20-138.1 through shing False Information Any yment who willfully furnishes, se gives false information on lication that is the basis for a rd check under this section class A1 misdemeanor. loyment A provider may conditionally prior to of a criminal history record applicant if both of the nts are met: applicant's consent for rd check as required in a section or the completed required in G.S. 114-19.10. Il submit the request for a rd check not later than five	V 133	See attached	Sheet	
	failed to submit a rec Carolina state crimin five business days of	iew and interview, the facility juest to conduct a North al history record check within f making a conditional offer of audited 4 paraprofessional				

6899

Division	of	Health	Service	Regulation	

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL064-129	B. WING		12/09/2019
NAME OF	PROVIDER OR SUPPLIER	209 NORT	DRESS, CITY, T H PEARL S IOUNT, NC		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
	Review on 12/04/19 revealed: -Hired: no date -Title: Paraprofe -No documentar record check had be During interview on had worked for the f Review on 12/04/19 revealed: -Hired: prior to M -Title: Medical R Administrator/Parap -No documentat record check had be Review on 12/09/19 revealed no personr no evidence a crimin been completed. During interview on -Current job title -Worked as Assi worked as custodian During interview on Clinical Addiction Sp -Maintained the -Could not locate checks for the staff # personnel file was be and was at her home	 staff #1's personnel file essional tion state criminal history een requested or completed. 12/09/19, staff #1 reported he facility two years. staff #2's personnel file March 2018 Records rofessional ion state criminal history een requested or completed. of the facility's record nel file for staff #3, therfore, hal history record check had 12/09/19, staff #3 reported: Assistant istant 3 months, previously for the facility 12/05/19, the Licensed ecialist-A stated she: staff's personnel records. the state criminal history 	V 133		
	been completed upo				

	of Health Service R	egulation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				
			A. BUILDING	B:		
		MHL064-129	B. WING		12/0)9/2019
	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 12/0	572013
		office in the	TH PEARL S			
МАСТА,	LLC		IOUNT, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLET DATE
V 174	Continued From pa	age 12	V 174			
V 174	27G .1201 Psvcho	social Rehab - Scope	V 174			
	facility which provide educational services and transitional and services to individu mental illness. Ser serve individuals w functioning that adv the following: emplifinancial affairs, abi support services, a behavior, or activitie also provided to clie developing their str	201 SCOPE abilitation facility is a day/night les skill development activities, es, and pre-vocational training d supported employment als with severe and persistent vices are designed primarily to ho have impaired role versely affects at least two of loyment, management of lity to procure needed public ppropriateness of social es of daily living. Assistance is ents in organizing and engths and in establishing immunity relationships.		See attached st	reet	
	facility failed to oper psychosocial rehab for two of two audite identified to have re findings are: Review on 12/04/19 revealed: -Admitted: 03/2 -Diagnoses: Sc moderate intellectua -Assessment da	s and record reviews, the rate within the scope of the ilitation (PSR) facility program ed clients (#1 and #2) received PSR services. The of client #1's record				

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Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE COMF	SURVEY	
						10/00/0010	
		MHL064-129	B. WING	10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	12/0	9/2019	
NAME OF I	PROVIDER OR SUPPLIER						
МАСТА,	LLC		TH PEARL S IOUNT, NC				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	COMPLETE DATE	
V 174	4 Continued From page 12		V 174				
V 174	V 174 27G .1201 Psychosocial Rehab - Scope		V 174				
	facility which provid educational service and transitional and services to individual mental illness. Sen serve individuals wh functioning that adv the following: empl- financial affairs, abil support services, ap behavior, or activitie also provided to clie developing their stre	201 SCOPE abilitation facility is a day/night les skill development activities, s, and pre-vocational training d supported employment als with severe and persistent vices are designed primarily to no have impaired role rersely affects at least two of oyment, management of lity to procure needed public opropriateness of social es of daily living. Assistance is ents in organizing and engths and in establishing mmunity relationships.		See attached Sh	e-e-f		
	facility failed to oper psychosocial rehabi for two of two audite identified to have re- findings are: Review on 12/04/19 revealed: -Admitted: 03/26 -Diagnoses: Sch moderate intellectua -Assessment da	s and record reviews, the rate within the scope of the litation (PSR) facility program ed clients (#1 and #2) ceived PSR services. The of client #1's record					

STATE FORM

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If continuation sheet 13 of 35

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED
		MHL064-129	B. WING		12/09/2019
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY,	STATE, ZIP CODE	
МАСТА,	LLC		IOUNT, NC		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE
V 174	Continued From pa	ge 13	V 174		
	Review on 12/04/19 -Admitted: 04/13 -Diagnoses: Bip anxiety disorder ord -Assessment 4/ assistance learning banking, life skills be community transpor During interview on Professional reporte -Program does a clients looking for er independent living s skills 27G .1203 (B) Psych 10A NCAC 27G .120 (b) Employment Sep provide transitional of services to facilitate employment. (1) When supp are provided by the f one for whom compet traditionally occurred intermittent as a resu (2) When supp	o of client#2's record reveled: 8/18 bolar disorder, separation er 18/18 seek coping skills how to live on her own, eing able to deal with tation 12/04/19, the Qualified ed: not have documentation of nployment, developing kills or learning budgeting	V 177	See attached she	
	models shall be used (A) job coachin individuals in an indu (B) mobile crea fewer workers in the training and supervis (C) small busir	d: g and supervision of			
del anticipation	alth Service Regulation				

Division of Health Service Regulation

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			B:	(X3) DATE COMP	SURVEY LETED
		MHL064-129	B. WING		12/0	9/2019
NAME OF MACTA,	PROVIDER OR SUPPLIER	209 NOR1	DRESS, CITY, T H PEARL S IOUNT, NC			
(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 SHOUL) CROSS-REFERENCED TO THE APPRON DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 177	are provided by the (A) There shat the facility and empli- job shall first be per- member to determin (B) The selecc placement is the res- the individual client. (4) When sup are provided through between the psycho and the Division of V	d on site. Isitional employment services facility: I be an agreement between oyer for a specific job and the formed by a facility staff the its technical requirements. tion of a client to fill a ponsibility of the facility and ported employment services in a vendorship arrangement social rehabilitation program focational Rehabilitation, the 0 of this Subchapter shall	V 177			
	Based on record rev facility failed to provi two of two audited cl as receiving psychos The findings are: Review on 12/04/19 revealed: -Admitted: 03/26 -Diagnoses: Sch moderate intellectual -Assessment dat budget and be more employment Review on 12/04/19 -Admitted: 04/18	iews and interviews, the de employment services for ients (#1 and #2) identified social rehabilitation services. of client #1's record /18 izophrenia, bipolar disorder, developmental disorder ted 4/18/18-to learn how to independent by gaining of client#2's record reveled: /18 lar disorder, separation		See attached s	heet	

STATE FORM

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Division of	Health	Service	Regulation

