

Division of Health Service Regulation

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| 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

STREET ADDRESS, CITY, STATE, ZIP CODE

POSITIVE GENERATION IN CHRIST

**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 | INITIAL COMMENTS An annual and complaint survey was completed on 1/30/20. The complaint was unsubstantiated Intake #NC00159707. Deficiencies were cited. 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 | V 000 | | |
| V 105 | 27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and | V 105 | | |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Director

(X6) DATE

2/19/20

NAME OF PROVIDER OR SUPPLIER

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| 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 | | |

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|--------------------------|--|---------------------|--|--------------------------|
| 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 | | |

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| 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 | | |

If continuation sheet 6 of 7

Division of Health Service Regulation

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

*Established Since
1993*

Positive Generation In Christ, Inc.

*Serving the community
for 26 years*



Where Care Meets Compassion

February 20, 2020

To: MS Rhonda Smith- Facility Compliance Consultant

To: MS Marie Ancil- Facility Compliance Consultant

Mental Health Licensure and Certification Section

NC Division of Health Service Regulation

2718 Mail Service Center

Raleigh NC, 27669-2718

Re: Annual & Complaint Survey completed on January 30th, 2020

MHL # 033-111

Intake # NC00159707

Positive Generation in Christ would like to thank You for your review of the Annual & Complaint Survey completed on January 30, 2020. We were pleased that the complaint was unsubstantiated.

Your follow up visit that was on January 30th, 2020 found the elements of the complaint to be unsubstantiated. Review of one of the three deficiencies found was Based on observation, record review and Interview: the facility failed to have a Qualified Professional (QP) for every 12 or fewer adult clients. We currently employ 9 full time Qualified Professionals. Even though one staff was absent on January 17th 2020, we had more than enough staff present to manage the clients in service on January 17th, 2020 when you visited.

We know the importance of all staff wearing name badges daily so staff can be quickly identified. Positive Generation in Christ Inc. provide services to improve the quality of life for clients who struggle with substance abuse and mental health issues.

*Established Since
1993*

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Where Care Meets Compassion

Respectfully,

A handwritten signature in black ink that reads "Priscilla Oates". The signature is fluid and cursive, with the first name being more prominent.

Priscilla Oates

Executive Director

Appendix 1-B: Plan of Correction Form

Plan of Correction

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| Please complete <u>all</u> requested information and mail completed Plan of Correction form to: | In lieu of mailing the form, you may e-mail the completed electronic form to: |
|---|---|

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|---|--|---------------|---------------------------|
| Provider Name: | Positive Generation in Christ, Inc. | Phone: | 252-641-4522 |
| Provider Contact Person for follow-up: | Priscilla Oates, Director CEO Priscilla Oates, Director/CEO | Fax: | 252-641-5461 |
| Address: | 2109 Saint Andrew Street P.O. Box 1634 Tarboro, NC 27886 | Email: | Exdirector.pgic@gmail.com |
| Provider #MHL033-111 | | | |

| Finding | Corrective Action Steps | Responsible Party | Timeline |
|--|--|---|--|
| V105 27G.0201 Governing Body Policies Based on interview the facility failed to develop & implement an incentive policy. | Positive Generation in Christ, Inc. will develop and implement a policy for Contingency Management utilizing tangible rewards to encourage positive behaviors during substance abuse treatment. Contingency Management also known as motivational incentives will be given to clients for reaching substance abuse milestones. The policy will explain the reason for the incentives and what can and cannot be purchased with the gift cards or voucher. All employees will review the policy and every client will be asked to sign an agreement of understanding after having the policy read and explained. The consequences of noncompliance will also be explained. Clinical director and intake coordinator will monitor this program for effectiveness monthly. | Clinical Director G. Franklin, MSW, LCAS, CSI Intake Coordinator D. Staton BS, QP | Implementation Date: 03/18/2020 Projected Completion Date: 03/30/2020 |
| V267 27G .4402 Substance Abuse Intensive Outpatient Program Staff: Based on observation, record review and interview the facility failed to have a Qualified Professional (QP) for every 12 or fewer adult clients | Positive Generation in Christ, Inc. will maintain the client staff ratio per state requirements for SAIOP services of 1:12. Positive Generation in Christ, Inc currently employs 9 qualified professionals. The Clinical Director will monitor the staff to client ratio and act accordingly. Client signature logbooks will be maintained by each Qualified Professional for their group daily. The Clinical Director will monitor client staff ratio daily to ensure Positive Generation in Christ Inc continues to be in compliance with state requirements. Positive Generation in Christ Inc, Clinical Director will ensure all staff will wear employment badges to differentiate between staff and clients. This will be monitored by the clinical director daily. | Clinical Director G. Franklin, MSW, LCAS, CSI | Implementation Date: 02/19/2020 Projected Completion Date: 03/30/2020 |
| V281 27G .4502 Substance Abuse Comprehensive Outpatient Treatment: Based on observation, record review and interview | Positive Generation in Christ, Inc. will maintain the client staff ratio per state requirements for SACOT services of 1:10. Positive Generation in Christ, Inc currently employs 9 qualified | Clinical Director G Franklin, MSW, LCAS, CSI | Implementation Date: 02/19/2020 |

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| <p>the facility failed to have a Qualified Professional (QP) for every 10 or fewer adult clients.</p> | <p>professionals. The Clinical Director will monitor the staff to client ratio and act accordingly. Client signature logbooks will be maintained by each Qualified Professional for their group daily. The Clinical Director will monitor client staff ratio daily to ensure Positive Generation in Christ Inc continues to be in compliance with state requirements. Positive Generation in Christ Inc, Clinical Director will ensure all staff will wear employment badges to differentiate between staff and client. The will be monitored by the clinical director daily.</p> | | <p>Projected Completion Date: 03/30/2020</p> |
| | | | <p>Implementation Date:</p> <p>Projected Completion Date:</p> |
| | | | <p>Implementation Date:</p> <p>Projected Completion Date:</p> |