

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-251	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/04/2020
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NAME OF PROVIDER OR SUPPLIER PREMIER BEHAVIORAL SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2003 GODWIN AVENUE STE B LUMBERTON, NC 28358
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on September 4, 2020. The complaint was substantiated (intake #NC00168348). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness; 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment.</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</p>	V 105		

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

TITLE

(X6) DATE

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V 105	Continued From page 1 needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (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; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (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;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement adoption of standards that assure operational and programmatic performance meeting applicable standards of practice amidst the COVID-19 (Coronavirus-Disease-2019) pandemic and in accordance with the facility's Scope of licensed services. The findings are:</p> <p>Review on 9/4/20 of the current census by service category on 9/3/20 revealed: -13 clients listed for Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness (PSR) -23 clients listed for Substance Abuse Intensive Outpatient Program (SAIOP) -20 clients listed for Substance Abuse Comprehensive Outpatient Treatment (SACOT)</p> <p>Review on 9/3/20 client #19's record revealed she had been admitted on 7/20/20 to the SACOT program.</p> <p>Review on 8/31/20 of a letter dated 8/28/20 signed by the Administrative Director revealed: -There were 4 employees who tested positive for COVID-19 and were out of work for the following dates as follows: 1. Administrative Director: 7/17/20-7/21/20, 7/24/20-8/3/20. 2. Licensed Clinical Addiction Specialist (LCAS): 7/28/20-8/18/20 3. Staff #1: 7/30/20-8/19/20 4. PSR Program Director: 8/3/20-absence continued -There were 2 additional staff who had been out</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>of work for COVID-19 related quarantine as follows:</p> <ol style="list-style-type: none"> 1. Staff #9: 8/4/20-8/19/20 2. Staff #3: 7/27/20-8/12/20 <p>Interviews on 8/20/20 and 8/28/20 the Human Resources (HR) Director stated:</p> <ul style="list-style-type: none"> -Staff #3, Medical Records employee, was allowed to bring her child to work because she did not have childcare. -When Staff #3 received a call from the hospital stating the child's grandmother tested positive for COVID-19, she and her child left the facility immediately. -On 8/20/20 the HR Director stated 3 staff tested positive for COVID-19. -On 8/28/20 the HR Director stated the Administrative Director, PSR Program Director, LCAS, and Staff #1 had been out of work because they tested positive for COVID-19. -Staff #9 had been out of work because she exhibited sinus symptoms. -Staff #3 had been out of work because she was exposed to her child who tested positive for COVID-19. <p>Interview on 9/1/20 Staff #3 stated:</p> <ul style="list-style-type: none"> -She worked in Medical Records and had her own office. -Her child tested positive for COVID-19 on 7/20/20. -She had taken her child to work twice within the 2 weeks prior to her child testing positive. -Her child and LCAS's child would "buddy up" sometimes and stay in another facility office. Both of the children and the LCAS had tested positive to COVID-19. -Compared to the offices used by her child, the PSR and SACOT groups met in rooms on the opposite side of the facility. The SAIOP met in a 	V 105		

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V 105	<p>Continued From page 4</p> <p>room on the same side of the facility.</p> <ul style="list-style-type: none"> -She would escort her child to the restrooms also used by the PSR clients. -Her child never had symptoms, but they quarantined like they were told. She had stayed out of work and returned "around" 8/10/20. -During her quarantine she did come into the facility on Saturdays to make sure her work was done. -She stated she had come into the office on Saturday, 8/1/20. -When she returned to work following her quarantine the facility had started taking temperatures of clients. -Her child was still allowed to come to work. -She was the first employee to arrive at work daily. -There was no daily screening for COVID-19 symptoms of Staff #3 following her return to work after her quarantine. <p>Interview on 9/2/20 the LCAS stated:</p> <ul style="list-style-type: none"> -LCAS was employed to provide outpatient therapy. -She had no responsibilities for SAIOP, SACOT, or PSR, but would occasionally see a PSR client or a former SAIOP client for therapy. -LCAS and her 11 year old child tested positive for COVID-19 on 8/4/20. -She brought her child to work with her in July. The week of July 20-24, 2020, her child was in the facility every day. -Her child would stay in an office with Staff #3's child. The 2 children would wear a mask when out of the office, but would not wear the mask when inside the office with the door closed. -She had seen the PSR Program Director's children at work, but could not say for sure if they were there in July. -The Licensee allowed a Physician colleague to 	V 105		

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V 105	<p>Continued From page 5</p> <p>use an empty office on Wednesdays and Fridays for a Suboxone clinic. This Suboxone Physician was not employed by the Licensee and the Suboxone clinic was not part of the facility services.</p> <p>-LCAS provided therapy for this Suboxone Physician's clients.</p> <p>-In the month of July, 2020, she only saw these clients at the facility. She had not provided services at the Suboxone Physician's office in July 2020.</p> <p>-Prior to their Suboxone clinic visit, LCAS would perform a blood pressure check, drug testing, and a pulse Oximetry for the Suboxone clients.</p> <p>-Typically there would be 2-9 clients seen during a Suboxone clinic.</p> <p>-The Suboxone clinic hours ranged from 11:30 am - 7 pm, depending on the number of clients scheduled.</p> <p>-The offices used for the clinic were also used by other facility staff; possibly on the same day at different times.</p> <p>-The Suboxone clients were not screened for COVID-19 prior to seeing the physician.</p> <p>-The Suboxone clients would stay in their car until called for their appointment.</p> <p>-The Suboxone clients would use the same rest rooms used by other facility clients.</p> <p>-She had seen facility clients walking through the building without a mask.</p> <p>-She had seen facility clients on their breaks without wearing a mask.</p> <p>-The Suboxone Physician required the Suboxone clients to wear a mask inside the facility.</p> <p>-The facility did not provide cleaning procedures between the Suboxone clinic visits, but LCAS would spray between clients using products that she brought from home.</p> <p>-The Suboxone Physician had not been on site since Wednesday, 7/29/20.</p>	V 105		

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V 105	<p>Continued From page 6</p> <ul style="list-style-type: none"> -LCAS began "feeling bad" on Thursday, 7/30/20. -The Suboxone Physician called LCAS on 8/3/20 and told her she felt like she was getting a cold on 7/29/20, was tested for COVID-19, and received results the following Monday (8/3/20). The Suboxone Physician, her adult child, and spouse all tested positive. -On the recommendation of the Suboxone Physician, LCAS was tested the following day, 8/4/20. -She had been told by the Suboxone Physician her spouse subsequently died from COVID-19 complications. -The Administrative Director worked in the facility the last week of July 2020. -She saw the Administrative Director on 7/27/20 and 7/28/20 and observed him coughing without wearing a mask. If anyone said something to him, he would reply, "I'm going to the office." <p>Interview on 8/27/20 LCAS-P Support Staff SACOT stated:</p> <ul style="list-style-type: none"> -Her most recent SACOT admission was approximately 2 weeks prior (client #19). -She was not aware of anyone with COVID-19 that was in contact with her program. -The room used for SACOT was near the break room, but she did not know the room number. -Typically she would have 10 persons in each class. -There was one big long table in the SACOT room with about 4 persons sitting on each side and one at each end. Her desk was at least 6 feet from the client's table. -Clients wore a mask during the class, but she did not know what they did when on break. -When she had observed clients on break she would say they were "adequately distanced" to talk during their break. -The Suboxone Clinic was held in an office 2-3 	V 105		