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	of connection	IDENTIFICATION NOMBER.	A. BUILDING	2	COMPLETED
		MHL064-129	B. WING	11	12/09/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
маста,	LLC		H PEARL S		
	1		OUNT, NC	27804	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
V 177	Continued From pa	ge 15	V 177		
V 177	-Assessment 4/ assistance learning banking, life skills b community transpor During interview on when they arrive in the big room and start to they can do word set television. Watch tele after lunch they cleat home. During interview on "We write in our jour arrive here." Have fur remember completing for employment. During interview on the group completes playing for job place to do mock budgeting job placement, there the role modeling for budgeting. Clients co	18/18 seek coping skills how to live on her own, eing able to deal with tation 12/09/19 with client #1 stated the morning they all go in the o journal. After they journal earch puzzles and then watch levision until its lunch time in up and then its time to go 12/09/19 with client #2 stated mals in the morning when we un with peers. Does not ng applications or searching 12/09/19 with staff #1 stated s "hands on activities" role ment. They use play money ig. No clients currently have a is no documentation to show r job placement or the mock complete daily living skills.	V 177	See attached sh	eet
	rotates every two we journal writing open	chores and the schedule eks. Other groups include discussion, vocabulary ation, boundary setting,			
		ment and health hygiene.			
	Professional stated t placements and ther	12/09/19 with Qualified here has been no job e is no documentation to ng for employment or ary skills.			
lulator of the	alle Canica Provideli				
vision of rie	alth Service Regulation				

Division	of Health Service Re	egulation				
· ·	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	LE CONSTRUCTION	(X3) DATE	
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	· · · · · · · · · · · · · · · · · · ·		PLETED
		MHL064-129	B. WING		12/0	09/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
МАСТА,		209 NORT	H PEARL S	TREET		
INIACIA,		ROCKYM	IOUNT, NC	27804		
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 266	Continued From pa	ge 16	V 266			
		use Intensive Outpt - Scope	V 266			1
	program (SAIOP) is individual and group services that are pro- designed to assist a primary substance-in recovery and learns maintenance. (b) Treatment supp or specifically desig disabilities, co-occu mental illness or de pregnant women, cl homogenous group (c) Each SAIOP sh which includes the f (1) individual (2) group cou (3) family cou (4) strategies incorporate commun (5) life skills; (6) crisis conti (7) disease m (8) service co	use intensive outpatient one that provides structured o addiction treatment and ovided in an outpatient setting idults or adolescents with a related diagnosis to begin skills for recovery ort activities may be adapted ned for persons with physical rring disorders including velopmental disabilities, nonic relapse and other s. all have a structured program, ollowing services: counseling; nseling; for relapse prevention, which nity and social supports; ingency planning; anagement; ordination activities; and al assays to identify recent				
	interview, the facility	t as evidenced by: on, record review and failed to provide a structured ual addiction treatment				

