	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			A. BUILDING.		с	
		MHL068-003	B. WING		05/06/2020	
ME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
REEDOM	HOUSE RECOVERY CE	I04 NEV	V STATESIDE DRIVE	E		
		CHAPEL	HILL, NC 27516			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 000	INITIAL COMMENTS		V 000			
		as completed on May 6, was substantiated (intake ciency cited.				
V 110	27G .0204 Training/S Paraprofessionals	supervision	V 110			
	SUPERVISION OF P (a) There shall be no paraprofessionals. (b) Paraprofessionals associate professional professional as speci Subchapter. (c) Paraprofessionals knowledge, skills and population served. (d) At such time as a employment system i then qualified profess professionals shall de	fied in Rule .0104 of this s shall demonstrate abilities required by the competency-based s established by rulemaking, sionals and associate emonstrate competence.				
	<ul> <li>exhibiting core skills i</li> <li>(1) technical knowle</li> <li>(2) cultural awarene</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skil</li> <li>(6) communication s</li> <li>(7) clinical skills.</li> <li>(f) The governing boo develop and implement</li> </ul>	dge; ss; lls; kills; and dy for each facility shall ent policies and procedures individualized supervision				
ion of Hoo	Ith Service Regulation					

	F OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		с	
		MHL068-003	B. WING		05	5/06/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
FREEDOM	I HOUSE RECOVERY C	ENTER	V STATESIDE DRIV L HILL, NC 27516	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES 2Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETI DATE
V 110	Continued From pag	e 1	V 110			
	failed to assure one of demonstrated the kn	as evidenced by: ew and interviews the facility of one Former Staff (FS#2) owledge, skills and abilities lation served. The findings				
	dated 3/4/20 reveale - "It has been reporte women's halfway hou	ed that [FS#2] member at the use engaged in text e conversation of sexual and				
	revealed: -Hired: 8/28/19. -Worked 2nd shift as -Boundaries Training -Code of Ethics Train -Consumer Rights Tr -Confidentiality Train -Standards of Behav -Substance Withdraw	aining: 7/31/19. ing: 7/31/19.				
	-Admission to Crisis: -Diagnoses of Bipola recent episode unspe Stress Disorder, Alco and Opioid Use Diso -Discharged from Ha -Admitted to Substan	r I Disorder, current or most ecified, Post-Traumatic ohol Use Disorder, Severe rder, Severe. Ifway House: 12/23/19. Ince Abuse Comprehensive t (SACOT): 12/30/19.				