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V 105	<p>Continued From page 7</p> <p>doors down from the SACOT room. -She saw the Suboxone Physician at least 1 day a week and sometimes twice a week.</p> <p>Interview on 9/1/20 the SACOT/SAIOP Program Director stated: -In addition to his responsibility as the LCAS for SACOT and SAIOP, he provided individual and group therapy. -He had group therapy on Tuesdays from 10 am-11 am. -He had been out of work since the middle of July 2020 with a broken arm. -He was not aware of any positive COVID-19 cases in the facility. -No screening of clients for COVID-19 symptoms was done as far as he knew. -As a staff he was not screened.</p> <p>Interview on 8/27/20 the PSR Program Director stated: -On Friday, 7/31/20, she began having sinus symptoms while at work. -Over the weekend, 8/1/20-8/2/20, her 2 children complained they "felt funny." -She was out sick on Monday, 8/3/20. She was having flu like symptoms to include aches, cramps, stomach pain, and weakness. -She had a COVID-19 test the following week and tested positive. -Her 2 children also tested positive for COVID-19. -She had not returned to work. -A coworker called and told her the Administrative Director and Staff #3's daughter had tested positive for COVID-19. -The Administrative Director did not tell anyone he had been exposed or tested positive, and continued to come to work. -She observed the Administrative Director wear a mask some of the time, and not wear a mask at</p>	V 105		

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V 105	<p>Continued From page 8</p> <p>other times, and had seen him coughing.</p> <ul style="list-style-type: none"> -She had seen Staff #3's child walking in the hallway without a mask. -There were some employees that would not wear a mask, but were allowed to continue to work. -All staff would pull their mask down from time to time. -The facility provided transportation for clients. -There were 2 van drivers for client transport. They would enter the facility, sometimes wearing a mask and other times not. -PSR averaged 7-8 clients a day. -PSR met in a spacious room with tables spaced for social distancing; however, the clients sometimes did not comply. -Sometimes the clients would not have their mask positioned over their nose and mouth. -She tried to maintain 6 feet distance with others, but sometimes people would walk up to her to talk. -There were times she would see clients walking through the halls, going to the rest rooms or exits without a mask. -Clients and Staff shared rest rooms in the front and back of the facility. -Screening procedures were not done prior to her last day (7/31/20). -No one took temperatures or questioned clients or staff about symptoms before entering the facility. -PSR clients had expressed concerns about COVID-19. -Clients that attended PSR every day included client #8, client #16, client #17, and client #18. -Client #16 had expressed her concerns about COVID-19. -Client #16 was visually impaired and would not be able to see if others were wearing a mask. 	V 105		

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V 105	<p>Continued From page 9</p> <p>Interview on 9/2/20 Staff #9 stated:</p> <ul style="list-style-type: none"> -She was the administrative assistant responsible for intakes and discharges. -Starting on Saturday, 8/1/20, she started having sinus symptoms. -On Monday, 8/3/20, she went to work, still having sinus symptoms. She left work at 1 pm because of the weather. -That afternoon she realized she had no sense of taste or smell. -It occurred to her she could have COVID-19 and stayed out of work the remainder of the week. -Throughout the week her symptoms worsened. -The following week of 8/10/20 she continued to have no taste, no smell, and experienced headaches, chills, and coughing. -The Administrative Director told her to get tested on 8/3/20. -She did not get tested for COVID-19 until 8/16/20. Her test was negative. -She returned to work 8/19/20 because her 14 days were "up." -She decided on her own to return to work 14 days after onset of symptoms. She did not seek treatment from a physician. -She did not take her temperature every day she was out during her quarantine. -Following her return to work, she had seen the receptionist taking client temperatures when they entered the building. -She had not observed the receptionist ask clients about COVID-19 symptoms. -She had only seen clients screened for COVID-19 before entering the facility. -There was no staff screening for COVID-19 being done. <p>Interview on 9/1/20 Staff #10 stated:</p> <ul style="list-style-type: none"> -She transported clients on the facility van. -Last Thursday or Friday (8/27/20 or 8/28/20) she 	V 105		

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V 105	<p>Continued From page 10</p> <p>had been given screening questions to ask clients before they got onto the van.</p> <ul style="list-style-type: none"> -She had not been given masks for a client if they did not have one. -She was not given a thermometer to check client temperatures. <p>Interview on 9/3/20 the Suboxone Physician stated:</p> <ul style="list-style-type: none"> -She used an office in the facility to see her patients for Suboxone treatment. -She was not employed by the Licensee. -She and her family tested positive for COVID-19 on 8/3/20. -She had severe migraine headaches for 2 weeks prior to being tested. -On 8/2/20 she developed fever of 103 F (Fahrenheit) and chills. -Her spouse died from COVID-19 complications the last week in August, 2020. -She checked her calendar and confirmed she saw Suboxone clients at the facility every Wednesday and Friday in July, 2020, except for 7/3/20. -She saw the Administrative Director on site every time she was in the facility. -When she was at the facility in July 2020 she saw the Administrative Director "hacking and coughing." -Seldom did she see the Administrative Director wearing a mask. -The facility did not follow many COVID-19 precautions. -She would estimate "90%" of staff did not wear masks. -She had observed people in the facility not wearing masks, and not socially distanced. -She had seen waiting room chairs touching and the people waiting were not distanced 6 feet apart. 	V 105		

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V 105	<p>Continued From page 11</p> <ul style="list-style-type: none"> -Around the end of June 2020 she noticed more clients wearing a mask. -She never saw any COVID-19 screening procedures in place. -The Suboxone Physician would screen her Suboxone clients for COVID-19 once they got to the office she was using for her clinic. -Most often she used an office in the back of the facility to see her Suboxone patients. -The facility was "filthy." -She had been very careful to follow precautions in her personal and professional life. -Her only outings were to her office in a neighboring town and the facility. -She required her office staff to wear a mask. -The Licensee had called her when he learned she was sick and her spouse was in the hospital. -The Licensee told her the Administrative Director was tested for COVID-19 because his symptoms did not improve, that he had stayed home, and he tested negative for the virus. -The Suboxone Physician informed the Licensee this was not true. -The Licensee told the Suboxone Physician he would follow up. <p>Interview on 8/26/20 client #16 stated:</p> <ul style="list-style-type: none"> -She had attended PSR since May 2020. -She attended PSR 5 days a week from 9 am to 1 pm. -She would estimate about 10 people attended daily. -She was transported by the facility van. -She was not screened before getting on the van. -Her temperature was not taken. -No screening was done at the facility. -They did not offer sanitizer or ask clients to wash their hands before they entered the facility. -Starting the week of 8/24/20, everyone had been required to wear a mask. 	V 105		

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V 105	<p>Continued From page 12</p> <ul style="list-style-type: none"> -She was totally blind and could not say who had been wearing a mask. -She had heard from staff the PSR Director and the LCAS-P Support Staff SACOT had been out because of COVID-19. -She had not been told by the facility there had been COVID-19 infections. -She wanted someone to "tighten down" on the facility because she had a weakened immune system. <p>Interview on 9/3/2020 client #8 stated:</p> <ul style="list-style-type: none"> -She attended PSR and was transported by the facility van. -When she got on the van they had to use hand sanitizer and wear a face mask. -They did not check her temperature when she got on the van. -When she arrived at the facility the staff that worked "behind the desk" checked her temperature and would ask if she'd been around anyone with COVID-19, been out of state, or had a fever. -They had been doing this for about 2 months. <p>Interview on 9/4/20 client #15 stated:</p> <ul style="list-style-type: none"> -He had attended SAIOP for a couple of months and was transported by the facility van. -Last Friday (8/28/20) there were 18 people on the van. Since Friday this number had dropped to about 8. That morning, 9/4/20, there had been 5 clients on the van. -The van driver had been taking his temperature for a month. -The Administrative Director was the SAIOP leader. He had been the leader since he started the program in July 2020. -SAIOP met on Monday, Thursday, and Friday. -He never saw anyone in class without a mask. -They met in a large room, at least 6 feet apart. 	V 105		

