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V 000	INITIAL COMMENTS A complaint survey was completed on 4/13/21. The complaints were substantiated (Intake #'s NC00175106 and NC00175181). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G.5600E Supervised Living for Adults with Substance Abuse Dependency.	V 000	DHSR - Mental Health MAY 21 2021 Lic. & Cert. Section	
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and	V 105		

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

Shawn Henderson, MBA 5/14/21

Jessica Edmunds LCSW LCAS 5/14/21

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V 105	Continued From page 1 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	Continued From page 2 This Rule is not met as evidenced by: Based on record review 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: Review on 4/13/21 of the Centers for Disease Control and Prevention website (www.cdc.gov) Guidance for Shared or Congregate Housing updated 12/31/20 revealed: -"If a resident in your facility has COVID-19 (suspected or confirmed)... -Have the resident seek advice by telephone from a healthcare provider to determine whether medical evaluation is needed. Residents are not required to notify administrators if they think they may or have a confirmed case of COVID-19. If you do receive information that someone in your facility has COVID-19, you should work with the local health department to notify anyone in the building who may have been exposed (had close contact with the sick person) while maintaining the confidentiality of the sick person as required by the Americans with Disabilities Act (ADA) and, if applicable, the Health Insurance Portability and Accountability Act (HIPAA). Provide the ill person with information on how to care for themselves and when to seek medical attention... -Encourage residents with COVID-19 symptoms and their roommates and close contacts to self-isolate - limit their use of shared spaces as much as possible... -If possible, designate a separate bathroom for residents with COVID-19 symptoms...	V 105	**POC- 27G .0201 (A) (1-7) Governing Body Policies:** The current policy that Silver Ridge follows is based on CDC guidelines healthcare/ behavioral health facilities: "**Patient Placement:** For patients with COVID-19 or other respiratory infections, evaluate need for hospitalization. If hospitalization is not medically necessary, home care is preferable if the individual's situation allows." CDC guidelines also state, "Telehealth services should be optimized, when available and appropriate. Consider whether your facility can provide care in the safest way possible, including optimizing telehealth services, when available and appropriate." Because Silver Ridge is not a medical facility or inpatient psychiatric facility, the program has the ability, as recommended by the CDC, to provide telehealth services for clients that are able to care for themselves at home without the risk of exposing other clients to infection. Clients at Silver Ridge are discharged home, if safe to do so, and are able to return to the facility once they are symptom free and have completed a quarantine as designated by a medical professional. In this instance, clients were provided with the option to transition from supervised living to day treatment at a hotel and remain in clinical services. All of the clients in question opted to do so and were not reporting any imminent psychiatric or medical risk at time of transition. An immediate evaluation of client condition is sometimes needed when there is a change in family situation, medical issue, occupational issue, etc.	

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V 105	Continued From page 3 -Consider reducing cleaning frequency in bedrooms and bathrooms dedicated to persons with COVID-19 symptoms to as-needed cleaning (e.g., soiled items and surfaces) to avoid unnecessary contact with the ill persons.... -Follow guidance on when to stop isolation... -Minimize the number of staff members who have face-to-face interactions with residents who have suspected or confirmed COVID-19. Encourage staff, other residents, caregivers such as outreach workers, and others who visit persons with COVID-19 symptoms to follow recommended precautions to prevent the spread. Staff at higher risk of severe illness from COVID-19 should not have close contact with residents who have suspected or confirmed COVID-19, if possible... -Those who have been in close contact (i.e., less than 6 feet (2 meters) with a resident who has confirmed or suspected COVID-19 should monitor their health and call their healthcare provider if they develop symptoms suggestive of COVID-19... -Be prepared for the potential need to transport persons with suspected or confirmed COVID-19 for testing or non-urgent medical care. Avoid using public transportation, ride-sharing, or taxis. Follow guidelines for cleaning and disinfecting any transport vehicles...." Interview on 3/19/21 with the Vice President of Operations, Vice President of Clinical Services and Quality Management, Program Director for Nursing and the Program Director revealed: -if a client tested positive for COVID-19, they did not stay on campus. -they had a choice to go back home, or where ever the location was where they came from, or they had partnered with a local hotel to have individuals quarantine.	V 105	**Continued: POC- 27G .0201 (A) (1-7) Governing Body Policies** Effectively immediately, Silver Ridge staff will quarantine positive COVID clients on site when possible. If not possible, Silver Ridge team will follow all discharge policies to ensure safe, medical discharge home per CDC guidelines. This is to ensure safety of other clients and limit their exposure. Clients will be provided with the option to readmit to treatment after completing a quarantine and receiving a negative test result. Responsibility and oversight of this protocol is with the Program Director, Medical Director, and VP of Operations. Effective immediately, all client admitted to Silver Ridge will be tested for COVID-19. Responsibility and oversight of this protocol is with the Program Director, Director or Nursing, and VP of Operations.	