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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	STATEMENT	of Health Service Regu TOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE COMF	SURVEY PLETED
MANUSE RECOVERY CENTER         MANUSE SUMMARY STATEMENT OF DEFICIENCIES           PRECEDENT OF DEFICIENCIES         PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRECEDENT OF DEFICIENCIES         PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED to THA DEPROPRIATE         Or DEFICIENCY           V110         Continued From page 2         V110         V110         Continued From page 2         V110           -Last service contact: 3/31/20.         Review on 5/5/20 of the Facility's Internal Investigation dated 3/27/20 revealed: "On 3/2/20 [Therapist #1] came to the [Clinic Director], to alert [Clinic Director] to a concerning daim and complaint made to [Therapist #1] by [FC/F1] regarding [FS#2]. A Health Care Counselor at the women's Hallway House. [Therapist #1] stated that [FC/#1] asaed on the email contents. [Therapist #1] stated that [FC/#1] asaed on the email contents. [Therapist #1] stated that [FC/#1] asaed on the email contents. [Therapist #1] stated that [FC/#1] asaed on the email contents. [Therapist #1] stated to [Clinic Director] that [FS#2] is sexually harassing [FC/#1] or making advances toward [FC/#1] asaed on the emaking contents. [Therapist #1] stated to [Clinic Director] that [FS#2] is sexually harassing [FC/#1] or making advances toward [FC/#1] net recovery community. [FC/#1] reported that [FC/#1] asaed that [FS#2] stated that, as a result of [FC/#1] second the necesity would "badmouth" [FC/#1] reported that [FC/#1] has toxts. [Therapist #1] leocusing the concern, another dint didin' stop."         -While [Clinic Dire			MHL068-003	B. WING			
PREEDOM HOUSE RECOVERY CENTER     CHAPEL HILL, NC 27516       (M) D PRETIX TAG     SUMMARY STATEMENT OF DEFICIENCES (EACH DERICIPATION UNST BE PREVIDEN UNFORMATION)     D PRETIX REDULATORY OR LSC DENTIFYING INFORMATION)     D PRETIX TAG     D PRETIX TAG     D PROVIDER'S PLANOF CORRECTION MOULD A (CROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY)     C OR 3240 COMPRETIX DEFICIENCY)     D PRETIX TAG     D PRETIX TAG     D PROVIDER'S PLANOF CORRECTION MOULD A (CROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY)     C OR OBS-REFERENCE     C O DEFICIENCY)     C O DEFICIENCY)     C O DEFICIENCY)     D PRETIX TAG     D PRETIX TAG     D PRETIX TAG     D PRETIX TAG     D PRETIX TAG     D PRETIX TAG     D PRETIX TAG     D PROVIDER'S PLANOF CORRECTION MOULD A (CROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY)     C O D D D D D D D D D D D D D D D D D D	NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
CHAPEL HILL, NC 27816           WID PRETX TAG         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICENCY MAST BE PRECEDED BY FULL REDULATORY OR LSC IDENTIFYING INFORMATION)         PROVIDER'S FLAN OF CORRECTION (EACH DEPICENCY MAST BE PRECEDED BY FULL REDULATORY OR LSC IDENTIFYING INFORMATION)         PROVIDER'S FLAN OF CORRECTION (EACH CORRECT TO A SHOULD BE CROSS-REFERENCE) TO THA APPROPRIATE DEFICIENCY)         Continued From page 2         V 110           V110         Continued From page 2         V 110         -Last service contact: 3/31/20.         End of the Facility's Internal Investigation dated 3/21/20 revealed: 'On 3/220 [Therapist #1] came to the [Clinic Director], to alert [Clinic Director] to a concerning claim and complaint made to [Therapist #1] by [FC41] reparting [FS42], a Health Care Counselor at the women's Halfway House. [Therapist #1] stated that [FC41] based on the email contents. [Therapist #1] stated that [FC41] based on the email contents. [Therapist #1] stated that [FC41] orm aking advances toward [FC41] or making advances toward [FC41] in the recovery community. [FC41] reports that it stated late texts. [Therapist #1] reported that [FC41] has texts. [Therapist #1] reported that [FC41			104 NEV				
Prefry TAG     PRECULTORY OF ISC IDENTFYING INFORMATION)     PRECULTORY OF ISC IDENTFYING INFORMATION)     PRECULTORY OF ISC IDENTFYING INFORMATION)     CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE OF THE APPOPRIATE     Construction       V110     Continued From page 2     V110     V110     Investigation dated 32/20 revealed: 'On 32/20 (Therapist #1) came to the [Clinic Director), to alert [Clinic Director] to a concerning claim and complaint made to [Therapist #1] by [FC#1] regarding [FS#2], a Health Care Counselor at the women's Halfway House. [Therapist #1] stated that [FC#1] emailed [Therapist #1] stated that [FC#1] based on the email contents. [Therapist #1] stated that [Therapist #1] stated that [FC#1] come in to see [Therapist #1] stated that [FC#1] oreshort know how to handle it. [Therapist #1] stated that [FS#2] is sexually harassing [FC#1] oreshort know how to handle it. [Therapist #1] stated that ests. [Therapist #1] stated that [FC#1] monted that [FC#1] incleated that [FC#1] feetusal, [FS#2] would "badmuth" [FC#1] refused, and then [FS#1] stated that, as a result of [FC#1] stated late December/early January and that [FC#1] stated late December/early January and that [FC#1] has texts. [Therapist #1] reported that [FC#1] has texts. [Therapist #1] reported that [FC#1] stated late December/early January and that [FC#1] has texts. [Therapist #1] discussing the concern, another clinician [Therapist #2], stated that the needed to speak with [Clinic Director] was meeting with [Therapist #1] discussing the concern, another clinician [Therapist #2], stated that the needed to speak with [Clini	FREEDON	I HOUSE RECOVERY C	FNTFR				