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V 105	<p>Continued From page 13</p> <p>-No one had made them aware anyone at the facility was positive for COVID-19.</p> <p>Interview on 9/4/20 client #11 and his Group Home Staff (GHS) stated: -Client #11 requested surveyors to talk with his GHS. -According to the GHS the Group Home made the decision clients were not to attend day programs because of COVID-19. -The GHS had taken client #11 to the facility on 8/12/20 for his psychiatrist appointment. -They had to stay in the car until their appointment time. -The GHS and client #11 had to wear a mask. -There were no screening questions asked or temperatures taken of either client #11 or the GHS when they entered the building. -The GHS was allowed to go in with the client for his appointment. He was seen by the PA (Physician's Assistant).</p> <p>Interview on 9/4/20 client #14 stated: -She attended PSR. -Her children went to the facility for their Intensive In-Home services. -Staff took her temperature at the door. She had to wash her hands and wear a mask. -She had not been informed anyone in the facility had tested positive for COVID-19.</p> <p>Interview on 9/2/20 the Health Department Director of Nursing stated: -CDC (Centers for Disease Control and Prevention) recommended a 14 day quarantine after the date of exposure, regardless if a test was done or if the person tested negative. -If a person had COVID-19 symptoms or tested positive, they should quarantine at least 10 days after the onset of symptoms, and show</p>	V 105		

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V 105	<p>Continued From page 14</p> <p>improvement in symptoms, and free of fever for 24 hours before ending the quarantine period. -If the COVID-19 positive person had symptoms, contacts within 48 hours of the first onset of symptoms would be traced.</p> <p>Interviews on 8/21/20 and 9/2/20 the Health Department Registered Nurse (RN) stated: -On 8/17/20 a call had been received from the LME/MCO (Local Management Entity/Managed Care Organization) reporting positive cases of COVID-19 among facility staff. The RN was able to confirm 2 people that were positive. -On 8/21/20 the RN called the facility and was told the facility had 3 known "positives." -Facility staff assured the RN they had social distancing and screening of staff in place. -On 8/28/20 the HR Director called the Health Department and left a message. The RN returned the call the same day and was told the HR Director was in a meeting. -The RN informed the facility to notify the Health Department if they reached 5 positive cases. -The HR Director did not return a call after 8/28/20. -The facility should be screening everyone coming into facility every day for all the lists of COVID-19 symptoms. Taking temperatures alone was not adequate screening. -For a non-congregate facility, 5 positives with a "plausible epidemiological link all within 14 days" would be defined as a "cluster." -No one from the facility had reported knowing of 5 or more positive cases associated with the facility.</p> <p>Interviews on 8/20/20, 8/27/20 and 9/4/20 the Administrative Director stated: -There had been a complaint by the "Department of Labor" alleging the facility had several</p>	V 105		

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V 105	<p>Continued From page 15</p> <p>employees with Covid-19.</p> <ul style="list-style-type: none"> -Except for the PSR, SACOT, and SAIOP, all other services were being provided via tele-health. -During interview on 8/20/20 the Administrative Director did not identify himself as having tested positive or been exposed to COVID-19. -During interview on 8/20/20 he stated Staff #1, PSR Director, LCAS and Staff #3's child had tested positive for COVID-19. -Staff #3 had been allowed to bring her child to work 3 days out of the week. The child stayed in the office next to her mother. -The employees with COVID-19 had called and were advised to get tested, quarantine, and not return to work until they could be cleared by a doctor. -He had the office "sanitized" by an "outside party" on 8/2/20. -There had been 2 days in between staff reports of being COVID-19 positive, but the office cleaning that was "above routine" cleaning occurred once. -He was unsure of the exact date staff reported they were COVID-19 positive, but it was the week of 8/2/20. -Immediately after Staff #3's child tested positive, some of the other staff thought they had COVID-19 symptoms. -If an employee had any COVID-19 symptoms they were sent home for 14 days. -His decisions about staff quarantine was based on information from a physician at the local hospital. -He could not recall the physician's name. -He had not developed a policy to outline COVID-19 precautions or response. -From March 2020 to May 2020 everyone had been required to wear face mask. -Starting in April 2020, the facility started taking 	V 105		

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V 105	<p>Continued From page 16</p> <p>temperatures of people when they came into the office.</p> <ul style="list-style-type: none"> -When temperatures were taken they would also ask screening questions about exposure, symptoms, and travel outside the country. -Starting in June 2020 they began social distancing of 6 feet. -They had started locking the facility doors and requiring clients to wait in their car until called for their appointments. -The van drivers had thermometers and took client temperatures before they got on the van. -He stated on 8/27/20 he was tested on 7/10/20 (Friday) after he had been exposed to COVID-19 four days prior. -He was out of work on 7/10/20 and 7/13/20 (Monday), and returned to work on 7/14/20 after learning he tested negative. -On 7/16/20 he was not feeling well, and tested positive for COVID-19. -He was "probably" the first person in the facility to be confirmed COVID-19 positive. -On 8/27/20 he stated the Suboxone Physician had tested positive for COVID-19. -He had not contacted the health department about the COVID-19 positive results. -He was the only staff for SAIOP and taught 2 groups, one in the morning and one in the afternoon, 3 days a week. <p>Interviews on 8/27/20 and 9/4/20 the Licensee stated:</p> <ul style="list-style-type: none"> -He was the owner but not involved in day to day operations. -Staff reported to the Administrative Director who was "in charge" of the facility operations. -He called the Administrative Director on 8/27/20 and was told there had been 2 staff and 1 staff's child to test positive for COVID-19. -The Administrative Director decided when staff 	V 105		

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V 105	<p>Continued From page 17</p> <p>who tested positive could return to work.</p> <ul style="list-style-type: none"> -He had instructed the Administrative Director to follow CDC (Center for Disease Control) guidelines. -In addition to licensed services, the Licensee's services at the facility included counseling, CST (Community Support Team), Intensive In-Home Services, Psychiatry, and Medication Management. -The Licensee provided medication management via tele-medicine, but had a PA on site to see clients. -Some of these other services, Intensive In-Home and CST, had been in place for over 10 years. -He allowed a physician colleague, Suboxone with the facility, to see her Suboxone patients at the facility 1-2 times a week. <p>Review on 9/4/20 of the Plan of Protection dated 9/3/20 and signed by the Licensee revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? Premier Behavioral Services will</p> <ul style="list-style-type: none"> - Conduct daily health checks on employees Follow the CDC guidelines, including health questionnaire and forehead temperature check by a touch less temperature gun) -Conduct daily hazard assessment at workplace. -Make sure all employees wear personal protective equipment Face Mask, hand sanitizer, frequent hand washing, and other guidelines set forth by CDC. -Management of sick employees Sick employees need to be sent home or to a healthcare provider. If an employee becomes sick at work, an emergency ambulance will be called to transport employee to the nearby healthcare facility. - Management of employees with suspected or confirmed Covid-19 infection. Close off any areas 	V 105		

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V 105	<p>Continued From page 18</p> <p>used for prolonged periods of time by the sick person. Clean and disinfect the area used by the sick person, and do not allow another employee to use that location for 24 hours. During the waiting period open the doors and outside windows to increase the circulation in those area. Continue routine cleaning and disinfecting of high-touch services in the facility. Follow CDC cleaning and disinfection recommendations. Use disinfectant products that meet the EPA (Environmental Protection Agency) criteria for use against SARS-Cov-2 (Severe acute respiratory syndrome coronavirus 2) , the virus that causes COVID-19, and are appropriate for the surface. Always wear gloves and gowns appropriate for the chemicals being used when you are cleaning and disinfecting. You may need to wear additional PPE (personal protective equipment) depending on the setting and disinfectant products you are for each product you use, consult and follow the manufacturer's instruction for use.</p> <p>-Employees who may have been exposed to the COVID-19 virus Inform employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). Instruct potentially exposed employees to stay home for 14 days, telework if possible, and self-monitor for symptoms.</p> <p>-Educate employees about steps they can take to protect themselves at work and at home: Employees must follow any new policies or procedures related to COVID-19 set forth by CDC from time to time. Employees must stay home if they are sick. Employees must wash their hand often with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol, if soap and water is not available. Employees must keep their hands clean at all times, before and after work shifts, before and after work breaks,</p>	V 105		