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V 105	Continued From page 4 -if they quarantined in a local hotel, they were enrolled in their outpatient hospital program (Partial Hospitalization Program (PHP)/Day Treatment Program). Review on 3/29/21 of an email correspondence received on 3/29/21 from the Vice President of Clinical Services and Quality Management revealed: -on 3/1/21 five clients tested positive for COVID-19 and were transitioned to a local hotel. -on 3/3/21 a sixth client tested positive for COVID-19 and was transitioned to a local hotel. -on 3/9/21 a seventh client tested positive for COVID-19 and was transitioned to a local hotel. Interviews on 3/31/21, 4/2/21 and 4/8/21 with the Program Director revealed: -all 7 clients who tested positive for COVID-19 were transitioned to a local hotel the day the positive results were received. -the remaining 6 clients at the facility were not tested as it was not their protocol. -they quarantined the remaining clients based on contact tracing. -those who had symptoms and were determined to be in close contact with the positive clients were quarantined on the 3rd floor of the facility. -asymptomatic clients were moved to the second floor and new admissions were on the first floor. -they continued to have new admissions during this time - nine admissions from 3/2/21 - 3/19/21. -the last client who was COVID-19 positive returned from the hotel on 3/22/21. -there had been no positive COVID-19 clients prior to 3/1/21 or after 3/22/21. Interview on 4/6/21 and 4/9/21 with the Vice President of Clinical Services and Quality Management revealed:	V 105		

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V 105	Continued From page 5 -they were following the guidance on the NC Department of Health and Human Services website dated 6/10/20. -this guidance recommended to discharge clients who tested positive for COVID-19. -it was also their policy to discharge clients who tested positive for COVID-19. -the clients were discharged from their Residential/Supervised Living program and continued treatment through their PHP/Day Treatment Program while at the hotel. Review on 4/12/21 of email correspondence with the Vice President of Clinical Services and Quality Management dated 4/12/21 revealed: -"...I also wanted to let you know that the recommendation to discharge clients from residential care and not allow them to return for 10 days is still posted on the website. It is a confusing message to be tagged for following the recommendations that currently on the website. We discharged the clients- as advised by the state- and provided them with an option to continue in telehealth PHP (Day Treatment) care. That is an option that clients chose rather than discharging directly home without continuing their clinical services. You mentioned that you would be sending a different document that you found from the state recommending something different. I wanted to be sure you know that the current recommendation on the website is what we followed...." Review on 4/9/21 of the Behavioral Health/IDD (Intellectual Developmental Disability) Day Program and Facility-Based Crisis Guidance dated 6/10/20 available on the NC Department of Health and Human Services website (www.ncdhhs.gov) revealed this memo was for non-residential facilities only.	V 105	During the course of investigation, Program Leadership cited the DHHS recommendations for discharging home when positive. In response to Program Leadership comments, surveyor reported that there have been several updates from DHHS throughout the course of the pandemic and she was unable to recall the most recent guidance. Program Leadership requested updated guidance from surveyor because of the shared confusion on DHHS recommendations.	

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V 105	Continued From page 6 This deficiency is cross referenced into 10 A NCAC 27G.5601 Scope (V289) for a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 105		
V 115	27G .0208 Client Services 10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that: (1) space and supervision is provided to ensure the safety and welfare of the clients; (2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and (3) clients participate in planning or determining activities. (h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year. unless otherwise specified in the rule. (c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious. (d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment. (e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.	V 115		

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V 115	Continued From page 7 This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to provide supervision to ensure the safety and welfare for three of three clients (Clients #2, #3 and #4). The findings are: Interview on 3/19/21 with the Vice President of Operations, Vice President of Clinical Services and Quality Management, Program Director for Nursing and the Program Director revealed: -if a client tested positive for COVID-19, they did not stay on campus. -regardless of whether the client went home or to the hotel they were discharged from their Residential/Supervised Living program. Interviews on 3/19/21, 3/31/21, and 4/2/21 with the Program Director revealed: -seven clients were transitioned to a local hotel the day the positive COVID results were received. -they had daily contact with the clients while they were in the hotel - these clients continued to receive treatment through Silver Ridge PHP (Partial Hospitalization Program/Day Treatment Program). -they attended individual, family and group therapy via the internet. -the Behavioral Health Techs (BHTs) from Silver Ridge took them three meals a day, plus snacks, Gatorade, water and anything else they may have needed. -the difference between Residential/Supervised Living and PHP/Day Treatment was PHP/Day Treatment clients could come and go as they chose. -clients who stayed at the Residential/Supervised Living facility under the PHP/Day Treatment paid for room and board.	V 115	**POC- 27G .0208 Client Services** DHHS surveyor reported that this deficiency is related to the facility not having approval for the day treatment clients to reside in a hotel unattended. Our current conceptualization is that day treatment is a level of care that does not require 24 hour supervision and would not need written approval for lack of supervision. The Silver Ridge team understands the DHHS feedback of added assurance that clients transitioning in level of care, particularly when the transition is the result of a recent change, require additional measures to ensure capacity for unsupervised living. Effective immediately, any clients that transition from our supervised living program to our day treatment program will have written approval by medical provider to continue services in day treatment without supervision. The Silver Ridge team will ensure that clients receive written orders that they **do not require** 24 hour supervision. Responsibility and oversight of this protocol is with the Program Director, Clinical Director, and VP of Operations. Supervised Living is a 24 hour program and Day Treatment provides clinical services during the day without the need for 24 hour supervision unless admitted to both programs concurrently. Concurrent treatment possibilities was confirmed by Wendy Boone on 4/12/21.	