PREFIX TAG         IEACH CORRECTIVE ACTION FOR ACTION INFORMATION)         PREFIX TAG         CEACH CORRECTIVE ACTION HOULD BE CROSS-REFERENCED TO THE APPROPRIATE         CAR           V110         Continued From page 2         V110         V110         Continued From page 2         V110           Review on 5/5/20 of the Facility's Internal Investigation dated 32/20 revealed: "On 3/2/20 (Therapist #1) came to the [Clinic Director], to alert [Clinic Director] to a concerning claim and complaint made to [Therapist #1] by [FC#1] regarding [FS#2], a Health Care Counselor at the women's Halfway House. [Therapist #1] stated that [FC#1] emailed [Therapist #1] stated that [FC#1] lossed on the email contents. [Therapist #1] stated that [FFE#1] Norace to about [FC#1] lossed on the email contents. [Therapist #1] stated that [FFE#1] indexed that [FC#1] come in to see [Therapist #1] stated that [FC#1] or making advances toward [FC#1] or flowent [FS#2] wanted to have sex with [FC#1] indexed that [FC#1] propried that [FS#2] is sexually larged that [FC#1] propried that [FC#1] indexed that [FC#1] sectual [FC#1] reports that is tarted late becember/early anaury and that [FC#1] stated that is escalated over the weekend of 22/29/20 and that [FC#1] reports that is tarted late becember/early anaury and that [FC#1] has texts. [Therapist #1] reported that [FC#1] stated that is coalated over the weekend of 22/29/20 and that [FC#1] reports that is tarted late becember/early anaury and that [FC#1] has texts. [Therapist #1] reported that [FC#1] stated that it escalated over the weekend of 22/29/20 and that [FC#1] reports that is tarted late becember/early anaury and that [FC#1] has texts. [Therapist #1] discussing the concern, another clinician [Therapist #2], stated that the needed to speak with [Clinic Director] was meeting with [Therapist #1] discussing the concern, another clinicia	(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
<ul> <li>-Last service contact: 3/31/20.</li> <li>Review on 5/5/20 of the Facility's Internal Investigation dated 3/2/20 revealed:</li> <li>"On 3/2/20 [Therapist #1] came to the [Clinic Director], to alert [Clinic Director] to a concerning claim and complaint made to [Therapist #1] by [FC#1] regarding [FS#2], a Health Care Counselor at the women's Halfway House. [Therapist #1] stated that [FC#1] based on the email contents. [Therapist #1] stated that [Therapist #1] stated that [FC#1] based on the email contents. [Therapist #1] stated that [Therapist #1]. [FC#1] came to the clinic and saw [Therapist #1]. [FC#1] came to the clinic and saw [Therapist #1] stated to [Clinic Director] that [FS#2] is sexually harassing [FC#1] or making advances toward [FC#1] and [FC#1] onesn't know how to handle it. [Therapist #1] reported that [FC#1] indicated that [FS#2] wanted to have sex with [FC#1].[FC#1] forest of it is stated late December/early January and that [FC#1] has texts. [Therapist #1] reported that [FS#2] would "badmouth" [FC#1] in the recovery community. [FC#1] lorpet that I is stated late December/early January and that [FC#1] has texts. [Therapist #1] reported that [FC#1] has texts. [Therapist #1] as that [FC#1] has the police if it didn't stop."</li> <li>-While [Clinic Director] was meeting with [Therapist #1] discussing the concern, .nother clinician [Therapist #2], stated that he needed to speak with [Clinic Director] was meeting with</li> </ul>					CROSS-REFERENCED TO	THE APPROPRIATE	COMPLETE DATE
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<ul> <li>would "badmouth" [FC#1] in the recovery community. [FC#1] reports that it started late December/early January and that [FC#1] has texts. [Therapist #1] reported that [FC#1] stated that it escalated over the weekend of 2/29/20 and that [FC#1] felt it was so bad that [FC#1] had to threaten [FS#2] that [FC#1] would call the police if it didn't stop."</li> <li>-While [Clinic Director] was meeting with [Therapist #1] discussing the concern, another clinician [Therapist #2], stated that he needed to speak with [Clinic Director] urgently. [Therapist</li> </ul>		that [FC#1] indicated sex with [FC#1], [FC	that [FS#2] wanted to have #1] refused, and then [FS#1]				
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speak with [Clinic Director] urgently. [Therapist							
#∠  snowed  Clinic Director  a text from  FC#1		speak with [Clinic Dir	ector] urgently. [Therapist				
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TATEMENT	f Health Service Regu OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
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REEDOM	HOUSE RECOVERY C	ENTER	HILL, NC 27516	-		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	DF CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	D THE APPROPRIATE	COMPLET
V 110	Continued From pag	e 3	V 110			
	photos of herself and about it and told [FSi interested in having s [FS#2] running arour s**t to[FS#2] clients and letting [FC#1] kn mess and [FC#1] do than let you guys kn the text if you want to like [FS#2] really spr about [FC#1] up ther getting around in the [FC#1] don't know w wanted to bring it to any suggestions of w this, please let me kn "At about 12:00 pm of both [Clinic Director] Director] in her office [FS#2] in late Decem [FC#1] was discharg house on 12/23/19. sent him a friend req that [FC#1] and [FS# and forth. [FC#1] sta friendly, supportive in began to take on a fl that a couple of weel "came out" with wan [FC#1] reported that be "friends with bene confidential." [FC#1] wanted to "f**k you" also stated that [FS# the women's house of	on 3/2/20, [FC#1] met with and [Regional Operations e. [FC#1] stated that he and ober, around Christmas time. ed from the Men's Halfway [FC#1] reports that [FS#2] uest on [social media] and t2] started messaging back ated that it started as a oterchange but, over time, irtatious tone. [FC#1] sated ks into January 2020, [FS#2] ting to have sex with him. [FS#2] said that they could				