STATE FORM

Division of Health Service Regulation

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION		E SURVEY PLETED
			A. DOILDING.			
		MHL064-129	B. WING		12/0	09/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
МАСТА,	LLC		TH PEARL S' IOUNT, NC			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF CORRECTION	201	1
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 266	Continued From page	ge 16	V 266			
	10A NCAC 27G .44 (a) A substance ab program (SAIOP) is individual and group services that are pro- designed to assist a primary substance-r recovery and learn s maintenance. (b) Treatment supp or specifically design disabilities, co-occur mental illness or dev pregnant women, ch homogenous groups (c) Each SAIOP sha which includes the fo (1) individual of (2) group cour (3) family cour (4) strategies a incorporate commun (5) life skills; (6) crisis conti (7) disease ma (8) service coo	use intensive outpatient one that provides structured o addiction treatment and ovided in an outpatient setting idults or adolescents with a related diagnosis to begin skills for recovery ort activities may be adapted ned for persons with physical rring disorders including velopmental disabilities, aronic relapse and other s. all have a structured program, ollowing services: counseling; nseling; for relapse prevention, which nity and social supports; ngency planning; anagement; ordination activities; and al assays to identify recent	V 266			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (M1) PROVIDERSUPPLIER IDENTIFICATION NUMBER: MILLIGH-123 (M2) AUITIFICATION NUMBER: A BUILDING IDENTIFICATION NUMBER: MILLIGH-123 (M2) AUITIFICATION NUMBER: B WING	Division	of Health Service Re	egulation			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MACTA, LLC 209 MORTH PEARL STREET ROCKY MOUNT, NC 27504 (Y4) ID PREFIX ENDINARY STATEMENT OF DEFIDIENCIES (EACH DEFIDIENCY MUST BE PRECEDED BY FILL ROCKY MOUNT, NC 27504 V266 Continued From page 17 services to one of one audited clients (#4) identified as receiving SAIOP services. The finding is: V 266 Review between 12/04-09/19 of client #4's records revealed: Admitted: 08/2018 Diagnoses: Mild Intellectual Developmental Disability, Panic Disorder, General Anxiety Disorder and Major Depressive Disorder Clinical assessment dated 11/16/18- present for akchol abuse and Mental liness. recommend step down from SAIOP services: Individual counseling, Family counseling. Life Skills and Biochemical Assays to identify recent drug use (e.g. urine drug screens). No evidence of the following SAIOP services: to be offeralized in the 50/2719 admission was due to subilal records of admissions, transfers and discharges to various inpatient hospital settings between on une 27-September 29, 2019. Chier causes for the 60/2719 admission was due to subilal ideations, previders recents). No service notes for service categories Psychoscolal rehabilitation dated June 3-7, 2019 and substance abuse comprehensive outpatient treatment dated 12/03/19 (relepse), 12/02/19, 11/26/19 and 11/25/19 No service note for SAIOP A. The following is an example the facility's client census listed wo clients enrolled in SAIOP which						
209 NORTH PEARL STREET ROCKY MOUNT, NC 27804 CMAID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (2ACH DEFICIENCY MUST BE PRECEEDED BY FULL TAG PROVIDER'S PLAN OF CORRECTION (2ACH DEFICIENCY MUST BE PRECEEDED BY FULL TAG PROVIDER'S PLAN OF CORRECTION (2ACH DEFICIENCY MUST BE PRECEEDED BY FULL TAG PROVIDER'S PLAN OF CORRECTION (2ACH DEFICIENCY MUST BE PRECEEDED BY FULL TAG PROVIDER'S PLAN OF CORRECTION (2ACH DEFICIENCY) COS V286 Continued From page 17 V286 V286 Continued From page 17 V286 V286 Continued From page 17 V286 V286 Fercience cross-represent finding is: Fercience correstive Fercience corestive			MHL064-129	B. WING		12/09/2019
Image: Provide register of a period of the second of th	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
Přěčík TAG (EACH DEFICIENCY MUST BE PŘECEDE DO PY PUL REGULTORY OR LSC IDENTRYING INFORMATION) Přěčník TAG CRACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE COMŘÍTETE DEFICIENCY) V 266 Continued From page 17 V 266 V 266 Continued From page 17 V 266 Review between 12/04-09/19 of client #4's records revealed: -Admitted: 09/2018 V 266 -Admitted: 09/2018 -Admitted: 09/2018 -Diagnoses: Mild Intellectual Developmental Disability, Panic Disorder, Ceneral Anxiety Disorder and Major Depressive Disorder -Clinical assessment dated 11/16/18- present for alcohol abuse and Mental Illness. recommend step down from SACOT to SAIOP due to abstimece per three months per self report. -No evidence of the following SAIOP services: Individual counseling, Family counseling, Life Skills and Biochemical Assays to identify recent drug use (e.g. urine drug screens). -Hospital records of admissions, transfers and discharges to various inpatienth hospital settings between June 27-September 29, 2019. Chief causes for various categories Psychosocial rehabilitation dated June 3-7, 2019 and substance abuse comprehensive outpatient treatment dated 12/03/19 (relapse), 12/02/19, 11/26/19 and 11/25/19 -No service note for SAIOP. A. The following is an example the facility failed to have accurate account of the clients enrolled in the SAIOP program. Review on 12/04/19 of the facility s client census listed two clients enrolled in SAIOP which A. The following is an example the facility solient census listed two clients enrolled in SAIOP which	МАСТА,	LLC				
services to one of one audited clients (#4) identified as receiving SAIOP services. The finding is: Review between 12/04-09/19 of client #4's records revealed: -Admitted: 08/2018 -Diagnoses: Mild Intellectual Developmental Disability, Panic Disorder, General Anxiety Disorder and Major Depressive Disorder -Clinical assessment dated 11/16/16- present for alcohol abuse and Mental Illness. recommend step down from SACOT to SAIOP due to abstinence per three months per self report. -No evidence of the following SAIOP services: Individual counseling, Family counseling, Life SKIIB and Biochemical Assays to identify recent drug use (e.g. urine drug screens). -Hospital records of admissions, transfers and discharges to various inpatient hospital settings between June 27-September 29, 2019. Chief causes for the 06/27/19 admission was due to subicidal ideations, psychosis recurrent, Benzo use and Generalized anxiety. -Service notes for service categories Psychosocial rehabilitation dated June 3-7, 2019 and substance abuse comprehensive outpatient treatment dated 12/03/19 (relapse), 12/02/19, 11/26/19 and 11/25/19 -No service note for SAIOP. A. The following is an example the facility failed to have accurate account of the clients enrolled in the SAIOP program. Review on 12/04/19 of the facility's client census listed two clients enrolled in SAIOP which	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE COMPLETE
identified as receiving SAIOP services. The finding is: Review between 12/04-09/19 of client #4's records revealed: -Admitted: 08/2018 -Diagnoses: Mild Intellectual Developmental Disability, Panic Disorder, General Anxiety Disorder and Major Depressive Disorder -Clinical assessment dated 11/16/18- present for alcohol abuse and Mental Illness. recommend step down from SACOT to SAIOP due to abstinence per three months per self report. -No evidence of the following SAIOP services: Individual counseling, Family counseling, Life Skills and Biochemical Assays to identify recent drug use (e.g. urine drug screens), -Hospital records of admissions, transfers and discharges to various inpatient hospital settings between June 27-September 29, 2019. Chief causes for the 06/27/19 admission was due to suicidal ideations, psychosis recurrent, Benzo use and Generalized anxiety. -Service notes for service categories Psychosocial rehabilitation dated June 3-7, 2019 and substance abuse comprehensive outpatient treatment dated 12/03/19 (relapse), 12/02/19, 11/25/19 and 11/25/19 -No service note for SAIOP. A. The following is an example the facility failed to have accurate account of the clients enrolled in the SAIOP program. Review on 12/04/19 of the facility's client census listed two clients enrolled in SAIOP which	V 266	Continued From pa	ge 17	V 266		
records revealed: -Admitted: 08/2018 -Diagnoses: Mild Intellectual Developmental Disability, Panic Disorder, General Anxiety Disorder and Major Depressive Disorder -Clinical assessment dated 11/16/18- present for alcohol abuse and Mental Illness recommend step down from SACOT to SAIOP due to abstinence per three months per self report. -No evidence of the following SAIOP services: Individual counseling, Family counseling, Life Skills and Biochemical Assays to identify recent drug use (e.g. urine drug screens). -Hospital records of admissions, transfers and discharges to various inpatient hospital settings between June 27-September 29, 2019. Chief causes for the 06/27/19 admission was due to suicidal ideations, psychosis recurrent, Benzo use and Generalized anxiety. -Service notes for service categories Psychosocial rehabilitation dated June 3-7, 2019 and substance abuse comprehensive outpatient treatment dated 12/03/19 (relapse), 12/02/19, 11/26/19 and 11/25/19 -No service note for SAIOP. A. The following is an example the facility failed to have accurate account of the clients enrolled in the SAIOP program. Review on 12/04/19 of the facility's client census listed two clients enrolled in SAIOP which		identified as receivi				
		records revealed: -Admitted: 08/2 -Diagnoses: Mil Disability, Panic Dis Disorder and Major -Clinical assess for alcohol abuse ar recommend step do due to abstinence p report. -No evidence of services: Individual counseling, Life Skil identify recent drug -Hospital record and discharges to va settings between Ju Chief causes for the due to suicidal ideat Benzo use and Gen -Service notes f Psychosocial rehabi and substance abus treatment dated 12/0 11/26/19 and 11/25/ -No service notes A. The following is a have accurate account the SAIOP program. Review on 12/04/19	018 d Intellectual Developmental order, General Anxiety Depressive Disorder ment dated 11/16/18- present ad Mental Illness why from SACOT to SAIOP er three months per self it the following SAIOP counseling, Family Is and Biochemical Assays to use (e.g. urine drug screens). s of admissions, transfers arious inpatient hospital ne 27-September 29, 2019. 06/27/19 admission was ions, psychosis recurrent, eralized anxiety. or service categories litation dated June 3-7, 2019 e comprehensive outpatient 03/19 (relapse), 12/02/19, 19 e for SAIOP. n example the facility failed to unt of the clients enrolled in of the facility's client census			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
	MHL064-129	B. WING		12/0	9/2019
NAME OF PROVIDER OR SUPPLIER MACTA, LLC	209 NORT	DRESS, CITY, S TH PEARL ST OUNT, NC 2			
PREFIX (EACH DEFICIENCY M	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROINDEFICIENCY)	D BE	(X5) COMPLETE DATE
PM of a group combi participants revealed group. Client #4 was During interview on 1 Qualified Professiona -4 clients (includi SAIOP between 9 AM During interview on 1 reported the following -Operated Monda Fridays from 11:00 AI class from 5:00-8:00 -6 clients were er the day and none cur class -She did not idem of the group -She facilitated th During interview on 11 -Her title was Ass only with the clients in Rehabilitation Group. -She identified cli remained in her group program. -She acknowledg he had been assigned During interview on 12 -Prior to this date, all day. Today was his	9/19 between 11:00 AM -1:15 ined of SAIOP and SACOT a total of 3 persons in the in the group. 2/04/19, the facility's al reported: ng client #4) enrolled in <i>I</i> -3 PM daily 2/05/19, the LCAS-A g about SAIOP program: ay, Tuesday, Thursday and M-2:00 PM and an evening PM molled in the program during rently enrolled in the evening tify client #4 as a participant the SAIOP group session 2/09/19, staff #3 reported: sistant and she remained in the Psychosocial ent #4 as a person that of throughout his day at the le today was the first time, d another group. 2/09/19, client #4 reported: , he remained in one group a first time ever in the SAIOP ayed with the group with	V 266			