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V 115	Continued From page 8 Review on 3/29/21 of an email correspondence received on 3/29/21 from the Vice President of Clinical Services and Quality Management revealed: -on 3/1/21 Client #3 tested positive for COVID-19, and transitioned to a local hotel; returned to the facility 3/8/21. -on 3/3/21 Client #4 tested positive for COVID-19, and transitioned to a local hotel; returned to the facility 3/14/21. -on 3/9/21 Client #2 tested positive for COVID-19, and transitioned to a local hotel; returned to the facility 3/22/21. Review on 3/30/21 of Client #2's (hotel 3/9/21 - 3/22/21) record revealed: -admission date- 2/26/21 -diagnoses - Alcohol Use Disorder- severe; Unspecified Anxiety Disorder; and Major Depressive Disorder - single episode, moderate. Review on 3/30/21 of Client #2's Initial Treatment Plan dated 2/26/21 revealed: -he was in the Residential/Supervised Living program. -the reason for seeking treatment was blank. -Problems/Goals - "Problem 1: Alcohol is destroying myself and my family ...Goal 1: Acquire the necessary skills to maintain long-term sobriety from all mood-altering substances ...Problem 2: I have a problem dealing with stress ...Goal 1: Learn to implement coping skills that result in a reduction of anxiety and worry, and improved daily functioning." Review on 3/30/21 of Client #2's Discharge Summary dated 3/9/21 revealed: -"Type of Discharge: Successful ...rationale for 'Successful' Discharge: Treatment team & client agree goals met."	V 115		

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V 115	Continued From page 9 -summary of progress towards goals: " ...making progress towards tx [treatment] goals AEB [As Evidenced By]: ...increase reflection on internal experiences ...increasing ability to reflect on patterns of SU [Substance Use] ...exploring function of SU ...insight into impact ...recognizing negative automatic beliefs and thoughts ...acknowledging responsibility for actions ...This is a transition plan for client as he steps down to PHP (Day Treatment) due to level of care change. He continues to struggle with cravings for alcohol and anxiety, persistent internal criticism and self-condemnation." -clinical presentation of last contact: " ...Client exhibits anxious mood with feeling irritable, moderate psychomotor agitation ....Client adamantly denies any current SI/HI...Client Prognosis: Fair ..." Review on 4/7/21 of Client #2's Review Treatment Plan dated 3/15/21 revealed: -client was in the Silver Ridge PHP/Day Treatment. -the reason for seeking treatment - "To stop drinking." -progress toward goals - "Client continues to work on his relapse prevention plan and anxiety management. -Problems/Goals - same as Initial Treatment Plan dated 2/26/21. Review on 4/9/21 of Client #2's Individual and Family Therapy notes from 3/9/21 through 3/12/21 by his Silver Ridge therapist revealed: -3/9/21 - feeling anxious and unsure of what to do about COVID diagnosis. Denied SI/HI. -3/10/21 - reported he was not feeling well - anxious about COVID diagnosis. Denied SI/HI. -3/12/21 - client continued to work on his treatment goals. Denied SI/HI.	V 115		

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V 115	Continued From page 10 -no further therapy notes were provided for the extent of his hotel stay. Interview on 3/29/21 with Client #2 revealed: -the staff did bring them food every day - they did not take vitals every day - he took his own medicine at the hotel. -he was disappointed in the way the facility handled COVID, he did not feel they had a plan and that proper precautions were in place. -mask wearing was "very lax" -staff were better than clients in wearing their masks - most of the time clients were wearing them under their nose. - one client started "coughing her lungs out" for at least four days before they said it was bronchitis. -they didn't start testing for COVID-19 until other people started coughing. -even then, it seemed careless they still did not test everyone after some ended up testing positive. -the facility allowed him, and a couple of other clients to walk around freely since they had no symptoms. -then one of those clients tested positive. -about a week after the first positive client they decided to test him - and he was positive and still asymptomatic. -he felt the facility let their guard down and dropped the ball when the first person started coughing. Review on 3/30/21 of Client #3's (hotel 3/1/21 - 3/8/21) record revealed: -admission date - 2/15/21. -diagnoses - Major Depressive Disorder, recurrent episode, severe; Alcohol Use Disorder; Generalized Anxiety Disorder; and Unspecified Obsessive-Compulsive and Related Disorder. Review on 3/30/21 of Client #3's Initial Treatment	V 115	Therapy notes were provided during the course of audit to exhibit client safety during transition after surveyor question/ concern about safety during transitions in level of care. No additional therapy notes were requested by surveyor.	