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V 105	<p>Continued From page 19</p> <p>after coughing, sneezing, or blowing their nose. Avoid touching their eyes, nose, and mouth, with unwashed hands. Cover their mouth and nose with tissue when coughing or sneezing, or use inside of their elbow. Practice routine cleaning and disinfection of frequently touched objects and surfaces. Practice social distancing by avoiding large gatherings, and maintaining distance of at least 6 feet from others when possible.</p> <ul style="list-style-type: none"> - Employees who commute to work using public transportation or ride sharing: Employees are encouraged to minimize close contact with others during transportation, follow CDC guidelines during transportation. Avoid public transportation or ride sharing if possible. <p>Premier Behavioral Services will maintain healthy business operations.</p> <ul style="list-style-type: none"> - Human Resource Coordinator will implement flexible sick leave and supportive policies and practices. <p>Premier Behavioral Services will maintain a health work environment.</p> <ul style="list-style-type: none"> - Perform routine cleaning - Perform enhanced cleaning and disinfection after person suspected/confirmed to have COVID-19. - Limit travel and advise employees if they must travel to take additional precautions and preparations. - Follow guidelines set forth by CDC, Federal, and State guidelines during travel. - Minimize risk to employees when planning meeting and gatherings. - Use video conferencing and telephone conferencing when possible. - Cancel adjust of postpone large work-related meetings or gatherings. - Hold meeting in person only when required, and 	V 105		

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V 105	<p>Continued From page 20</p> <p>must be in well ventilated spaces.</p> <ul style="list-style-type: none"> - Maintain 6 feet social distancing and wear face mask. <p>Notification to local health department.</p> <ul style="list-style-type: none"> - If any of Premier Behavioral Services employees becoming positive for COVID-19, Premier Behavioral Services administrative team must immediately notify the local health department and obtain further advice. - Premier Behavioral Services employees must comply with local health department directions. <p>Premier Behavioral Services will develop and implement a new infection control policy pertaining to COVID-19 prevention and control ASAP.</p> <p>Describe your plans to make sure the above happens.</p> <p>Premier Behavioral Services administrative staff will monitor on a daily basis the implementation of the above mentioned COVID-19 action plan.</p> <p>If any deficiencies are noted in the implementation and maintenance of the above mentioned action plan the administrative staff should notify [Licensee] (Owner) immediately. [Licensee] is ultimately responsible for the implementation and maintenance of the above mentioned COVID-19 action plan of Premier Behavioral Services."</p> <p>Review on 9/4/20 of the Addendum to Plan of Protection dated 9/4/20 and signed by the Licensee revealed: What immediate action will the facility take to ensure the safety of the consumers in your care? "Addendum to Plan of Protection sent on 9/3/20.</p>	V 105		

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V 105	<p>Continued From page 21</p> <p>Staff Training All employees of Premier Behavioral Services will be trained in Covid-19 infection protocols on Wednesday, 9/9/20 by the Medical Director. The training will include policies to reduce the spread of Covid-19, general hygiene, symptoms and what to do if sick, cleaning and disinfection, cloth face covers, social distancing, use of PPE(Personal Protective Equipment), and safe work practices.</p> <p>Transportation protocols in regards to Covid-19 infection. All transportation vehicles of Premier Behavioral Services will be cleaned with Covid-19 approved disinfectants after every transportation shirt. The transportation driver will prescreen consumers using a standard questionnaire used to screen Covid-19 exposure. Any consumers suspected or confirmed of exposure to Covid-19 infection, consumers with symptoms suggestive of possible Covid-19 infection, or consumers who have traveled to Covid-19 hotspots will be eliminated from the transportation vehicle.</p> <p>Transportation staff to clean frequently touched surfaces and objects including door handles and seatbelts before transporting another consumer.</p> <p>Transportation staff to wear disposable gloves during cleaning and dispose after each use.</p> <p>Transportation driver to maintain adequate ventilation in the vehicle during transportation.</p> <p>Transportation driver to advise consumers to avoid shaking hands, use face masks, cover nose/mouth with tissue when coughing/sneezing (cover face with inside of elbow when no tissue is available), use alcohol-based sanitizers (at least 60% alcohol) for hand hygiene as and when required. Hand sanitizers, face masks, and other PPE will be readily available for consumers during transportation. Transportation driver will be responsible for maintaining enough PPE supplies in the vehicle at all times during transportation.</p>	V 105		

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V 105	<p>Continued From page 22</p> <p>Consumers to maintain adequate social distancing during transportation (maximum of 4 consumers in a 9 passenger van and a maximum of 8 consumers in a 17-passenger van). Transportation driver to report to Premier Behavioral Services administrative staff any adverse incidents which happened during transportation. Terminal cleaning of the transportation vehicle to be done daily at the end of the day. Responsible person to monitor and maintain Covid-19 protocol at Premier Behavioral Services. Human Resources Manager is the responsible person to monitor and maintain Covid-19 protocol. Human Resources Manager to promptly report to the medical director of any adverse issues/matters encountered."</p> <p>The facility documented 56 clients with mental health, developmental disability, and substance abuse diagnoses admitted to 3 licensed services (PSR, SAIOP, SACOT). Staff estimated on average 20 clients attended SACOT per day and 7-8 clients attended PSR daily. Other non-licensed services were offered in the facility to include a Suboxone clinic, operated by a Physician colleague of the Licensee twice a week with 2-9 patients per clinic. The facility also allowed staff to bring their children to work. Staff, clients, outside clients, and staff's children circulated into common areas of the facility such as hallways, rest rooms, and entrances/exits. It was reported by staff and clients that precautions for COVID-19 had not been consistently enforced and staff screening for COVID-19 was never in place. At least 1 client was visually impaired making her unable to determine if she was exposed to others not adhering to safety precautions. The facility continued to admit clients, client #19 admitted on 7/20/20. All total it was reported 4 staff, 4 children of staff, one</p>	V 105		

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V 105	Continued From page 23 Suboxone Physician and her 2 family members, all tested positive for COVID-19. Staff #9 reported symptoms of COVID-19, delayed testing for 16 days, and tested negative. She returned to work without medical treatment or verifying her temperature daily. The CDC and local health department guidelines were not followed for quarantine when the Administrative Director returned to work less than 14 days from exposure, and continued to work after testing positive for COVID-19. The local health department was not notified of these COVID-19 cases; therefore, did not follow up to investigate a possible community cluster, identify other possible exposures, or provide the facility with guidelines to prevent further spread of the COVID-19 virus. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days. An administrative penalty of \$1,500.00 is imposed. If the violation is not corrected within 23 days, an additional penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 105		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (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 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation	V 108		

