

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-904</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 03/18/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CLUB HORIZON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>319 CHAPANOKE ROAD, SUITE 101 RALEIGH, NC 27603</b>
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V 000	INITIAL COMMENTS  A complaint and follow up survey was completed on 3/18/21. The complaint was unsubstantiated (intake #NC00174805). Deficiencies were cited.  This facility is licensed for the following service category 10A NCAC 27G .1200 Psychsocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies  10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations;	V 105		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 105	<p>Continued From page 1</p> <p>(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;</p> <p>This Rule is not met as evidenced by:</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>Based on record review, observation and interview, the facility failed to adhere to its record management policy. The findings are:</p> <p>Review on 03/18/21 of the facility's "Assurance of Confidentiality" policy revealed the following:                      -"The (Chief Executive Officer) CEO/designee shall make known to all employees, students, volunteers and all other individuals with access to confidential information the provisions of this policy. The agency will provide training to all individuals with access to confidential information...                      -Procedures Individuals that receive training shall indicate an understanding of the requirements governing confidentiality by signing a statement of understanding and compliance. Employees shall sign such statement upon employment and again, whenever revisions are made to policies and procedures. Such statement shall contain the following information:                      (1) Date and signature of the individual and his/her title;                      (2) Name of agency;                      (3) Statement of understanding;                      (4) Agreement to hold information confidential; and                      (5) Acknowledgement of civil penalties and disciplinary action for improper release or disclosure."</p> <p>During interview on 03/16/21, the Program Coordinator reported:                      -The facility utilized the Club House International Model (CHIM) to operate the program.                      -Clients/Participant were referred to as "members"                      -"Members" could volunteer to work in any unit. The work unit could change daily if the</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>"Member" desired.</p> <p>During interview on 03/17/21, client #2 reported:</p> <ul style="list-style-type: none"> <li>-She worked at the administrative, culinary and the bank units</li> <li>-Billing was part of the administrative unit</li> <li>-Billing was completed for all "Members" who participated in the program for that day.</li> </ul> <p>Observation on 03/18/21 between 9:30 AM-11:00 AM of a demonstration and interview provided by the Lead Qualified Professional revealed the following:</p> <ul style="list-style-type: none"> <li>-Staff and one client sat side by side during billing.</li> <li>-Billing was completed daily except on Fridays</li> <li>-Staff entered a two system password to access the drive on the computers to initiate the billing.</li> <li>-Multiple client names can be entered at the same time.</li> <li>-The system automatically inputs the "Member" diagnosis(es) on the form. She was not sure who "populated" the client information initially. However, the diagnosis populated on the computer screen during billing.</li> <li>-While on the computer screen for billing, client diagnoses and date of birth could be seen by client and staff who were at the computer.</li> </ul> <p>During interview on 03/18/21, the Program Coordinator reported:</p> <ul style="list-style-type: none"> <li>-When staff completed training, clients were encouraged to attend</li> <li>-Clients were not given certificates or anything for attending</li> <li>-The agency did not have a sign in or inservice sheet to verify clients' attendance for trainings.</li> </ul>	V 105		

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V 105	Continued From page 4  -Changes had been made to the policies at the agency's corporate level to include "Members" by utilizing the term "individuals" -She was not able to verify "Members" received training on confidentiality	V 105		
V 511	27D .0303 Client Rights - Informed Consent  10A NCAC 27D .0303 INFORMED CONSENT (a) Each client, or legally responsible person, shall be informed, in a manner that the client or legally responsible person can understand, about: (1) the alleged benefits, potential risks, and possible alternative methods of treatment/habilitation; and (2) the length of time for which the consent is valid and the procedures that are to be followed if he chooses to withdraw consent. The length of time for a consent for the planned use of a restrictive intervention shall not exceed six months. (b) A consent required in accordance with G.S. 122C-57(f) or for planned interventions specified by the rules in Subchapter 27E, Section .0100, shall be obtained in writing. Other procedures requiring written consent shall include, but are not limited to, the prescription or administration of the following drugs: (1) Antabuse; and (2) Depo-Provera when used for non-FDA approved uses. (c) Each voluntary client or legally responsible person has the right to consent or refuse treatment/habilitation in accordance with G.S. 122C-57(d). A voluntary client's refusal of consent shall not be used as the sole grounds for termination or threat of termination of service unless the procedure is the only viable	V 511		

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V 511	<p>Continued From page 5</p> <p>treatment/habilitation option available at the facility. (d) Documentation of informed consent shall be placed in the client's record.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure documentation of informed consent for 5 of 5 audited clients (#2, #53, #60, #42 and #59). The findings are:</p> <p>Review on 03/16/21 of client #2's record revealed: -Admitted 10/09/15 -Diagnoses Bipolar II disorder, Post-traumatic stress disorder, unspecified boderline personality disorder</p> <p>Review on 03/16/21 of client #53's record revealed: -Admitted 06/18/16 - Diagnoses Dysthymic disorder, Post-traumatic stress disorder, reaction to severe stress, unspecified not due to a substance or known physiological condition</p> <p>Review on 03/16/21 of client #60's record revealed: -Admitted 11/14/19 -Diagnoses Bipolar disorder, alcohol use disorder severe, Unspecified cocaine-related disorder, Post-traumatic stress disorder, unspecified</p> <p>Review on 03/16/21 of client #42's record revealed: -Admitted 01/16/2020 -Diagnoses Post-traumatic stress disorder,</p>	V 511		

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V 511	<p>Continued From page 6</p> <p>Unspecified bipolar and related disorder</p> <p>Review on 03/16/21 of clients #59's record revealed: -Admitted 07/29/21 -Diagnoses Major Depressive disorder, recurrent episode, mild, Unspecified anxiety disorder, Post-traumatic stress disorder,</p> <p>Review on 03/16/21 of the facility records for clients #2, #42, #53, #59 and #60's revealed: -Signed "Informed consent for [agency] staff" document -The "informed consent" document did not allow permission for peer to peer access of personal information such as client's address, telephone number, emergency contact</p> <p>During interview on 03/16/21, client #2 reported: -She worked in the clerical unit and had access to the "reach out book" which contained phone numbers and addresses of the other clients -The information is "kept in a binder for HIPPA" purposes -She helped to train other "members" in the club house model</p> <p>During interview on 03/18/21 at 10:00am, the Program Coordinator reported: -Clients had not signed "informed consents" for peer to peer access of personal information -Staff and clients work along side with each other and it would be a good practice to have "members" sign also</p>	V 511		