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V 115	Continued From page 11 Plan dated 2/17/21 revealed: -she was in the Residential/Supervised Living program. -the reason for seeking treatment "Addiction, depression, and alcohol and drugs." -Problems/Goals - "Problem 1: Childhood Trauma ...Goal 1: Develop an awareness of how childhood issues have affected and continue to affect one's family life ...Problem 2: Grief/Loss Unresolved ...Goal 1: Begin a healthy grieving process around the loss ...Goal 2: Complete the process of letting go of the lost significant other ...Problem 3: Substance Use ...Goal 1: Acquire the necessary skills to maintain long-term sobriety from all mood-altering substances ...Goal 2: Utilize behavioral and cognitive coping skills to help maintain sobriety." Review on 3/30/21 of Client #3's Discharge Summary dated 3/8/21 revealed: -"Type of Discharge: Transfer ...Client is stepping down to ambulatory PHP (Day Treatment) due to a positive covid diagnosis." -"Presenting Problem: Client reports that she has been drinking, and overtaking prescribed medication. She reports that she took multiple trazadone one night in an attempt to commit suicide prior to admission." -summary of progress towards goals - "Client has made significant progress ...verbalizes an excitement about the future ..." -clinical presentation of last contact - "Client reports not feeling well ...she is worried about her health and the health of her peers. She reports being willing to continue to engage in treatment and describes wanting to attend groups ...Client Prognosis: Good." Review on 4/7/21 of Client #3's Review Treatment Plan dated 3/19/21 revealed:	V 115		

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V 115	Continued From page 12 -she was in the Residential/Supervised Living program. -progress toward goals - "Client reported that she has learned effective coping skills ...she has learned communications skills with her husband ...she has also learned relationship skills ..." -Problems/Goals - same as Initial Treatment Plan dated 2/17/21. Review on 4/8/21 of Client #3's Individual and Family Therapy notes dated 3/3/21 and 3/4/21 by her Silver Ridge therapist revealed: -3/3/21 - client shared her COVID diagnosis symptoms and physical well-being. -3/4/21 - explored ways to enhance communication with husband. -no further therapy notes were provided for the extent of her hotel stay. Interview on 3/29/21 and 4/5/21 with Client #3 revealed: -she was sick for five days while at the facility with a horrible cough. -she finally saw the doctor at the facility who said he thought she had bronchitis. -then other clients complained of feeling sick and they tested positive for COVID. -the facility decided to test her, and she was positive as well and was transferred to a local hotel. -the facility staff brought her food, snacks and medications every day. -they brought her mid-day medications in the morning and left them with her to take. -sometimes they took her vitals while at the hotel and sometimes they did not. -one evening she thought she "was not going to be able to breathe." -she tried to call the BHT line at Silver Ridge, it was around 2:00 a.m., but no one answered.	V 115		

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V 115	Continued From page 13 -she was able to breathe after a while and did not have to call 911. -she attempted to do her therapy sessions on-line but most of the time the internet connection was poor. -she paid for 10 extra days once returned to the facility as she felt like she lost time. Review on 3/22/21 of Client #4's (hotel 3/3/21 - 3/14/21) record revealed: -admission date- 2/16/21 -diagnoses - Opioid Use Disorder, severe; Generalized Anxiety Disorder; Major Depressive Disorder, recurrent episode, moderate; and Other Personal History of Psychological Trauma. Review on 3/22/21 of Client #4's Initial Treatment Plan dated 2/16/21 revealed: -she was in the Residential/Supervised Living program. -the reason for seeking treatment was dependency on opiates. -Problems/Goals - "Problem 1: Anxiety ...Goal 1: Enhance ability to effectively cope with the full variety of life's worries and anxieties ...Problem 2: Looking at opiate use and chronic migraine pain ...Goal 1: Address ongoing over use of opiates, stabilize physically and emotionally, and then establish a supportive recovery plan." Review on 3/22/21 of Client #4's American Society of Addiction Medicine (ASAM) Summary Sheet dated 3/2/21 revealed: -" ...Reason for ASAM: Continued Stay: Client is making progress, but treatment plan goals not achieved yet ..." -the level of care recommended " ...Clinically Managed High-Intensity Rehabilitative Residential Services ..." -areas assessed included:	V 115	Clients opted to come back or extend their time because of their identified value of the program, their connection with peers and treatment team, and their overall progress made in treatment.	