6899

TWLV11

If continuation sheet 4 of 12

		Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			PLETED
		MHL068-003	B. WING	B. WING		C / <b>06/2020</b>
NAME OF P	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
FREEDO	M HOUSE RECOVERY CE	ENTER	V STATESIDE DRIV . HILL, NC 27516	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLETE DATE
V 110	Continued From page	e 4	V 110			
	texts that he had avains stated that [FS#2] the and that [FS#2] set of gross." [FC#1] stated informed [FS#2] and that [FC#1] and that [FC#1] and that on Sunday, and that the texts with [FC#1] so one on	aled that this was said in ilable on his phone. [FC#1] en asked for a sexual picture him some that were "pretty d that on a phone call [FC#1] [FC#1] wasn't attracted to 2] got hurt and wouldn't nore. [FC#1] stated that 2] on [social media] but ext [FC#1]. [FC#1] reports S#2] to leave [FC#1] alone 3/1/20, [FS#2] relentlessly tated that [FS#2] called osycho." [FC#1] further orked to separate him from was interested in that is a n's house and that other y community are telling him ng about him. [FC#1] said e [FS#2's] friends in the have told [FC#1] that nobody #1] also stated that [FC#1] nave made advances to ne halfway house, but that ould be willing to come d, [FC#1] said [FC#1] was cific incidences of this s Director] scrolled through s] permission. [Regional was able to confirm that the exting with was [FS#2] as the noto and [FS#2's] known s began on 12/23/19. There if sexual nature exchanged				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		A. BOILDING.				
		MHL068-003	B. WING		05	C 5/06/2020
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
FREEDOM	I HOUSE RECOVERY CI	ENTER	W STATESIDE DRIV	E		
		CHAPE	L HILL, NC 27516			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From page	e 5	V 110			
	[FC#2] indicated in the talk with [FC#1] until house and after [FS# sexually suggestive were [FS#2] "backed up of a friend when [FS#2] House] rules say staft client even after they [FS#2] had received guidelines when [FS# training that addresses consumers two week sent between [FS#2] - "The texts also conf [FC#1] "psycho" and speaking to others in about [FC#1] and the that [FS#2] was awar job if the text were sh supervisors. Text also invited [FC#1] to the [FS#2's] shift, but [FC [FS#2] bring this issu guidance on how to r client's best interest "At about 4:00 p.m. Operations Director] [FS#2]. [FS#2] mage in the text in the feat a texting had been sexual in n become emotionally [FS#2] knew [FC#1] if [FS#2] knew [FC#1] knew [FS#2] knew	the texts that [FS#2] waited to after [FC#1] left the halfway [2] said [FC#1] sent [FS#2] a video. [FS#2] stated that f [FC#1]" and just tried to be realized that [Freedom ff cannot be involved with a leave care. However, the [Freedom House] ethical [2] was hired and had ed boundaries with is prior to the first text being and [FC#1]." firmed that [FS#2] called "crazy" that [FS#2] called "crazy" that [FS#2] was the recovery community e situation. Texts indicated re that [FS#2] would lose her hared with [FS#2's] to indicated that [FS#2] halfway house for sex on C#1] declined. At no time did te to [FS#2's] supervisor for emove herself and act in the on 3/2/20, [Regional and [Clinic Director] met with nformed of the allegations of ediately acknowledged that relationship with [FC#1] that ature and that recently had volatile. [FS#2] stated that left the men's house and that iC#1] was in outpatient y. [FS#2] stated they a] friends and messaged.				
	[FS#2] acknowledged recovery, that [FS#2] alth Service Regulation	d that, because [FS#2] is in was having difficulty				