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V 108	<p>Continued From page 24</p> <p>plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement policies and procedures for identifying, reporting, investigating and controlling the spread of COVID-19 (coronavirus-disease-2019) among personnel and clients, and failed to provide staff training about COVID-19 for 4 of 4 staff audited (PSR (Psychosocial Rehabilitation) Program Director; Licensed Clinical Addiction Specialist-Provisional (LCAS-P) Support Staff-SACOT (Substance Abuse Comprehensive Outpatient Treatment); Program Director SAIOP (Substance Abuse Intensive Outpatient Program)/SACOT; Administrative Director). The</p>	V 108		
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V 108	<p>Continued From page 25</p> <p>findings are:</p> <p>Review of the personnel file on 9/3/20 for the the PSR Program Director revealed: -Date of Hire: 10/27/15 -No documentation of training on COVID-19.</p> <p>Review of the personnel file on 9/3/20 for the LCAS-P Support Staff-SACOT revealed: -Date of Hire: 3/1/17 -No documentation of training on COVID-19.</p> <p>Review of the personnel file on 9/3/20 for the Program Director SAIOP/SACOT revealed: -Date of Hire: 1/3/14 -No documentation of training on COVID-19.</p> <p>Review of the Administrative Director's personnel file on 9/3/20 revealed: -Date of Hire: 2/5/12 -Administrative Director job duties included "... delegated responsibility for the overall operation of the Agency directly and indirectly through the chain of command." -Job Description for "LCAS-P Support Staff-SAIOP" signed 11/10/18. -QM (Quality Management)/Training Director signed 3/24/14. -No documentation of training on COVID-19.</p> <p>Interview on 8/27/20 the PSR Program Director stated: -There was a meeting of staff, management, and Human Resources around March 2020 to discuss COVID-19. -Staff were "scared" about the virus. -The Administrative Director did not want to close any services for financial reasons. -Some of the counselors suggested they provide services via telemedicine, but this was not done.</p>	V 108		

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V 108	<p>Continued From page 26</p> <ul style="list-style-type: none"> -The Licensee did not meet with the staff. -There were no policies and procedures developed to address COVID-19. -There had been no staff training about COVID-19. <p>Interview on 8/27/20 the LCAS-P Support Staff SACOT stated:</p> <ul style="list-style-type: none"> -Her job title was SACOT Director/Teacher. -When asked if she had seen a policy on COVID-19, she stated she had seen signage in the facility. -She had not had any training on COVID-19. <p>Interview on 8/27/20 the Administrative Director stated:</p> <ul style="list-style-type: none"> -There had not been any infection control policies or procedures developed for COVID-19. -He and the Human Resources Director had trained staff about COVID-19 on a "team basis." -There was no documentation of staff training about COVID-19. 	V 108		
V 267	<p>27G .4402 Sub. Abuse Intensive Outpt- Staff</p> <p>10A NCAC 27G .4402 STAFF</p> <p>(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.</p> <p>(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.</p> <p>(c) When a SAIOP serves adolescent clients there shall be at least one direct care staff who meets the requirements of a Qualified</p>	V 267		

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V 267	<p>Continued From page 27</p> <p>Professional as set forth in 10A NCAC 27G .0104 (18) for every 6 or fewer adolescent clients.</p> <p>(d) Each SAIOP shall have at least one direct care staff present in the program who is trained in the following areas:</p> <ol style="list-style-type: none"> (1) alcohol and other drug withdrawal symptoms; and (2) symptoms of secondary complications due to alcoholism and drug addiction. <p>(e) Each direct care staff shall receive continuing education that includes the following:</p> <ol style="list-style-type: none"> (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. <p>(f) When a SAIOP serves adolescent clients each direct care staff shall receive training that includes the following:</p> <ol 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 record review and interviews, the facility failed to ensure there was a Licensed Clinical Addictions Specialist (LCAS) or a Certified Clinical Supervisor who was on site a minimum of 50% of the hours the program was in operation, and at least one direct care staff who met the requirements of a Qualified Professional</p>	V 267		

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V 267	<p>Continued From page 28</p> <p>(QP) for every 12 or fewer adult clients. The findings are:</p> <p>Review on 9/3/20 of the Substance Abuse Intensive Outpatient Program (SAIOP) client list revealed 20 current clients.</p> <p>Review of the Administrative Director's personnel file on 9/3/20 revealed: -Date of Hire: 2/5/12 -Credentialed by the North Carolina Addiction Specialist Professional Practice Board (NCASPPB) on 7/12/18 as LCAS-Associate. -Job Description for Administrative Director signed 1/15/15. -Administrative Director job duties included "... delegated responsibility for the overall operation of the Agency directly and indirectly through the chain of command." -Job Description for "LCAS-P (Provisional) Support Staff-SAIOP" signed 11/10/18. -QM (Quality Management)/Training Director signed 3/24/14.</p> <p>Review of the personnel file for the Program Director SAIOP/SACOT (Substance Abuse Comprehensive Outpatient Treatment) on 9/3/20 revealed: -Date of Hire: 1/3/14 -Credentialed by the NCASPPB on 9/18/98 as a LCAS. -2 Separate Job Descriptions: a. Program Director - SAIOP 1.0 FTE (Full time Equivalent). Job description signed on 1/8/14. b. Program Director - SACOT. Job description signed on 12/20/18.</p> <p>Interview on 9/4/20 client #15 stated: -He had been attending SAIOP for "a couple of months."</p>	V 267		

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V 267	<p>Continued From page 29</p> <p>-The Administrative Director had been the SAIOP group leader since he began the program, he thought in July 2020.</p> <p>-SAIOP met on Monday, Thursday, and Friday from 8 am until 12 noon.</p> <p>Interview on 9/3/20, the Clinical Director stated she had no responsibilities for SAIOP.</p> <p>Interviews on 8/27/20 and 9/3/20 the Administrative Director Stated:</p> <p>-He was the only staff for SAIOP and taught 2 groups, one in the morning and one in the afternoon, 3 days a week.</p> <p>-The Program Director was responsible to oversee both SAIOP and SACOT.</p> <p>-The Program Director provided group therapy for Substance Abuse clients that were "state funded" and were not part of the SAIOP or SCOT programs.</p> <p>-There was no Qualified Professionals (QP) for SACOT or SAIOP in addition to the Program Director SACOT/SAIOP, the LCAS-P Support Staff SACOT, and himself.</p> <p>-He (Administrative Director) was not a QP.</p> <p>Interview on 9/1/20 the Program Director SACOT/SAIOP stated.</p> <p>-He was a substance abuse counselor.</p> <p>-He did individual and group counseling.</p> <p>-He was the LCAS for both the SAIOP and SACOT programs.</p> <p>-He provided outpatient group therapy on Tuesdays from 10 am - 11 am.</p> <p>-SAIOP and SACOT "ran" Monday, Wednesday, and Friday. SAIOP hours were 9 am - 1:30 pm or 2 pm.</p> <p>-He was not sure of the SACOT hours.</p> <p>-SAIOP and SACOT met together for the "education phase" of the program.</p>	V 267		

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V 267	<p>Continued From page 30</p> <ul style="list-style-type: none"> -SAIOP and SACOT were "evidence based programs" that met together. -The difference between the programs was SACOT clients had a mental health diagnosis and the SACOT clients did some community activities that the SAIOP clients may not do. -The hours for SAIOP and SACOT have been "cut back" due to the pandemic. -He (Program Director SACOT/SAIOP) had been out of work since the middle of July 2020 because of a broken arm. -The Administrative Director had been covering for him while he had been out. -He had been the Program Director for SAIOP since January 2014. -He had been the Program Director for SACOT more recently, within the past year. <p>Interviews on 8/27/20 and 9/3/20 the Licensee stated:</p> <ul style="list-style-type: none"> -He was the agency owner, but was not involved in day to day operations. -The Administrative Director was "in charge" of agency operations and staff reported to him. -The Administrative Director was confused about QP's for SAIOP and SACOT. All staff for the SAIOP an SACOT were QP's, not Associate Professionals. 	V 267		
V 281	<p>27G .4502 Sub. Abuse Comp. Outpt. Tx. - Staff</p> <p>10A NCAC 27G .4502 STAFF</p> <p>(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.</p> <p>(b) For each SACOT there shall be at least one direct care staff who meets the requirements of a</p>	V 281		