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V 115	Continued From page 14 -Dimension (D) 1. Intoxication and/or Withdrawal Potential - "Risk Rating: 3: Indicates a serious issue or difficultly coping within a given dimension...presenting at this level of risk may be considered in or near "imminent danger" ..." -the criteria indicated for this rate: "Vital signs outside of normal range ..." -supporting clinical information: "Ongoing sleep difficulty, though sleep in slowly improving. Reports ongoing pain, though struggling with identifying if it is withdrawal or migraines. Ongoing elevated hr [heart rate]. She continues to fall asleep in groups regularly which is frustrating for her ..." -D3. Emotional/Behavioral or Cognitive Conditions/Complications - "Risk Rating: 4: Indicates issues of utmost severity. The patient would present with critical impairments in coping and functioning, with signs and symptoms, indicating an "imminent danger" concern." -criteria indicated for this rate: "Emotional, behavioral, or cognitive signs or symptoms appear to be autonomous of the addictive disorder ...Current psychiatric illnesses or psychological, behavioral, emotional, or cognitive conditions need to be addressed because ...Emotional, behavioral, or cognitive signs or symptoms are severe enough to warrant specific mental health treatment." -supporting clinical information: "[Client #4] is beginning to look at pattern of please and appease, as well as lack of awareness of internal state as magnified by opioid use ....She really struggles with seeking attention and validation ...She states she frequently lies to people around her to try and "keep the peace" rather than acknowledge what is happening for her." -D4. Readiness to Change - "Risk Rating: 3 ...Criteria Indicated: Client is in contemplation stage of change ...Client lacks awareness of	V 115		

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V 115	Continued From page 15 impact and relationship between alcohol, tobacco, or other drug use or behaviors involved in the pathological pursuit of reward or belief and negative life consequences." -supporting clinical information: "Client reports she is considering disposing of her remaining dilaudid (this is being held in inactives). She is scared of actually doing it, however is much more open to the idea ..." -D5. Relapse, continued use or continued problem potential - "Risk Rating: 3 ...Criteria Indicated: Client lacks recognition or understanding of, or skills in coping with addictive or co-occurring mental health in order to prevent relapse, continued use, or continued problems ...Problems and further distress may continue or reappear if client is not successfully engaged in treatment and continues to use, gamble, and/or have mental health difficulties." -supporting clinical information: "[Client #4] is more interested in committing to recovery, however she struggles with using coping skills outside of individual sessions ...She is beginning to connect with idea of being an addict." -D6. Recovery Environment - "Risk Rating: 3: ...Criteria Indicated: Family members, significant others, living situations and/or school or work situations pose a significant risk to the client's safety or engagement in treatment." -supporting clinical information: "Ongoing tension with husband and child ...the pain associated with hurting her child has led client to want to numb by using opioids ..." -the level of care recommended and received: " ...Clinically Managed High-Intensity Rehabilitative Residential Services ..." Review on 3/22/21 of Client #4's Silver Ridge Review Treatment Plan dated 3/3/21 revealed: -the client program was "Partial Hospitalization	V 115		

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V 115	Continued From page 16 Adult SA (PHP/Day Treatment)." -progress towards goals - "Some awareness of neurobiology of substance use. Struggles with feeling other or different from peers." -Problems/Goals - same as initial treatment plan dated 2/16/21. Review on 3/22/21 of Client #4's Discharge Summary dated 3/3/21 revealed: -"Type of Discharge: Successful ...rationale for 'Successful' Discharge: Treatment team & client agree goals met." -summary of progress towards goals: " ...begun to be aware of the neurobiology of addiction and understanding the pathways formed with sustained opioid use ..." -clinical presentation of last contact: "This is a transition plan transitioning client to the partial hospitalization level of care due to Covid diagnosis and wanting to do php (day treatment) and remain in treatment. She continues to struggle with ambivalence regarding long-term abstinence from opioids. She reports cravings, and difficulty navigating pain when feels an increase in emotional stress. She reports an increase in anger and irritability and on-going sleep disturbances. Denies SI/HI. She struggles with using coping skills without significant prompting from clinical staff ...Client Prognosis: Guarded." Review on 4/6/21 of Client #4's Review Treatment Plan dated 3/18/21 revealed: -the client program was Silver Ridge PHP/Day Treatment. -summary of progress towards goals - "Some awareness of neurobiology of substance use ...She has increased her ability to name her emotions out loud, with therapist, peers, and spouse."	V 115		