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING MHL064-129 12/09/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **209 NORTH PEARL STREET** MACTA, LLC ROCKY MOUNT, NC 27804 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID. (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 266 Continued From page 19 V 266 -Client #4 had been hospitalized and did not attend the program regularly. -Client #4 was enrolled in SAIOP *Note, based on inconsistency in interviews and record reviews, observations it was unclear by the census exactly how many clients received SAIOP services B. The following is an example the facility failed to provide structured programming that included all services outlined in the scope of their license. Review on 12/04/19 of the facility's records revealed: -No evidence of the structured programs inclusive of individual counseling, family counseling biochemical assays to identify recent drug use. During interview on 12/09/19, client #4 reported: -He had not had counseling or been screened for drug use. During interview on 12/09/19, the LCAS-A reported: -It maybe difficult for her clients to recall the name of their groups as most referred to the program as "school" -She didn't call her individual sessions "counseling" but did talk with clients in her office often. -Client #4 may not have been at the program the days drug screens were completed -She was in the process of transitioning notes from written to electronic recording keeping. The staff person who had been trained on the electronic records was out on extended medical leave. Division of Health Service Regulation

STATE FORM

Division of Health Service Regulation

Division	of Health	Service	Regulation
Britiorari	orribuitt	0011100	requirement

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	LE CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	B:	COMF	PLETED
		MHL064-129	B. WING		12/0	9/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
МАСТА,	LLC		TH PEARL S			
			IOUNT, NC			1/
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIN (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 266	Continued From pa	ge 20	V 266			
V 267	During interview on Clinical Supervisor -She provided of Qualified Profession -The program h her date of hire. -Prior to this inte some aspects of the not been implement -As the Supervis groups or provide co 27G .4402 Sub. Abu	12/09/19, the LCAS/Certified reported: Inical supervision for the hal and LCAS-A ad been in operation prior to erview, she was not aware a scope of the program had red. sor, she did not conduct bunseling to the clients.	V 267	4		
	Licensed Clinical Ad Certified Clinical Sup minimum of 50% of operation. (b) When a SAIOP shall be at least one the requirements of set forth in 10A NCA 12 or fewer adult clie (c) When a SAIOP there shall be at lease meets the requirement Professional as set f (18) for every 6 or fe (d) Each SAIOP sha care staff present in the following areas: (1) alcohol and symptoms; and (2) symptoms	all be under the direction of a dictions Specialist or a pervisor who is on site a the hours the program is in serves adult clients there direct care staff who meets a Qualified Professional as C 27G .0104 (18) for every ents. serves adolescent clients at one direct care staff who ents of a Qualified forth in 10A NCAC 27G .0104 wer adolescent clients. all have at least one direct the program who is trained in d other drug withdrawal of secondary complications id drug addiction. staff shall receive continuing				

Division of Health Service Regulation STATE FORM

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		MHL064-129	B. WING		12/	09/2019
NAME OF	PROVIDER OR SUPPLIER	209 NOR	DRESS, CITY, S TH PEARL SI IOUNT, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 267	addiction; (2) the withdr (3) group the (4) family the (5) relapse pr (6) other treat (f) When a SAIOP each direct care station includes the followint (1) adolescent	iding of the nature of awal syndrome; rapy; revention; and tment methodologies. serves adolescent clients ff shall receive training that	V 267			
	interview, the facility under the direction of Addictions Specialis Supervisor (CCS) w minimum of 50% of operated. Observation on 12/0 PM and 12/05/19 be	on, record review and failed to assure SAIOP was of a Licensed Clinical t or a Certified Clinical ho remained on site a the hours the program 14/19 between 11:00 AM-2:30 tween 10:00 AM-12:30 PM				
	(LCAS) non provisio the program. During interview on f (provisional) reporter -SAIOP operated PM.	d Clinical Addiction Specialist nal status or CCS on site at 12/04/19, the LCAS-A d the following: d between 10:00 AM-3:00 ored her work as was				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		E SURVEY PLETED
		MHL064-129	B. WING		12/0	09/2019
NAME OF	PROVIDER OR SUPPLIER	209 NOR	DRESS, CITY, TH PEARL S IOUNT, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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
	-CCS had not b she had been seek another county for t company utilized the week average. During interview on Substance Abuse P Administrator report -A LCAS-A wou and would require s CCS. -CCS should pr and provide guidand documentation until had been completed -The CCS and t all Mental Health Lid During interviews be 12/09/19, staff and d -One staff report often the CCS came time they had seen -Clients enrolled programs were not the provided for the CCD During interview on reported: -She came to the week. Prior to this in DHSR was at the fa -Her duties inclu- the LCAS-A and Qua worked at another p -She did not hol curriculum the agen	I not fully been credential been on site in while because ing to secure services in he company to expand. The e CCS maybe 20 hours a 12/06/19, the North Carolina trofessional Practice Board ted: Id work on a provisional basis upervision/monitoring by a ovide oversight of services ce for sessions, review of the provisional requirements d. the LCAS-A must comply with censure outlined rules. etween 12/05/19 and clients reported the following: ted they were not sure how a to the property or the last the CCS at the facility. d in the substance use familiar with the name	V 267			

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		
			A. BUILDING			GEICD
		MHL064-129	B. WING		12/0	09/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
МАСТА,		209 NOR	TH PEARL S	TREET		
indo i A,		ROCKY	IOUNT, NC	27804		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETI DATE
V 267	Continued From pa	ge 23	V 267			
	hire in 2017					
V 280	27G .4501 Sub. Ab	use Comp. Outpt. Tx Scope	V 280			
	10A NCAC 27G .45	01 Scope				
		use comprehensive outpatient				
		(SACOT) is one that provides				
	a multi-faceted appr	roach to treatment in an				
		r adults with a primary				
		iagnosis who require				
	recovery.	ort to achieve and sustain				
		ort activities may be adapted				
		ned for persons with physical				
	disabilities, co-occur	rring disorders including				
		velopmental disabilities,				
		nronic relapse, and other				
	homogenous groups (c) SACOT shall be	ve a structured program,				
	which includes the fe					
		counseling;				
	(2) group coul					
	(3) family cou					
		for relapse prevention to				
		and social support systems in				
	treatment; (5) life skills;					
		ngency planning;				
		anagement;				
		ordination activities; and				
		al assays to identify recent				
	drug use (e.g. urine					
	(d) The treatment a					
	Paragraph (c) of this following:	Rule shall emphasize the				
		n use and abuse of				
	substances or contin					
		tanding of addictive disease;				
117	(3) developme					