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V 281	<p>Continued From page 31</p> <p>Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 10 or fewer clients.</p> <p>(c) Each SACOT shall have at least one direct care staff present in the program who is trained in the following areas:</p> <ol style="list-style-type: none"> (1) alcohol and other drug withdrawal symptoms; and (2) symptoms of secondary complications due to alcoholism and drug addiction. <p>(d) Each direct care staff shall receive continuing education that includes the following:</p> <ol style="list-style-type: none"> (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. <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure there was a Licensed Clinical Addictions Specialist (LCAS) or a Certified Clinical Supervisor who was on site a minimum of 90% of the hours the program was in operation, and at least one direct care staff who met the requirements of a Qualified Professional (QP) for every 10 or fewer clients. The findings are:</p> <p>Review on 9/3/20 of the Substance Abuse Comprehensive Outpatient Treatment (SACOT) client list revealed 20 current clients.</p>	V 281		

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V 281	<p>Continued From page 32</p> <p>Review of the personnel file for the LCAS-P (Provisional) Support Staff-SACOT on 9/3/20 revealed: -Date of Hire: 3/1/17 -Credentialed by the North Carolina Addiction Specialist Professional Practice Board (NCASPPB) on 4/25/18 as LCAS-Associate.</p> <p>Review of the personnel file for the Program Director SAIOP (Substance Abuse Intensive Outpatient Program)/SACOT on 9/3/20 revealed: -Date of Hire: 1/3/14 -Credentialed by the NCASPPB on 9/18/98 as a LCAS. -2 Separate Job Descriptions: a. Program Director - SAIOP 1.0 FTE (Full time Equivalent). Job description signed on 1/8/14. b. Program Director - SACOT Job description signed on 12/20/18.</p> <p>Interview on 8/27/20 the LCAS-P Support Staff SACOT stated: -Her job title was SACOT Director/Teacher. -Her credentials were LCAS-A (Licensed Clinical Addiction Specialist-Associate). -She was in charge of the SACOT program. -She reported directly to the Administrative Director. -She had 10 clients in the morning SACOT group from 9 am - 1 pm, and 10 clients in the afternoon SACOT group that met from 1 pm - 5 pm. -Each SACOT group met daily, Monday through Friday. -The SAIOP was separate from SACOT and "run" by the Administrative Director.</p> <p>Interview on 9/3/20 , the Clinical Director stated she had no responsibilities for SACOT.</p> <p>Interviews on 8/27/20 and 9/3/20 the</p>	V 281		

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V 281	<p>Continued From page 33</p> <p>Administrative Director Stated: -He was the only staff for SAIOP and taught 2 groups, 3 days a week. -The Program Director was responsible to oversee both SAIOP and SACOT. -The Program Director provided group therapy for Substance Abuse clients that were "state funded" and were not part of the SAIOP or SCOT programs. -The LCAS-P Support Staff SACOT facilitated the SACOT groups. -There was no Qualified Professional (QP) for SACOT or SAIOP in addition to the Program Director SACOT/SAIOP, the LCAS-P Support Staff SACOT, and himself. -He (Administrative Director) was not a QP.</p> <p>Interview on 9/1/20 the Program Director SACOT/SAIOP stated. -He was a substance abuse counselor. -He did individual and group counseling. -He was the LCAS for both the SAIOP and SACOT programs. -He provided outpatient group therapy on Tuesdays from 10 am - 11 am. -SAIOP and SACOT "ran" Monday, Wednesday, and Friday. SAIOP hours were 9 am - 1:30 pm or 2 pm. -He was not sure of the SACOT hours. -SAIOP and SACOT met together for the "education phase" of the program. -SAIOP and SACOT were "evidence based programs" that met together. -The difference between the programs was SACOT clients had a mental health diagnosis and the SACOT clients did some community activities that the SAIOP clients may not do. -The hours for SAIOP and SACOT have been "cut back" due to the pandemic. -He (Program Director SACOT/SAIOP) had been</p>	V 281		

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V 281	<p>Continued From page 34</p> <p>out of work since the middle of July 2020 because of a broken arm.</p> <ul style="list-style-type: none"> -The Administrative Director had been covering for him while he had been out. -He had been the Program Director for SAIOP since January 2014. -He had been the Program Director for SACOT more recently, within the past year. <p>Interviews on 8/27/20 and 9/3/20 the Licensee stated:</p> <ul style="list-style-type: none"> -He was the agency owner, but was not involved in day to day operations. -The Administrative Director was "in charge" of agency operations and staff reported to him. -The Administrative Director was confused about QP's for SAIOP and SACOT. All staff for the SAIOP an SACOT were QP's, not Associate Professionals. 	V 281		
V 512	<p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION</p> <p>(a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.</p> <p>(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.</p> <p>(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.</p> <p>(d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size</p>	V 512		

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V 512	<p>Continued From page 35</p> <p>and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 1 Administrative Director neglected 6 of 6 clients audited (#4, #8, #14, #15, #16, #19) to serious neglect. The finding are:</p> <p>Review on 9/3/20 client #4's record revealed: -33 year old female. -Admission date of 4/30/20 into the SACOT (Substance Abuse Comprehensive Outpatient Treatment) program. -Diagnoses included Cannabis Use Disorder, Moderate; Adjustment Disorder, Unspecified.</p> <p>Review on 9/03/20 client #8's record revealed: -23 year old female. -Date of Admission: 8/18/2017 into the PSR(Psychosocial Rehabilitation). -Diagnoses of Bipolar disorder, current episode manic without psychotic features, severe; Cannabis dependence, uncomplicated; Schizoaffective Disorder.</p> <p>Review on 9/4/20 client #14's record revealed: -43 year old female. -Admission date of 4/10/20 into the PSR. -Diagnosis not provided as requested.</p> <p>Review on 9/4/20 client #15's record revealed: -Age not provided, male.</p>	V 512		

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V 512	<p>Continued From page 36</p> <p>-Admission date not provided as requested; admitted into SAIOP(Substance Abuse Intensive Outpatient Program). -Diagnosis of Cannabis dependence, uncomplicated.</p> <p>Review on 9/4/20 client #16's record revealed: -Age not provided, female. -Date of Admission: 2/7/20 into the PSR. -Diagnosis not provided as requested.</p> <p>Review on 9/3/20 client #19's record revealed: -40 year old female. -Admission date of 7/20/20 into the SACOT program. -Diagnoses of Cocaine dependence, uncomplicated; bipolar disorder, uncomplicated.</p> <p>Review on 9/3/20 of the Administrative Director's personnel file revealed: -Date of Hire: 2/5/12. -Administrative Director job description, signed by the Administrative Director on 1/15/15, "...Purpose of Position Provide leadership to the local offices in the operations and delivery of services,...Ensure health, safety and welfare of consumers through service coordination and oversight...Compliance with Federal, State and Agency Policy and Procedures - Ensure that routine monitoring of services occurs, consistent with the Agency policies and procedures and State rules and laws, or more frequently as warranted, to ensure concerns are addressed in a timely manner...Ensure compliance with Federal and State labor statutes and regulations...Communication...Work in partnership with families, guardians, treatment teams, community resources and other professional, promoting effective communication and collaboration in support of services</p>	V 512		