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V 115	Continued From page 17 -Problems/Goals- same as previous treatment plans. Review on 4/7/21 of Client #4's Individual and Family therapy notes from 3/1/21 through 3/11/21 by her Silver Ridge therapist revealed: -3/1/21 - she denied SI/HI. -3/5/21 - client very tearful - processed her significant fear of having COVID-19 and perception of lack of family support. Denied SI/HI. -3/8/21 - felt angry about feeling like she doesn't matter to people in her life - reported subsequent increase in physical pain. Denied SI/HI. -3/10/21 - explored client's struggles with COVID-19 diagnosis and patterns of discomfort and anxiety. -3/11/21 - appeared irritable and guarded -reported ongoing tiredness due to COVID-19 diagnoses - increase in medication due to pain associated with migraines. Denied SI/HI. Interview on 4/5/21 with Client #4 revealed: -as soon as she tested positive for COVID-19, she went to the local hotel with all her belongings including her medications. -the facility staff did bring her food every day . -they did not take her vitals everyday while at the hotel- she bought, via a local pharmacy, her own O2 (oxygen) meter, thermometer, Tylenol, and various vitamins and had them delivered to the hotel. -a BHT said she looked really bad one day - next thing she knew she got a call from the facility asking if she took all her Subutex at once and was offered NARCAN. -after that they started bringing her Subutex daily. -at one point she was having difficult breathing and her O2 meter read 6 - she attempted to call the BHT number but no one answered. -she called a family member and was able to do	V 115		

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V 115	Continued From page 18 deep breathing and finally got her oxygen level back up to normal. -there was no one from the facility that stayed at the hotel with them. -the nurse from the facility did check on her every once in a while, - maybe three times while she was at the hotel. Interview on 4/7/21 with Staff #1 revealed: -he had "quite a bit" of contact with clients while they were quarantined at the hotel. -he was the primary BHT from Silver Ridge that took them food, medications, supplies for art group, Tylenol, crackers and whatever else they may have needed. -he also checked on the well-being of the clients and how they were feeling. -the nurse asked him to get O2 readings (pulse oximeter to measure oxygen level in the blood) and take temperatures on clients. -he tried to get this on all the clients and did it multiple times during the day if they reported they weren't feeling well. -he reported the O2 readings and temperatures to the nurse verbally, he did not document any of the findings. Interviews on 3/31/21, 4/9/21 and 4/12/21 with the Licensed Practical Nurse (LPN) revealed: -she was the primary nurse for the facility and was on-call 24 hours - 7 days a week. -she did not go to the hotel to stay with the clients who were quarantined. -she had contact with them every day via phone, sometimes numerous times a day, to ensure they were Okay and if they were in need anything. -all the clients had her personal number, as well as the Director's, they could call anytime if they needed to. -she had the BHT's to take the clients O2	V 115		

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V 115	Continued From page 19 readings and temperatures and report them back to her. -she was not told to do this, and it was not documented anywhere. -she thought it was "the right thing to do to take care of people - the humane thing to do." -most of the clients did not have any symptoms and the symptoms they did have were mild. -her conversations with the clients were mainly just reassurance - and for those that were feeling bad she would ask if they felt they needed to go to the hospital. -none of the clients needed emergency care while they were quarantined at the hotel. Interviews on 4/6/21 and 4/7/21 with the Silver Ridge Therapist for Client #4 revealed: -she continued to provide therapy via the internet while Client #4 was at the hotel. -the internet services were "wonky" at times, but it seemed temporary. -she checked in with the client almost daily and discussed her anxiety about having COVID. -Client #4 was in their Residential/Supervised Living program and when she tested positive for COVID-19 she was transitioned to PHP/Day Treatement. -ASAM was the criteria they used for justifying the level of care recommended for authorization from her insurance company. -she did not feel the insurance company would have approved her for more time in Residential/Supervised Living anyway. -she gave a risk rating of mostly 3's because Client #4 was really struggling with coping - she wanted her to remain engaged with treatment due to her not having much family support at home. -she had concerns, but felt PHP/Day Treatment was the appropriate level of care because they were giving her structure and support and more	V 115		

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V 115	Continued From page 20 rest. -Client #4, during this stay, and during her previous stay about a year and a half ago, struggled with her emotional state and wanting to use opiates. -if the client had been at home she would have been worried about over medicating, but with oversight with us, daily check-in, and individual and group continuing she was not as concerned. -it was important the client continued to get support and felt transition to home would not have been a safe option. Interview on 4/7/21 and 4/8/21 with the Clinical Director revealed: -Client #3 was in the Residential/Supervised Living program prior to testing positive for COVID-19 and going to the hotel. -she was then transitioned to PHP/Day Treatment and when she returned from the hotel went back to Residential/Supervised Living by her choice. -the difference between Residential/Supervised Living and PHP/Day Treatment was "in residential they take vitals - medical piece - and have to stay on campus. In PHP (Day Treatment) they can come and go as they choose." -with the ASAM assessment we were really looking at addiction as well as relapse. -a high risk rating was not about Client #4's safety - high marks were risk rating for substance use. -we were looking at intoxication or withdrawal "because if she stopped taking her medication this would really make her ratings high." -she would have been at that level regardless of what level of care she was at - due to her taking Subutex. -her insurance company really wanted her to step down to PHP/Day Treatment a week before she tested positive for COVID. -we didn't want her to step down a week before	V 115		