Division of Health Service Regulation

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY
		MHL064-129	B. WING		12/0	9/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
МАСТА,	LLC		H PEARL S			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
	by reducing substar employment; (6) social and (7) improved (8) the negati substance abuse; a	al skills; skills leading to work activity nee abuse as a barrier to interpersonal skills; family functioning; ve consequences of nd				
	maintenance progra This Rule is not me Based on observation interview, the facility program and individ services to one of a identified as receivin Review on 12/04/19 revealed: -Admitted: 09/20 -Diagnoses which bipolar and schizoph -Assessment dat treatment for alcohome	et as evidenced by: on, record review and of failed to provide a structured ual addiction treatment udited one (#5) who was ng SACOT services. of client #5's record B/18 ch included substance use, norenia ated 06/26/19 -to seek I and drug use and cope with oping skillsservices for both				
	-Service notes f 09/03/19, 09/11/19, 08/27/19 and 08/26/ A. The following is a have accurate account the SACOT program Review on 12/04/19	or SACOT 09/04/19, 09/10/19, 09/09/19, 08/28/19, 19 In example the facility failed to unt of the clients enrolled in n. of the facility's client census umber of clients 11 enrolled in				

Service	Regulation
	Service

TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Date V 280 Continued From page 25 V 280 V 280 During interview on 12/04/19, the Qualified Professional reported: - 8-9 clients were enrolled in SACOT which included client #5. Hours of operation for this service was 9:00 AM-3:00 PM V During interview on 12/05/19, the LCAS-A reported: - SACOT operated daily from 9:00 AM-1:00 PM DAILY - Two clients were enrolled in SACOT, (she did not include client #5). *Note, it was unclear by the census & interviews exactly how many clients received SACOT services *Note, it was unclear by the census & interviews		NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED
Vision Vision WACTA, LLC 209 NORTH PEARL STREET ROCKY MOUNT, NC 27804 Reckling SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (x) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (x) (COMPLET DATE V 280 Continued From page 25 V 280 During interview on 12/04/19, the Qualified Professional reported: -8-9 clients were enrolled in SACOT which included client #5. Hours of operation for this service was 9:00 AM-3:00 PM V During interview on 12/05/19, the LCAS-A reported: -SACOT operated daily from 9:00 AM-1:00 PM DAILY -Two clients were enrolled in SACOT, (she did not include client #5). *Note, it was unclear by the census & interviews exactly how many clients received SACOT services *Note, it was unclear by the census & interviews exactly how many clients received SACOT			MHL064-129	B. WING		12/(09/2019
MACTA, LLC ROCKY MOUNT, NC 27804 (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) COMPLE DATE V 280 Continued From page 25 V 280 V 280 During interview on 12/04/19, the Qualified Professional reported: -8-9 clients were enrolled in SACOT which included client #5. Hours of operation for this service was 9:00 AM-3:00 PM V 280 During interview on 12/05/19, the LCAS-A reported: -SACOT operated daily from 9:00 AM-1:00 PM DAILY -Two clients were enrolled in SACOT, (she did not include client #5). The CAS-A reported in SACOT, (she did not include client #5). *Note, it was unclear by the census & interviews exactly how many clients received SACOT services *Note, it was unclear by the census & interviews exactly how many clients received SACOT	NAME OF	PROVIDER OR SUPPLIER					
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) complete DATE V 280 Continued From page 25 V 280 During interview on 12/04/19, the Qualified Professional reported: -8-9 clients were enrolled in SACOT which included client #5. Hours of operation for this service was 9:00 AM-3:00 PM V 280 During interview on 12/05/19, the LCAS-A reported: -SACOT operated daily from 9:00 AM-1:00 PM DAILY -Two clients were enrolled in SACOT, (she did not include client #5). *Note, it was unclear by the census & interviews exactly how many clients received SACOT services *Note, it was unclear by the census & interviews exactly how many clients received SACOT	MACTA,	LLC					
During interview on 12/04/19, the Qualified Professional reported: -8-9 clients were enrolled in SACOT which included client #5. Hours of operation for this service was 9:00 AM-3:00 PM During interview on 12/05/19, the LCAS-A reported: -SACOT operated daily from 9:00 AM-1:00 PM DAILY -Two clients were enrolled in SACOT, (she did not include client #5). *Note, it was unclear by the census & interviews exactly how many clients received SACOT services	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	COMPLETE
Professional reported: -8-9 clients were enrolled in SACOT which included client #5. Hours of operation for this service was 9:00 AM-3:00 PM During interview on 12/05/19, the LCAS-A reported: -SACOT operated daily from 9:00 AM-1:00 PM DAILY -Two clients were enrolled in SACOT, (she did not include client #5). *Note, it was unclear by the census & interviews exactly how many clients received SACOT services	V 280	Continued From page	ge 25	V 280			
 B. The following is an example the facility failed to provide structured programming that included all services outlined in the scope of their license. Review on 12/04/19 of the facility's records revealed: -No evidence of the structured programs inclusive of individual counseling, family counseling or vocational skills leading to work activity During interview on 12/09/19, client #5 reported: -He enjoyed the program. He did not receive individual counseling or attended any work related skills sessions During interview on 12/09/19, the LCAS-A reported: -It maybe difficult for her clients to recall the name of their groups as most referred to the 		Professional reporte -8-9 clients were included client #5. H service was 9:00 AM During interview on reported: -SACOT operate PM DAILY -Two clients were did not include client *Note, it was uncleat exactly how many clients were did not include client *Note, it was uncleat exactly how many clients services B. The following is a provide structured pois services outlined in the Review on 12/04/19 revealed: -No evidence of inclusive of individuat counseling or vocation activity During interview on 12 -He enjoyed the individual counseling related skills session During interview on 12 reported: -It maybe difficult	ed: e enrolled in SACOT which hours of operation for this <i>I</i> -3:00 PM 12/05/19, the LCAS-A ed daily from 9:00 AM-1:00 re enrolled in SACOT, (she t #5). r by the census & interviews ients received SACOT n example the facility failed to rogramming that included all the scope of their license. of the facility's records the structured programs of the facility family onal skills leading to work 12/09/19, client #5 reported: program. He did not receive or attended any work s 12/09/19, the LCAS-A t for her clients to recall the				

Division	of Health Service Re	egulation				AFFNOVED
STATEMEI	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		MHL064-129	B. WING		12/0	9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
МАСТА,	LLC		H PEARL S			
			OUNT, NC	27804		
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 280	Continued From page	ge 26	V 280			
	office often. -She was in the from written to elect staff person who ha	but did talk with clients in her process of transitioning notes ronic recording keeping. The d been trained on the ras out on extended medical				
	Clinical Supervisor r -She provided c Qualified Profession -The program hat her date of hire. -Prior to this inte some aspects of the not been implement	linical supervision for the al and LCAS-A ad been in operation prior to erview, she was not aware scope of the program had ed. or, she did not conduct				
	10A NCAC 27G .450 (a) The SACOT sha Licensed Clinical Ad Certified Clinical Sup minimum of 90% of to operation. (b) For each SACOT direct care staff who Qualified Professiona 27G .0104 (18) for et (c) Each SACOT sh care staff present in the following areas: (1) alcohol and symptoms; and (2) symptoms due to alcoholism an	Il be under the direction of a dictions Specialist or a bervisor who is on site a the hours the program is in T there shall be at least one meets the requirements of a al as set forth in 10A NCAC very 10 or fewer clients. all have at least one direct the program who is trained in I other drug withdrawal of secondary complications	V 281			
vision of Hea	alth Service Regulation					