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V 512	<p>Continued From page 37</p> <p>recipients..."</p> <p>-LCAS-P (Licensed Clinical Addiction Specialist-Provisional) Support Staff - SAIOP job description, signed 11/10/18 by the Administrative Director.</p> <p>-QM(Quality Management)/Training Director job description, signed by the Administrative Director on 3/24/14 read "... Primary Purpose of Position: To manage, coordinate, and direct the QM Program and Training Program for the Agency."</p> <p>Review on 8/31/20 of a letter to Division of Health Service Regulation Surveyor dated /signed by the Administrative Director on 8/28/20 revealed:</p> <p>-The Administrative Director was the first of 5 staff who tested positive or reported symptoms of COVID-19.</p> <p>-The Administrative Director was out of work due to his positive COVID-19 (Coronavirus-Disease-2019) test from 7/17/20-7/21/20 and 7/24/20-8/3/20.</p> <p>-The other staff subsequently out of work due to COVID-19 were as follows:</p> <ol style="list-style-type: none"> 1. Licensed Clinical Addiction Specialist (LCAS), tested positive: 7/28/20-8/18/20 2. Staff #1, tested positive: 7/30/20-8/19/20 3. PSR Program Director, tested positive: 8/3/20-absence continued 4. Staff #9, reported COVID-19 symptoms: 8/4/20-8/19/20 <p>Interview on 9/5/20 client #8 stated:</p> <p>-She attended the PSR program.</p> <p>-She had not attended the program for a period of time because of fears of COVID-19. Client #8 had stopped attending around March and began again around June.</p> <p>-Other clients also stopped attending because of fear of COVID-19.</p> <p>-She had not been made aware of any staff or</p>	V 512		

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V 512	<p>Continued From page 38</p> <p>clients testing positive for COVID-19.</p> <p>Interview on 9/4/20 client #14 stated: -She had attended the PSR program. -Her children went to the facility for their Intensive In-Home Services. -Staff took her temperature at the door. She had to wash her hands and wear a mask. -She had not been made aware of anyone in the facility had tested positive for COVID-19.</p> <p>Interview on 9/4/20 client #15 stated: -He had been attending the SACOT program for a couple of months. -He had used facility transportation. -He had attended class 3 days a week, Monday, Thursday and Friday, from 8 am-12 pm. -The Administrative Director had been his teacher. His teacher had not been absent. -His teacher wore a mask in class. -He had not been aware of any clients or staff positive for COVID-19.</p> <p>Interview on 8/26/20 client #16 stated: -She had attended the PSR since May 2020. -She had been provided transportation to the program by the facility. -She was visually impaired and used a cane. -There had been no precautions taken to screen and prevent the spread of COVID-19 prior to getting on the transportation van. -Staff and clients had not been required to wear mask until the prior week. -The facility had not informed clients of any staff or other clients testing positive for COVID-19. -It had been rumored staff #1, Administrative Director, PSR Program Director, and LCAS-P Support staff SACOT and a physician had all tested positive for COVID-19. -It had been rumored that staff's children who</p>	V 512		

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V 512	<p>Continued From page 39</p> <p>visited the facility had also tested positive for COVID-19.</p> <ul style="list-style-type: none"> -There had not been any additional precautions taken since the rumor of staff testing positive. -She wanted someone to "tighten down" on the facility because she had a weakened immune system. <p>Interview on 9/2/20 staff #9 stated:</p> <ul style="list-style-type: none"> -She had worked as the administrative staff assistant and was responsible for intakes and discharges. -She had not felt well on 8/3/20 but believed it was her sinuses and later that day "she could not taste or smell." -She contacted the Administrative Director on Monday, 8/3/20 to inform him she was not feeling well and "did not feel comfortable being in the office." -The Administrative Director advised her to get tested for COVID-19. -She had developed more symptoms such as headaches and chills. -She was tested for COVID-19 on 8/16/20 and was negative. -She had been out of work for 14 days before returning. <p>Interview on 8/27/20 the LCAS-P Support Staff SACOT stated:</p> <ul style="list-style-type: none"> -She had not been aware of any staff positive for COVID-19. -She had not been made aware of any possible exposure to COVID-19. <p>Interview on 9/02/20 the LCAS stated:</p> <ul style="list-style-type: none"> -She had become sick with COVID-19 symptoms on 7/30/20 and tested positive for COVID-19 on 08/04/20. -Her 11 year old child, who was allowed to come 	V 512		

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V 512	<p>Continued From page 40</p> <p>to the facility, had tested positive for COVID-19. -She had not been informed by Administrative Director of anyone testing positive for COVID-19 prior to becoming sick. -The Administrative Director worked in the facility the last week of July 2020. -She saw the Administrative Director on 7/27/20 and 7/28/20 and observed him coughing without wearing a mask. If anyone said something to him, he would reply, "I'm going to the office."</p> <p>Interview on 8/27/20 the PSR Program Director stated: -Staff arranged a meeting "around March" 2020 to express their concerns and to discuss COVID-19 precautions to be taken. Staff were "scared" about the virus. -During the March 2020 meeting some therapists suggested they could work from home. -The Administrative Director was upset about the meeting and said the facility would not be closed because he could not "live off of unemployment." -She had developed COVID-19 symptoms and left work on 8/3/2020. -Her 2 children had also tested positive for COVID-19. -She had not returned to work and needed to test again for COVID-19. -There had been signs posted recommending mask be worn, but it was not enforced. She had required mask and social distance in her classroom. -Staff #10 had been responsible for cleaning and sanitizing the facility 2 to 3 days a week. -She had not been informed by Administrative Director of anyone testing positive for COVID-19 prior to becoming sick.</p> <p>Interview on 9/3/20 the Suboxone Physician stated:</p>	V 512		

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V 512	<p>Continued From page 41</p> <ul style="list-style-type: none"> -The Licensee allowed her to use space in the facility twice weekly to see her patients for Suboxone treatment. -She saw patients every Wednesday and Friday in July except for 7/3/20. -She saw the Administrative Director every time she was in the facility in July, 2020. -In July 2020 she saw the Administrative Director "hacking and coughing," seldom wearing a mask. -On 8/2/20 she developed a fever of 103 F (Fahrenheit) and chills. She had experienced severe migraine headaches over the prior 2 weeks. -On 8/3/20 she, her adult child, and spouse tested positive for COVID-19. -Her spouse died from COVID-19 complications on August 27, 2020. -She had not been able to identify another source of exposure to COVID-19. <p>Interview on 8/20/20, the Administrative Director stated:</p> <ul style="list-style-type: none"> -He had identified COVID-19 positive staff #1, PSR Program Director, and LCAS. -He had advised employees to get tested and quarantine. -Staff had reported symptoms the week of August 2, 2020. -The facility had been sanitized by an outside party on August 2, 2020. -The facility had been cleaned throughout each day and at night. -The Administrative Director did not identify himself as having an exposure or testing positive for COVID-19. <p>Continued interview on 8/27/20 the Administrative Director stated:</p> <ul style="list-style-type: none"> -There had been 5 COVID-19 positive cases which included staff #1, PSR Program Director, 	V 512		

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V 512	<p>Continued From page 42</p> <p>LCAS, an Suboxone onsite physician provider, and himself.</p> <ul style="list-style-type: none"> -He had been exposed to a COVID-19 positive family member 4 days prior to being tested on 07/10/20. He tested negative and returned to work on 7/14/20. -He had begun to feel sick on 7/16/20 while at work. He had tested on 7/16/20 and received positive COVID-19 results on 7/20/20. -He had been the first positive COVID-19 case at the facility. -No other people had COVID-19 symptoms prior to him testing positive. -He had not contacted the local health department to report positive cases. -There was no COVID-19 policy in place. There was signage on the front door about COVID-19 precautions. Staff had not been trained on any COVID-19 policy. <p>Interview on 8/27/20 the Licensee stated:</p> <ul style="list-style-type: none"> -Administrative Director had informed him staff were not doing well and had to stay home for a couple of weeks. -He had knowledge of two staff and their families testing positive for COVID-19. -He had no knowledge of clients testing positive for COVID-19. -He had requested the Administrative Director follow CDC (Centers for Disease Control and Prevention) protocols. <p>Review on 9/3/20 of the Plan of Protection dated 9/3/20 and signed by the Licensee:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? Premier Behavioral Services will</p> <ul style="list-style-type: none"> -Premier Behavioral Services staff will proactively communicate with consumers, inquiring their well 	V 512		