STATEMEN	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		MHL068-003	B. WING		05	C 5/ <b>06/2020</b>
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
			V STATESIDE DRIV			
REEDOM	I HOUSE RECOVERY C	FNTFR	HILL, NC 27516	-		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	F CORRECTION	(X5)
PRÉFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET
V 110	Continued From pag	e 6	V 110			
	relationships. [FS#2 introduced flirting to a stated that one night that [FC#1] was angu that he said, "f**k eve mode. [FS#2] expre- that in [FC#1's] conv women wanted to ha [FS#2] thought that if stated that [FS#2] to want to hear and tha to f**k me." [FS#2] ti [FS#2] did not ackno [FC#1] that [FS#2] ti [FS#2] did not ackno [FC#1] that [FS#2] w or that [FS#2] had se confronted with the in [FS#2] invited [FC#1] sex, [FS#2] said, tha never would have do reported that someth [FC#1] and a client in [FS#2] advised the w the [FC#1]. [FS#2] for the house not to inter sparked [FC#1] to co that [FS#2] friend tole texting her too. " -[FC#1] thought [FS# and said to [FS#2], "n [FS#2] stated that sh stated that [FC#1] the another phone. [FS# the phone and that [F [FS#2] stated that [F was going to her [FS "waking a sleeping m	the relationship. [FS#2] [FC#1] shared at a meeting ry with his ex-girlfriend and erybody" and was in relapse ssed concern. [FS#2] stated ersations, [FC#1] stated twas very narcisstic. [FS#2] Id [FC#1] things that he didn't t [FC#1] said, "you just want hen stated, '[FC#1's] crazy." wledge that [FS#2] had told anted to have sex with him				

6899

STATEMENT	of Health Service Regun TOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
	SI CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL068-003	B. WING		C 05/06/2020	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
FREEDOM	I HOUSE RECOVERY CI	ENTER	W STATESIDE DRIV L HILL, NC 27516	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 110	Continued From page	e 7	V 110			
	[FC#1] was a client and I cut [FC#1] off on [social media]. I was very much involved. [FC#1] was a predator of women in the house"					
	Attempted interview on 5/5/20 with FC#1. Surveyor contacted phone number obtained from therapist #2. Therapist #2 reported the number was the most recent. Surveyor called phone number at 8:42 a.m. The number is no longer available.					
	number listed on the emergency contact a reported she had no	he emergency phone FC#1's assessment. The nswered the phone and contact with FC#1 "in a very pught it was interested FC#1				
	overnights and week	e on 2nd shift and some				
	at a local anonymous -Reported FC#1 lived -She took clients to th participant.	d at a halfway house.				
	-Reported initially the communication" with -She reported one da	FC#1. ay FC#1 looked upset and				
	told him she hoped h - "I didn't know he wa -She learned he was	as a FC#1."				
	- "Looking back, I sho	ould have known better." hing was through social				
	-She admitted to sen social media.	ding FC#1 a friend invite on				
	-She sent FC#1 a frie had neutral friends or alth Service Regulation	end request because they n social media.				

6899

STATEMENT	of Health Service Regu T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMP	SURVEY LETED
		MHL068-003	B. WING		C 05/06/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		104 NEV	V STATESIDE DRIV	E		
FREEDON	I HOUSE RECOVERY CE	ENTER CHAPEL	HILL, NC 27516			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 110	Continued From page	e 8	V 110			
	-FC#1 accepted the r	request				
	-After some time, FC					
		ber who gave out their				
	phone number first.	ser mie gave out tiel				
		"it was innocent flirting."				
	- "I didn't take it serio					
		t have much contact."				
		vas no flirting until after				
	FC#1 left the halfway	8				
	-	FC#1 prior to FC#1 living at				
	the halfway house.					
		ocial media chatting, then it				
	went to phone calls a	-				
		at midnight after work.				
		was going to send her a				
	video through social i					
		#1 "pleasuring" himself.				
		ding FC#1 nude pictures of				
	-She sent pictures the	rough text.				
	-	ld have been manic but l				
	take full responsibility					
	- "I should have know	/n better."				
	- "There were so mar	ny messages."				
	-She didn't have the	exact timeline with the chats,				
	text, etc.					
	-She and FC#1 talked	d about getting together but				
	it never happened.					
	-The flirting lasted ab					
	-She and FC#1 talked	d about just being friends.				
		n ex-girlfriend and how				
	FC#1 didn't trust anyl					
		t later and said, "if [FC#1]				
	wanted to talk I'm her					
		ı and told her FC#1 just				
	didn't trust women.					
	-	coming from FC#1 because				
	FC#1 felt he didn't ne					
	-FC#1 didn't like wha					
	-FC#1 started getting	upset and cursing.				1