Division	of I	-lealth	Service	Regulatio	n
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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		(X3) DATE COMF	SURVEY PLETED
		MHL064-129	B. WING		12/0	09/2019
NAME OF MACTA,	PROVIDER OR SUPPLIER	209 NOR	DRESS, CITY, S T H PEARL S IOUNT, NC 2			
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 281	education that inclu (1) understan addiction; (2) the withdr (3) group ther (4) family ther (5) relapse pr (6) other treat	e staff shall receive continuing des the following: ding of the nature of awal syndrome; rapy; rapy; evention; and ment methodologies.	V 281			
	interview, the facility under the direction of Addictions Specialis Supervisor (CCS) w minimum of 90% of operated.	on, record review and failed to assure SACOT was of a Licensed Clinical t or a Certified Clinical ho remained on site a the hours the program				
	PM and 12/05/19 be revealed no License	4/19 between 11:00 AM-2:30 tween 10:00 AM-12:30 PM d Clinical Addiction Specialist nal status or CCS on site at				
	reported the followin -SACOT operate PM. -The CCS monit provisional and had -CCS had not be she had been seekir another county for th	12/04/19, the LCAS-A g: ed between 11:00 AM-2:00 ored her work as was not fully been credential een on site in while because of to secure services in the company to expand. The CCS maybe 20 hours a				

STATE FORM

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING 12/09/2019 MHL064-129 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **209 NORTH PEARL STREET** MACTA, LLC ROCKY MOUNT, NC 27804 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID ID (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) V 281 Continued From page 28 V 281 week average. During interview on 12/06/19, the North Carolina Substance Abuse Professional Practice Board Administrator reported: -A LCAS-A would work on a provisional basis and would require supervision/monitoring by a CCS. -CCS should provide oversight of services and provide guidance for sessions, review of documentation until the provisional requirements had been completed. -The CCS and the LCAS-A must comply with all Mental Health Licensure outlined rules. During interviews between 12/05/19 and 12/09/19, staff and clients reported the following: -One staff reported they were not sure how often the CCS came to the property or the last time they had seen the CCS at the facility. -Clients enrolled in the substance use programs were not familiar with the name provided for the CCS. During interview on 12/09/19, the LCAS/CCS reported: -She came to the program a few hours a week. Prior to this interview, she was not aware Division of Health Service Regulation was at the facility on 12/04/19 & 12/05/19. -Her duties included providing oversight of the LCAS-A and Qualified Professional. She worked at another program in the area as well. -She did not hold groups or know what curriculum the agency used for group sessions. Specific group details were in place prior to her hire in 2017

Division of Health Service Regulation

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL064-129 12/09/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 209 NORTH PEARL STREET MACTA, LLC ROCKY MOUNT, NC 27804 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 536 Continued From page 29 V 536 V 536 27E .0107 Client Rights - Training on Alt to Rest. V 536 Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE **INTERVENTIONS** (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: knowledge and understanding of the (1)people being served;

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Division of Health Service Regulation

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED
		MHL064-129	B. WING		12/0	09/2019
NAME OF I	PROVIDER OR SUPPLIER	209 NORT	DRESS, CITY, I H PEARL S IOUNT, NC			
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 536	Continued From pa	ge 29	V 536			
V 536	27E .0107 Client Ri Int. 10A NCAC 27E .010 ALTERNATIVES TO INTERVENTIONS (a) Facilities shall in practices that emph to restrictive interve (b) Prior to providin disabilities, staff incl employees, students demonstrate compe completing training in other strategies for events demonstrate compe completing training in other strategies for events demonstrate compe completing training in other strategies for events which the likelihood or injury to a person property damage is (c) Provider agencies based on state com compliance and dem gathered. (d) The training shall include measurable measurable testing in behavior) on those of methods to determin course. (e) Formal refreshe by each service prov- annually). (f) Content of the tra- provider wishes to e	ghts - Training on Alt to Rest. D7 TRAINING ON D RESTRICTIVE mplement policies and asize the use of alternatives ntions. g services to people with luding service providers, s or volunteers, shall tence by successfully in communication skills and creating an environment in of imminent danger of abuse with disabilities or others or prevented. es shall establish training petencies, monitor for internal nonstrate they acted on data I be competency-based, learning objectives, (written and by observation of objectives and measurable ne passing or failing the r training must be completed vider periodically (minimum aining that the service mploy must be approved by	V 536 V 536			
	following core areas	Rule. nstrate competence in the and understanding of the				

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Division of Health Service Regulation

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		CONP	PLETED
		MHL064-129	B. WING		12/0)9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
MAGTA		209 NORT	H PEARL S	TREET		
MACTA,	LLC	ROCKYM	OUNT, NC	27804		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 536	Continued From pa	ge 30	V 536			
	 (2) recognizing behavior; (3) recognizing external stressors the disabilities; (4) strategies relationships with performing organizational factor disabilities; (6) recognizing assisting in the person decisions about the effect of the excellating behavior; (6) communication of the excellating behavior; (7) skills in assescalating behavior; (8) communication of the excellation of the ex	and interpreting human and the effect of internal and that may affect people with for building positive ersons with disabilities; and cultural, environmental and rs that may affect people with ag the importance of and son's involvement in making in life; assessing individual risk for that strategies for defusing otentially dangerous behavior; ehavioral supports (providing ith disabilities to choose culy oppose or replace to unsafe). rs shall maintain itial and refresher training for ation shall include: pated in the training and the sy; where they attended; and s name; on of MH/DD/SAS may documentation at any time. cations and Training mall demonstrate competence testing in a training program areducing and eliminating the	V 536			
	(2) Trainers sl	nall demonstrate competence				

Division of Health Service Regulation STATE FORM

Division of	Health	Service	Regulation
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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
MHL064-129		B. WING		12/09/2019		
					1 12/0	9/2019
NAME OF	PROVIDER OR SUPPLIER					
МАСТА,	LLC		'H PEARL S OUNT, NC			
	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTIO	N	(146)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 536		-	V 536			
	by scoring a passing instructor training pr	g grade on testing in an				
		ng shall be				
	competency-based,	include measurable learning				
		able testing (written and by				
		vior) on those objectives and Is to determine passing or				
	failing the course.					
		nt of the instructor training the				
		ns to employ shall be ision of MH/DD/SAS pursuant				
	to Subparagraph (i)					
		e instructor training programs				
		not limited to presentation of: ding the adult learner;				
		or teaching content of the				
	course;	-				
		or evaluating trainee				
	performance; and (D) documenta	ation procedures.				
		hall have coached experience				
		rogram aimed at preventing,				
	reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.					
		hall teach a training program				
		, reducing and eliminating the nterventions at least once				
	annually.					
	(8) Trainers sh	nall complete a refresher				
		least every two years.				
	(j) Service providers	s shall maintain tial and refresher instructor				
	training for at least th					
	(1) Docum	entation shall include:				
		pated in the training and the				
	outcomes (pass/fail) (B) when and	; where attended; and				
	(C) instructor's					