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V 512	<p>Continued From page 43</p> <p>being and instruct consumers to stay at home if they have fever, any respiratory systems, or any systems related to COVID-19 infection.</p> <ul style="list-style-type: none"> -Conduct daily health checks on consumers Follow the CDC guidelines, including health questionnaire and forehead temperature check by touch less temperature gun. -Conduct daily hazard assessment at facility. -Make sure all consumers wear personal protective equipment Face mask, hand sanitizer, frequent hand washing, and other guidelines set forth by CDC. -Management of sick employees Sick employees need to be sent home or to a healthcare provider. If an employee becomes sick at work, an emergency ambulance will be called to transport employee to the nearby healthcare facility. - Management of employees with suspected or confirmed Covid-19 infection. Close off any areas used for prolonged periods of time by the sick person. Clean and disinfect the area used by the sick person, and do not allow another employee to use that location for 24 hours. During the waiting period open the doors and outside windows to increase the circulation in those area. Continue routine cleaning and disinfecting of high-touch services in the facility. Follow CDC cleaning and disinfection recommendations. Use disinfectant products that meet the EPA criteria for use against SARS-Cov-2, the virus that causes COVID-19, and are appropriate for the surface. Always wear gloves and gowns appropriate for the chemicals being used when you are cleaning and disinfecting. You may need to wear additional PPE depending on the setting and disinfectant products you are for each product you use, consult and follow the manufacturer's instruction for use. -Consumer who may have been exposed to the COVID-19 virus Inform consumer that they are at 	V 512		

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V 512	<p>Continued From page 44</p> <p>risk of contracting COVID-19 infection and potentially spread infection to others and they should stay home for 14 days and consult their primary care physician for further advice. Premier Behavioral Services Staff will maintain confidentiality of consumer's possible exposure to COVID-19 in the facility as required by HIPAA (Health Insurance Portability and Accountability Act).</p> <p>-Educate consumers about steps they can take to protect themselves at home and at the healthcare facility: Consumer will be educated periodically on any new policies or procedures related to COVID-19 set forth by CDC from time to time. Consumers must stay home if they are sick. Consumers must wash their hands often with soap and water for at least 20 seconds or use hand sanitizer with at least 60%(percent) alcohol, if soap and water is not available. Consumers must keep their hands clean at all times, before and after any activities, after coughing, sneezing, or blowing their nose. Avoid touching their eyes, nose, and mouth, with unwashed hands. Cover their mouth and nose with tissue when coughing or sneezing, or use inside of their elbow. Practice social distancing by avoiding large gatherings, and maintaining distance of at least 6 feet from others when possible.</p> <p>-Consumers are encouraged to avoid public transportation or ride sharing: Consumers are encourage to minimize close contact with other during transportation, follow CDC guidelines during transportation. Avoid public transportation or ride sharing if possible.</p> <p>Notification to local health department.</p> <p>-If any of Premier Behavioral Services consumers becoming positive for COVID-19, Premier Behavioral Services administrative team must immediately notify the local health department</p>	V 512		

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V 512	<p>Continued From page 45</p> <p>and obtain further advice.</p> <p>-Premier Behavioral Services consumers must comply with local health department directions.</p> <p>Premier Behavioral Services will develop and implement a new infection control policy pertaining to COVID-19 prevention and control ASAP (As soon as possible).</p> <p>Described your plans to make sure the above happens.</p> <p>Premier Behavioral Services clinical staff will monitor the health and well-being of consumers attending the facility on a daily basis and inform the administrative staff if any consumer is showing signs of COVID-19 infection.</p> <p>Premier Behavioral Services administrative staff will monitor on a daily basis the implementation of the above mentioned COVID-19 action plan.</p> <p>If any deficiencies are noted in the implementation and maintenance of the above mentioned action plan the administrative staff should notify[Licensee] (Owner) immediately. [Licensee] is ultimately responsible for the implementation and maintenance of the above mentioned COVID-19 action plan of Premier Behavioral Services.</p> <p>Review on 9/4/20 of the Addendum Plan of Protection dated 9/04/20 and signed by the Licensee:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? Addendum to Plan of Protection sent on 9/3/20.</p> <p>Staff Training All employees of Premier Behavioral Services will be trained in Covid-19 infection protocols on Wednesday, 9/9/20 by the Medical Director. The</p>	V 512		

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V 512	<p>Continued From page 46</p> <p>training will include policies to reduce the spread of Covid-19, general hygiene, symptoms and what to do if sick, cleaning and disinfection, cloth face covers, social distancing, use of PPE (Personal Protective Equipment), and safe work practices.</p> <p>Transportation protocols in regards to Covid-19 infection. All transportation vehicles of Premier Behavioral Services will be cleaned with Covid-19 approved disinfectants after every transportation shirt. The transportation driver will prescreen consumers using a standard questionnaire used to screen Covid-19 exposure. Any consumers suspected or confirmed of exposure to Covid-19 infection, consumers with symptoms suggestive of possible Covid-19 infection, or consumers who have traveled to Covid-19 hotspots will be eliminated from the transportation vehicle.</p> <p>Transportation staff to clean frequently touched surfaces and objects including door handles and seatbelts before transporting another consumer.</p> <p>Transportation staff to wear disposable gloves during cleaning and dispose after each use.</p> <p>Transportation driver to maintain adequate ventilation in the vehicle during transportation.</p> <p>Transportation driver to advise consumers to avoid shaking hands, use face masks, cover nose/mouth with tissue when coughing/sneezing (cover face with inside of elbow when no tissue is available), use alcohol-based sanitizers (at least 60% alcohol) for hand hygiene as and when required. Hand sanitizers, face masks, and other PPE will be readily available for consumers during transportation. Transportation driver will be responsible for maintaining enough PPE supplies in the vehicle at all times during transportation.</p> <p>Consumers to maintain adequate social distancing during transportation (maximum of 4 consumers in a 9 passenger van and a maximum of 8 consumers in a 17-passenger van).</p>	V 512		

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V 512	<p>Continued From page 47</p> <p>Transportation driver to report to Premier Behavioral Services administrative staff any adverse incidents which happened during transportation. Terminal cleaning of the transportation vehicle to be done daily at the end of the day. Responsible person to monitor and maintain Covid-19 protocol at Premier Behavioral Services. Human Resources Manager is the responsible person to monitor and maintain Covid-19 protocol. Human Resources Manager to promptly report to the medical director of any adverse issues/matters encountered."</p> <p>Clients #4, #8, #14, #15, #16, and #19 with mental health, developmental disability, and substance abuse diagnoses attended one of the facility licensed services. Client #16 attended PSR, was blind, and expressed concern about exposure to COVID-19 due to her compromised immunity. The Administrative Director, responsible for the overall facility operations and the SAIOP groups, was tested for COVID-19 on 7/10/20 because he had been exposed 4 days prior. He did not observe a 14 day quarantine period following the exposure, and returned to work on 7/14/20 because his 7/10/20 test was negative. Two days later he became symptomatic, retested, and was notified on 7/20/20 he tested positive. The Administrative Director continued to work over the next 2 weeks, sometimes seen not wearing a mask and coughing. The Administrative Director never informed staff or clients there had been confirmed COVID-19 cases associated with the facility, or potential exposures. Subsequently, 3 other staff and 1 Suboxone Physician who practiced in the facility tested positive, and 1 staff reported COVID-19 symptoms. There were 5 family members who tested positive with 1 one reported death. The Administrative Director's failure to</p>	V 512		

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V 512	Continued From page 48 quarantine, report to the local health department, or notify staff and clients, exposed others to COVID-19 and created an unsafe environment for the clients, staff, and visitors to the programs. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$5,000.00 is imposed. If the violation is not corrected within 23 days, an additional penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 512		