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V 115	Continued From page 21 as she was still learning a lot of skills. -we wanted her to have more success using coping skills and having insight on patterns of use. -we wouldn't discharge her to a hotel if we felt there was a safety risk - she denied SI/HI from the day she got here. -she received a call from the BHT that Client #4's room was really dark, and she didn't look good. -she asked the client if she would count her Subutex in front of the BHT. -the client agreed, and the count was on track. -this was just a precaution, she was not concerned the client was heavily medicated or that she wasn't taking her Subutex properly. Interviews on 3/23/21, 4/5/21 and 4/6/21 with the Vice President of Clinical Services and Quality Management revealed: -all clients started in the Residential/Supervised Living program upon admission. -clients who tested positive for COVID-19 had to be discharged because it was their policy. -the clients were discharged from the Residential/Supervised Living program and continued treatment through their PHP/Day Treatment while at the hotel. -they all choose to go to the hotel because they wanted to continue treatment; this was how we could continue treatment via telehealth until they completed their quarantine. -since they were in PHP/Day Treatment they were responsible for themselves - which would have been the same had they chosen to go to their homes. -we maintained contact with all the clients daily, they participated in individual, family and group therapy, we brought them meals three times a day, snacks, Gatorade, an ice pack - anything they needed.	V 115		

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V 115	Continued From page 22 -Client #4 met criteria on her ASAM assessment due to her chronic long-term state of being. -we would always error on the highest level of care as we could because it was best for the clients clinically. -given the circumstances, being COVID positive, it was best to discharge her to PHP/Day Treatment instead of home. -a client could fluctuate between levels of care in a day - there would always be progression up and down between Residential/Supervised Living and PHP/Day Treatment. Review on 4/8/21 of email correspondence regarding Client #4 from the Vice President of Clinical Services and Quality Management dated 4/8/21 revealed: -" ...When I went into the chart to look at the risk you were referencing, it was clear that the risk for [Client #4] is associated with her substance use and not psychiatric acuity. This is in accordance with ASAM's purpose of substance use level of care and substance related risk. I attached a visual from ASAM to illustrate the continuum and non linear progression of treatment I was referring to yesterday (e.g., that it is not uncommon for someone to flucuate between a low 3.5, 3.3 and 2.5 throughout treatment) ...Another important distinction to clarify is the lack of safety risk prior to the transition. I attached a session note indicating denied SI/HI. With this information, it would not be called for to complete a safety plan for [Client #4] given there was no identified safey plan risk...." Review on 4/13/21 of email correspondence from the Vice President of Clinical Services and Quality Management dated 4/13/21 revealed: -"...I wanted to resend this census that was provided ...during the investigation. This shows	V 115		

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V 115	Continued From page 23 that all the clients are admitted to both Supervised Living (either 3.5 Residential or Residential Partial) and Day Treatment (PHPASA) when living at the house...." This deficiency is cross referenced into 10 A NCAC 27G.5601 Scope (V289) for a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 115		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or	V 118		

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V 118	Continued From page 24 checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to ensure client's had a written order of a person authorized by law to prescribe drugs to self-administer their medications affecting 2 of 3 clients (Clients #2 and #4). The findings are: Review on 3/29/21 of an email correspondence received on 3/29/21 from the Vice President of Clinical Services and Quality Management revealed: -on 3/9/21 Client #2 tested positive for COVID-19 and transitioned from Residential/Supervised Living to a local hotel. -Client #2 returned to the facility 3/22/21. -on 3/3/21 Client #4 tested positive for COVID-19 and transitioned from Residential/Supervised Living to a local hotel. -Client #4 returned to the facility on 3/14/21. Interviews on 3/31/21, 4/2/21 and 4/8/21 with the Program Director revealed: -only one client (Client #3) who went to the hotel did not take her medications to self-administer. -her medications were taken to her daily by the Behavioral Health Tech (BHT). -Client #3 had a little confusion we talked to her about bringing her medications since we were going to see her three times a day anyway. -she was cognizant, we didn't want her to get	V 118	**POC-27G .0209 (C) Medication Requirements:** The state reported this deficiency is related to not having self-administration orders for clients at the day treatment level of care. The Silver Ridge team's current conceptualization is that the client's ability to self-administer medications is inherent in the level of care given that the level of care is 'day treatment' and does not require 24 hour supervision. In addition, the ability to self administer medications is part of the admission criteria for all levels of care at Silver Ridge. All clients are assessed at admission for ability to self administer medications during Level of Care Assessment and Psychiatric Evaluation. If assessed to be capable of self administering medications, clients receive self-administration orders from the Silver Ridge medical team to last the duration of **"90 days unless otherwise specified." All of the clients in question had self administration orders.** In order to respond to DHHS feedback, effective immediately, all clients transitioning to a new level of care or discharging from the program entirely will receive **new** self-administration orders at time of transition to supplement the existing self-administration order established during psychiatric, medical, and clinical assessments during their initial treatment phase. Medical team will assess clients during prescriber visit with pending transition. Responsibility of this plan is with the Program Director, Medical Director, and VP of Operations.	