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Division	of Health Service Re	egulation				
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL064-129	B. WING		12/0	9/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			H PEARL S OUNT, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 536	Continued From part (2) The Divis request and review (k) Qualifications of (1) Coaches requirements as a to (2) Coaches the course which is (3) Coaches competence by con- train-the-trainer inst (1) Documentation as for trainers. This Rule is not me Based on record re failed to assure 1 of trained in alternative The findings are: Review on 12/04/19 revealed: -No personnel r -None evidence restrictive interventi During interview on -She worked at custodian -Her current job three months	ge 32 ion of MH/DD/SAS may this documentation any time. f Coaches: shall meet all preparation rainer. shall teach at least three times being coached. shall demonstrate npletion of coaching or truction. shall be the same preparation et as evidenced by: view and interview, the facility f 7 audited staff (#3) had been es to restrictive interventions.	V 536	DEFICIENCY)		
	watching out for the	t duties included sittings with & clients and prep meals 12/09/19, the Licensed				
	alth Service Regulation					

Division of Health Service Regulation

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: MHL064-129 B. WING 12/09/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 209 NORTH PEARL STREET MACTA, LLC ROCKY MOUNT, NC 27804 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 536 V 536 Continued From page 33 Clinical Addiction Specialist-A reported: -Facility utilized North Carolina Interventions as the curriculum for alternatives to restrictive intervention training. -She did not a personnel record for staff #3 at the facility -Staff #3's personnel record may have been located at her home as the agency was in the process of transitioning to electronic records -She was aware staff #3 did not have trainings as required in the mental health licensure rules V 736 27G .0303(c) Facility and Grounds Maintenance V 736 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain its grounds in a safe, clean, attractive and orderly manner. The findings are: Observation and facility tour on 12/04/19 between 12 Noon-2:30 PM revealed the following: -Throughout facility-Brown circular stains on the ceiling(heavy concentration noted in the bathrooms) -Bathroom-ceiling plaster peeling, unfinished repair to ceiling as noted by boarding to cover tile -In area used for Psychosocial Rehabilitation, no covering over florescent light bulbs

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation	Division	of Health	Service	Regulation
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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			
		MHL064-129	B. WING		12/0	9/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
МАСТА,	LLC		H PEARL S			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	ON	(X5)
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	COMPLETE DATE
V 736	Continued From page	ge 34	V 736			
V 736	 In conference r used to secure ends In the lobby/op offices-Lifted ceiling Area identified area near staff office Client program During interview on Professional reporte A few months a damage was done to Within the past few conducted on the ro The blinds in th taped to the wall so be distracted and log group. She acknowle broken/bent at the e During interview on Clinical Substance A she: As well as her h owners of the compa Was aware rep building. It was her p a building located be 	room, blinds broken-duck tape s of blinds to the window. en area near staff tiles as Closet in the lobby/open es-missing floor vent cover area- ladder noted 12/04/19, the Qualified ed: ago as a result of a storm, o the roof of the facility. weeks, some work had been of. the conference room had been that a former client would not ok out the window during edged the blinds were nds and some in the middle. 12/05/19, the Licensed abuse Specialist-A reported husband served as the any airs were needed to the blans to move all programs to ehind this building as repairs s not sure when the changes	V 736			
livision of He	alth Service Regulation					



MACTA, LLC

"Províders of Mental & Behavioral Healthcare Services" 209 N Pearl Street** Rocky Mount, NC 27804 ** Telephone (252) 937-3016** Fax (252) 937-937-3017

V107 Measures put in place to correct deficiency:

On December 11, 2019 a mandatory with COO and upper management meeting was scheduled to review the findings our survey from DHSR. Each staff member was briefed on what was stated in the exit interview and preventive measures were discussed and voted on to pass on to CEO.

Preventive Measures:

Developing job descriptions that include but not limit to the following: job duties, minimum levels of education, age, and making sure that the staff read, write and understand & following directions, has no findings on NC Health Care Personnel Registry. Agency will further require staff to disclose criminal conviction. Staff shall be licensed, registered or certified in accordance with applicable state laws. A personnel record shall be kept including the training, experience and verification of licensure, registration or certification.

Who will monitor the situation to ensure it will not occur again:

• The Operations Director or their assistance will monitor the implementation to ensure that the deficiency will not occur again.

How often the monitoring will take place:

Monitoring compliance will be a standard part of our agency policies. We will monitor this rule biannually.

V108 Measures put in place to correct deficiency:

On December 11, 2019 a mandatory with COO and upper management meeting was scheduled to review the findings our survey from DHSR. Each staff member was briefed on what was stated in the exit interview and preventive measures were discussed and voted on to pass on to CEO.

Preventive Measures:

Keep records of CEU's, ensure that all staff receive the minimum level of training that shall include but not limit to: Orientation, client rights/confidentiality, training to meet the MH/DD/SA needs of the client as specified in the treatment/habilitation plan, and training on bloodborne pathogens, staff shall be available in the facility at all times when a consumer is present. The staff member shall be trained in CPR, First Aid and BBP. This will be corrected by 02/04/2020.

Who will monitor the situation to ensure it will not occur again:

Operations Director and the assistant assigned to them.

How often the monitoring will take place:

This will take place bi-annually.

V131 Measures put in place to correct deficiency:

On December 11, 2019 a mandatory with COO and upper management meeting was scheduled to review the findings our survey from DHSR. Each staff member was briefed on what was stated in the exit interview and preventive measures were discussed and voted on to pass on to CEO.

Preventive Measures:

 This agency will require all staff to have prior employment verification, health care personnel registry check prior. This verification will be kept in personnel record along with, hire dates and job title.

Who will monitor the situation to ensure it will not occur again:

This will be monitored by the Human Resource Assistant and his/her direct supervisor.

- How often the monitoring will take place:
 - Monitoring will take place quarterly.

V 133 Measures put in place to correct deficiency:

On December 11, 2019 a mandatory with COO and upper management meeting was scheduled to review the findings our survey from DHSR. Each staff member was briefed on what was stated in the exit interview and preventive measures were discussed and voted on to pass on to CEO. **Preventive Measures:**

• Agency will require background check on all new hires, before employment begins.

Who will monitor the situation to ensure it will not occur again:

This will be monitored by the Human Resource Assistant and his/her direct supervisor. How often the monitoring will take place:

• This will be monitored upon each new hire.

V 174 Measures put in place to correct deficiency:

On December 11, 2019 a mandatory with COO and upper management meeting was scheduled to review the findings our survey from DHSR. Each staff member was briefed on what was stated in the exit interview and preventive measures were discussed and voted on to pass on to CEO. **Preventive Measures:**

• Agency will ensure all skills taught are accurately documented within the service note.

Who will monitor the situation to ensure it will not occur again:

• This will be monitored by Director of PSR and his/her staff assigned to them.

How often the monitoring will take place:

• This will be monitored quarterly.

V 177 Measures put in place to correct deficiency:

On December 11, 2019 a mandatory with COO and upper management meeting was scheduled to review the findings our survey from DHSR. Each staff member was briefed on what was stated in the exit interview and preventive measures were discussed and voted on to pass on to CEO.

Preventive Measures:

• Beginning 01/28/2020 agency will inquire about becoming a provider with the Division of Vocational Rehabilitation and increase efforts to develop working relationships with other employers in an effort to assist our clients with obtaining gainful employment.

