

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER POSITIVE GENERATION IN CHRIST	STREET ADDRESS, CITY, STATE, ZIP CODE 2109 SAINT ANDREW STREET, SUITE 15 TARBORO, NC 27886
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 1/30/20. The complaint was unsubstantiated Intake #NC00159707. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program & 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and</p>	V 105		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER POSITIVE GENERATION IN CHRIST	STREET ADDRESS, CITY, STATE, ZIP CODE 2109 SAINT ANDREW STREET, SUITE 15 TARBORO, NC 27886
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 105	<p>Continued From page 1</p> <p>recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges:</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by:</p>	V 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER POSITIVE GENERATION IN CHRIST	STREET ADDRESS, CITY, STATE, ZIP CODE 2109 SAINT ANDREW STREET, SUITE 15 TARBORO, NC 27886
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 105	<p>Continued From page 2</p> <p>Based on interview the facility failed to develop & implement an incentive policy. The findings are:</p> <p>During interview on 1/30/20 client #1 reported:</p> <ul style="list-style-type: none"> - has attended the program 8 - 9 months for alcohol use - \$25.00 gift card was given weekly for attendance - if a person attended on Saturday another \$20.00 gift card was given - purchased food with the gift card - sometimes will purchase alcohol & cigarettes with the gift card <p>During interview on 1/30/20 client #2 reported:</p> <ul style="list-style-type: none"> - received \$25.00 gift card for attendance - purchased items for the grandchildren <p>During interview on 1/30/20 client #3 reported:</p> <ul style="list-style-type: none"> - gift card was given for attendance - attended the program due to alcohol use - rarely purchased alcohol with the gift card <p>During interview on 1/30/20 staff #1 reported:</p> <ul style="list-style-type: none"> - gift cards were given for attendance - clients are not allowed to purchase alcohol or tobacco with the gift card - she was not aware of any clients who purchased either alcohol or tobacco with gift card <p>During interview on 1/30/20 the Licensee reported:</p> <ul style="list-style-type: none"> - there was no incentive policy - staff verbally talked with the clients upon admission about the incentive program - \$25.00 gift card was given weekly for participation, attendance to program - if staff found out alcohol was purchased with the gift card, the client would no longer receive gift cards 	V 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER POSITIVE GENERATION IN CHRIST	STREET ADDRESS, CITY, STATE, ZIP CODE 2109 SAINT ANDREW STREET, SUITE 15 TARBORO, NC 27886
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 105	Continued From page 3 - she will implement a policy that explained the reasons for the incentive program & what could not be purchased with the gift cards	V 105		
V 267	27G .4402 Sub. Abuse Intensive Outpt- Staff 10A NCAC 27G .4402 STAFF (a) Each SAIOP shall be under the direction of a Licensed Clinical Addictions Specialist or a Certified Clinical Supervisor who is on site a minimum of 50% of the hours the program is in operation. (b) When a SAIOP serves adult clients there shall be at least one direct care staff who meets the requirements of a Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 12 or fewer adult clients. (c) When a SAIOP serves adolescent clients there shall be at least one direct care staff who meets the requirements of a Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 6 or fewer adolescent clients. (d) Each SAIOP shall have at least one direct care staff present in the program who is trained in the following areas: (1) alcohol and other drug withdrawal symptoms; and (2) symptoms of secondary complications due to alcoholism and drug addiction. (e) Each direct care staff shall receive continuing education that includes the following: (1) understanding of the nature of addiction; (2) the withdrawal syndrome; (3) group therapy; (4) family therapy; (5) relapse prevention; and (6) other treatment methodologies. (f) When a SAIOP serves adolescent clients	V 267		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER POSITIVE GENERATION IN CHRIST	STREET ADDRESS, CITY, STATE, ZIP CODE 2109 SAINT ANDREW STREET, SUITE 15 TARBORO, NC 27886
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 267	<p>Continued From page 4</p> <p>each direct care staff shall receive training that includes the following:</p> <ul style="list-style-type: none"> (1) adolescent development; and (2) therapeutic techniques for adolescents. <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to have a Qualified Professional (QP) for every 12 or fewer adult clients. The findings are:</p> <p>Record review on 1/17/20 revealed no sign in and out sheet for the clients</p> <p>Observation on 1/17/20 at 11:22am revealed the following:</p> <ul style="list-style-type: none"> - surveyor observed one staff in the classroom - there were 14 clients - clients walked up & down the hall from the bathroom & outside - surveyor was unsure which program those clients attended (4400/4500/) - both programs are located in the same building <p>During interview on 1/30/20 staff #1 reported:</p> <ul style="list-style-type: none"> - a staff did not show on 1/17/20 <p>During interview on 1/30/20 the Licensee reported:</p> <ul style="list-style-type: none"> - there were several QP's that worked at the program - she was unsure why there was only 1 QP in 	V 267		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER POSITIVE GENERATION IN CHRIST	STREET ADDRESS, CITY, STATE, ZIP CODE 2109 SAINT ANDREW STREET, SUITE 15 TARBORO, NC 27886
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 267	Continued From page 5 the classroom with 14 clients - a sign in/out sheet for the clients were implemented	V 267		
V 281	27G .4502 Sub. Abuse Comp. Outpt. Tx. - Staff 10A NCAC 27G .4502 STAFF (a) The SACOT shall be under the direction of a Licensed Clinical Addictions Specialist or a Certified Clinical Supervisor who is on site a minimum of 90% of the hours the program is in operation. (b) For each SACOT there shall be at least one direct care staff who meets the requirements of a Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 10 or fewer clients. (c) Each SACOT shall have at least one direct care staff present in the program who is trained in the following areas: (1) alcohol and other drug withdrawal symptoms; and (2) symptoms of secondary complications due to alcoholism and drug addiction. (d) Each direct care staff shall receive continuing education that includes the following: (1) understanding of the nature of addiction; (2) the withdrawal syndrome; (3) group therapy; (4) family therapy; (5) relapse prevention; and (6) other treatment methodologies. This Rule is not met as evidenced by:	V 281		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER POSITIVE GENERATION IN CHRIST	STREET ADDRESS, CITY, STATE, ZIP CODE 2109 SAINT ANDREW STREET, SUITE 15 TARBORO, NC 27886
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 281	<p>Continued From page 6</p> <p>Based on observation, record review and interview the facility failed to have a Qualified Professional (QP) for every 10 or fewer adult clients. The findings are:</p> <p>Record review on 1/17/20 revealed no sign in and out sheet for the clients</p> <p>Observation on 1/17/20 at 11:28am revealed the following:</p> <ul style="list-style-type: none"> - surveyor observed one staff in the classroom - there were 14 clients in the classroom - clients walked down the hall, from the bathroom & outside - surveyor unsure which program those clients attended (4400/4500/) - both programs are in the same building <p>During interview on 1/30/20 the Licensee reported:</p> <ul style="list-style-type: none"> - there were several QP's that worked at the program - she was unsure why there was only 1 QP in the classroom - a sign in/out sheet for the clients were implemented 	V 281		