6899

STATEMENT	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		MHL068-003	B. WING		C 05/06/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
FREEDOM	I HOUSE RECOVERY CE	INTER	/ STATESIDE DRIV . HILL, NC 27516	E		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	COMPLETI
V 110	Continued From page	9	V 110			
	about FC#1. -FC#1 said all she wa -She told FC#1 she way friend. -FC#1 told her she way before I did, "you prea- -She then sent FC#1 and stated, "I'm just ga- - "There was never a FC#1. - "I never threatened pictures." -She stopped talking during the program. - "I just didn't talk to F -She learned FC#1 sa her asking FC#1 to ca- -She stated, "I would only playing with FC# -There was a point way house was getting inv -She reported it was a involved with each ot -She told client to way client what happened -She tried to warn he predator. -FC#1's name was ar wanted the female client. -FC#1 learned what sa client. -FC#1 kept calling her calls.	ake and that she didn't care anted to do was "f**k" him. vas trying to be there as a as just mad God got to you dator motherfu*cker." a meditation about isolation going to leave you with this." time I took advantage of to show FC#1's video or to FC#1 but would see him FC#1." howed his counselor text of ome to the women's house. never ever do that. I was f1." hen a client in the women's volved with FC#1. not allowed for clients to get her. tch out for FC#1; she told with her. r that FC#1 was the actual round town and she just				
vision of Hea	FC#1 apologized.	her messages saying she				

6899

TWLV11

If continuation sheet 10 of 12

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC	INSTRUCTION		E SURVEY PLETED	
ND PLAN C	F CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:			PLETED	
		MHL068-003	B. WING		05	C 05/06/2020	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
		104 NEW	V STATESIDE DRIVE				
REEDOM	HOUSE RECOVERY CE	ENTER CHAPEL	HILL, NC 27516				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	O THE APPROPRIATE	COMPLET DATE	
V 110	Continued From page	e 10	V 110				
	needed to answer he	r phone.					
	-FC#1 was sending h	ner nasty messages and					
	asked why she was ta	alking about FC#1.					
	-After a while she cal	led him and stated, "you					
	sent me "f**ked-up" n	nessages; you can "f**k-off"					
	and don't call me again." She hung up.						
	-FC#1 continued to text with nasty messages.						
	-She then sent FC#1 a text, "we both are in						
	recovery and lets just	t squash this."					
	-She said FC#1 said,	no.					
	-She reported that's w	when FC#1 said he would do					
	everything in his power to get her fired.						
	-FC#1 was texting her all day, telling her she was						
	going to get fired and how FC#1 was already						
	talking to his therapis						
		e told the female client what					
	happened that FC#1	made the complaint.					
		eeking support from her					
	sponsor and/or super						
		cept responsibility and					
	stated, "I should have						
	-She admitted at the	<b>u</b>					
	•	ference between someone					
	in treatment and reco						
		f the allegation made by					
		linic Director and Regional					
	Operations Director.						
	•	lity, but management never					
	asked to see her text	and chat messages.					
	Interview on 5/6/20 w	vith the Clinic Director					
	revealed:						
	-She and the Regiona with FC#1 and FS#2.	al Operations Director spoke					
		of the allegation and that					
	FS#2 crossed bounda	0					
		ng to prepare her for the job.					
		rked did not have a manager					
	at the time of the alle						
1							

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		с	
		MHL068-003	B. WING		05	5/06/2020
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
REEDON	I HOUSE RECOVERY C	ENTER	V STATESIDE DRIVE	i		
	1	CHAPEI	L HILL, NC 27516			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 110	Continued From pag	je 11	V 110			
	as needed -She contacted FS#2 basis to provide supp -FC#2 was terminate 3/3/20. -The organization dis attendance at the sa -The organization we mandatory trainings	hly supervision and support 2 and other staff on a regular port. d from employment as of scouraged clients and staff ime anonymous program. ould continue to provide and supervision to prevent nd client relationships.				