PSR staff will also keep a record of skills being taught during PSR and a folder that will include, worksheets, role-play/modelling exercises, mock applications and any site visits or phone calls that have been made or received with prospective employers. This shall also be reflected in Group Therapy notes and individual effectiveness.

Who will monitor the situation to ensure it will not occur again:

• This will be monitored by Qualified Professional and/or PSR Group Director and his/her assigned staff.

How often the monitoring will take place:

• This monitoring will take place quarterly.

V 266 Measures put in place to correct deficiency:

On December 11, 2019 a mandatory with COO and upper management meeting was scheduled to review the findings our survey from DHSR. Each staff member was briefed on what was stated in the exit interview and preventive measures were discussed and voted on to pass on to CEO. **Preventive Measures:**

- This agency will ensure it follows guidelines stated in State Regulation 10A NCAC 27G .4401 Section C Guidelines for setting up, creating and executing a structured program to provide clients an appropriate and effective treatment service.
- This agency will ensure the Substance Abuse PCP will be individualized based upon the needs of the client including, Individual, Group and Family Counseling.
- This agency will also update PCP to reflect changes in substance use as they occur to accurately justify the need of the service and appropriate titration evidenced by observation of goal progress or declination. Upon completion of the CCA, the Qualified Professional will complete appropriate PCP with correct service listed and using a two-person review method this will be verified by the LCAS.
- Beginning 2/3/20, MACTA Substance abuse staff will be sure to accurately document daily sessions and assessments of progress according to the correct service per each client and those notes are immediately placed in client chart, and ensure clients sign in on correct service roster.

- Beginning 2/3/20, staff will ensure any documentation received from hospitals and/or inpatient facilities will be placed directly in client chart in appropriately tabbed section of the chart so it can be retrieved quickly.
- Beginning 2/3/20, to ensure clients are in their correct service, staff will create a spreadsheet of services with clients listed in their service which will be checked daily against the sign-in roster for each service.

Who will monitor the situation to ensure it will not occur again:

• This monitoring will be conducted by Qualified Professional, LCAS/Clinical Director, Medical Records Director

How often the monitoring will take place:

• This monitoring will take place quarterly

V 267 Measures put in place to correct deficiency:

On December 11, 2019 a mandatory with COO and upper management meeting was scheduled to review the findings our survey from DHSR. Each staff member was briefed on what was stated in the exit interview and preventive measures were discussed and voted on to pass on to CEO.

Preventive Measures:

• Beginning 12/16/2019 CCS will be on-site providing supervision of Substance Abuse staff and the SAIOP program a minimum of 50% of the time per Regulation 27G .4402 Sub. Abuse Intensive Outpatient-Staff. CCS will hold/participate in sessions so clients can become familiar with her/him as if he/she were a long-standing staff member. CCS/LCAS will also go around the facility and greet each staff member so all are aware she is present during group times. CCS will participate in weekly staffing to share information, concerns and issues with clients, etc.

Who will monitor the situation to ensure it will not occur again:

This monitoring will be conducted by the CEO/COO.

How often the monitoring will take place:

• This monitoring quarterly.

V 280 Measures put in place to correct deficiency:

On December 11, 2019 a mandatory with COO and upper management meeting was scheduled to review the findings our survey from DHSR. Each staff member was briefed on what was stated in the exit interview and preventive measures were discussed and voted on to pass on to CEO.

Preventive Measures:

- MACTA, LLC will ensure it follows guidelines stated in State Regulation 10A NCAC 27G .4401 Section C Guidelines for setting up, creating and executing a structured program to provide clients an appropriate and effective treatment service.
- Starting 01/02/2020 Clinical Supervisor/COO will re-establish and post the correct days and times of all services to prevent any confusions amongst staff and giving incorrect information to current and future clients, organizations and medical facilities.
- Starting 01/02/2020, MACTA will ensure appropriate sign-in sheets are placed in group rooms and all clients sign in accurately. MACTA will also utilize spreadsheets to list clients to their current services to coincide with sign-in sheets.
- MACTA, LLC will ensure it follows guidelines stated in State Regulation 10A NCAC 27G .4401 Section C Guidelines for setting up, creating and executing a structured program to provide clients an Workplace skills learning will also be adapted in the program's structure and ensure skills demonstrated by hands-on/role-play exercises or worksheets are properly documented within the service note and hard copies are maintained in folders.

Who will monitor the situation to ensure it will not occur again:

• This will be monitored by Clinical Supervisor/Clinical Director. How often the monitoring take place: • This monitoring will occur monthly.

V 281 Measures put in place to correct deficiency:

On December 11, 2019 a mandatory with COO and upper management meeting was scheduled to review the findings our survey from DHSR. Each staff member was briefed on what was stated in the exit interview and preventive measures were discussed and voted on to pass on to CEO. **Preventive Measures:**

• Beginning 2/3/20 this agency will ensure it adheres to state regulation guidelines and clinical coverage policy 8A to ensure supervision of LCAS-A/QP/CSAC/CSAC-R are adhered to via sign in/out sheet for CCS or LCAS. CCS will hold/participate in sessions so clients can become familiar with her as if he/she were a long-standing staff member. CCS/LCAS will also go around the facility and greet each staff member so all are aware he/she is present during group times. CCS and SACOT/IOP staff will have weekly staffing to share information, scheduling concerns, issues with client clients, etc.

Who will monitor the situation to ensure it will not occur again:

• This monitoring will be conducted by Clinical Director.

How often the monitoring take place:

• This monitoring will take place monthly.

V 536 Measures put in place to correct deficiency:

On December 11, 2019 a mandatory with COO and upper management meeting was scheduled to review the findings our survey from DHSR. Each staff member was briefed on what was stated in the exit interview and preventive measures were discussed and voted on to pass on to CEO.

Preventive Measures:

Beginning 2/03/2020 this agency will schedule all required trainings hands-on and electronically
necessary to meet state requirements and be compliant with North Carolina Federal law and the laws
governing Medicaid and DHHS services. Qualified Professional will schedule all training sessions at
the appropriate date to occur within 14 days of new hire and within 30 days prior to expiration of
current trainings. Medical Records Coordinator shall be responsible for all employee files and with
transposing them within the EHR system.

Who will monitor the situation to ensure it will not occur again:

- This monitoring will be conducted by Clinical Supervisor.
- How often the monitoring take place:
 - This monitoring will occur bi-monthly.

V 736 Measures put in place to correct deficiency:

On December 11, 2019 a mandatory with COO and upper management meeting was scheduled to review the findings our survey from DHSR. Each staff member was briefed on what was stated in the exit interview and preventive measures were discussed and voted on to pass on to CEO.

Preventive Measures:

Beginning 2/3/2020 MACTA, LLC. will begin seeking estimates for a building restoration project focused on those repairs and replacements listed within this POC. This agency will seek to obtain services from a qualified person or agency that will ensure all maintenance repairs will be performed successfully within budget constraints. These repairs will be performed outside of service hours giving prudence to the safety of our clients, staff and visitors and also so there will be no interruption of service time. This agency will seek to have all listed repairs and maintenance completed within six months.

Who will monitor the situation to ensure it will not occur again:

- This monitoring will be conducted by COO and Maintenance Supervisor. How often the monitoring take place:
 - This monitoring will occur semi-annually.