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V 118	Continued From page 25 confused as she had a lot of medications. -Client #4 took her medications with her to the hotel, Subutex (controlled substance) being one of her medications. -she didn't have massive amounts, maybe 5 doses, that was all she had left at the facility. -they were counting it daily and the counts were all correct. -while she was at the hotel, she met with the Doctor and her prescription for the Subutex changed. -the pharmacy refilled the new prescription in single packs - since it was a single dose it was easier to just take it to her every day. -all the medications at the facility were stored in their medication room. -when at the facility - all clients go to the medication window where staff hand them their medications and observe them while they take their medications. Review on 3/30/21 of Client #2's record revealed: -admission date- 2/26/21 -diagnoses - Alcohol Use Disorder- severe; Unspecified Anxiety Disorder; and Major Depressive Disorder - single episode, moderate. Review on 4/21/21 of Client #2's record revealed there was no assessment to determine the client's ability to self-administer medications. Review on 4/21/21 of Client #2's Physician's Orders revealed: -2/24/21 - "Standard Admission Orders ...Clients may self-administer medications with supervision ..." -2/24/21 - Folic Acid 1 mg - 1 tablet daily. -2/24/21 - Thiamine 100 mg - 1 daily. -2/24/21 - Aspirin Chewable 81 mg - 1 tablet daily -2/24/21 - Fluticasone Prop 50 MCGs Flonase	V 118		

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V 118	Continued From page 26 0.05% - instill daily 1 spray each nostril. -2/24/21 - Losartan Potassium 100 mg - 1 tablet daily. -2/24/21 - Rosuvastatin Calcium 20 mg - 1 tablet daily. -2/24/21 - Visine Allergy Relief - as needed - may keep at bedside. -2/24/21 - Vitamin D3 25 mg - 1 daily. -2/24/21 - Zinc Lozenges 33.85 mg - 1 daily. -3/1/21 - Vistaril 25 mg - 1 three times a day - as needed. -3/8/21 - Metoprolol Succinate ER 25 mg - 1 tablet daily. -3/8/21 - Vitamin C 500 mg - 1 every day. -3/1/21 - Seroquel 50 mg - 1 tablet at bedtime. -3/1/21 - Seroquel 25 mg - 1 tablet 2 times a day as needed. -3/15/21 - Increase Seroquel 25 mg - 1 tablet 2 times a day as needed to 50 mg 1 tablet two times a day. -Vitamin B-1 100 mg - 1 tablet daily - no order. -3/1/21 - Gabapentin 300 mg - 1 capsule 2 times a day was discontinued. -3/1/21 - Trazodone 100 mg - 1 tablet at bedtime was discontinued. Review on 4/12/21 of Client #2 's March 2021 Medication Administration Record (MAR) revealed: -3/10/21 through 3/20/21 had a line drawn through these dates for the above medications. -it was unable to be determined if he took his medications as ordered while at the hotel. Review on 3/30/21 of Client #2's Discharge Summary dated 3/9/21 revealed: -the only medications listed were Gabapentin - 300 mg - 1 capsule - 2 times a day; Trazodone - 100 mg - 1 tablet at bedtime - both discontinued 3/1/21.	V 118		

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V 118	Continued From page 27 Interview on 3/29/21 with Client #2 revealed: -he took his own medicine at the hotel and staff was not present during these times. Review on 3/22/21 of Client #4's record revealed: -admission date- 2/16/21 -diagnoses - Opioid Use Disorder, severe; Generalized Anxiety Disorder; Major Depressive Disorder, recurrent episode, moderate; and Other Personal History of Psychological Trauma. Review on 4/21/21 of Client #4's record revealed there was no assessment to determine the client's ability to self-administer medications. Review on 4/21/21 of Client #4's Physician Orders revealed: -2/16/21 - "Standard Admission Orders ...Clients may self-administer medications with supervision ..." -2/16/21 - Memantine HCL 10 mg - 1 tablet 2x day. -2/16/21 - Lidocaine 5% patch - apply 1 patch daily as needed. -2/16/21 - Cymbalta 60 mg - 2 capsules daily in the a.m. -2/16/21 - Lisinopril 5 mg - 1 tablet daily. -2/16/21 - Symproic 0.2 mg - 1 tablet daily. -2/16/21 - Seroquel XR 50 mg - 1 tablet at bedtime. -2/16/21 - Simvastatin 40 mg - 1 tablet daily. -2/16/21 - Ondansetron ODT (Zofran) 8 mg - 1 sublingually every 8 hours as needed. -2/16/21 - Tizanidine HCL 4 mg - 1 tablet daily as needed. -2/16/21 - Ubrelvy 100 mg - 1 tablet daily as needed - may repeat dose if greater than 2 hours after first dose. -2/22/21 - Docusate Sodium 100 mg - 1 capsule	V 118		

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V 118	Continued From page 28 2x day as needed. -2/22/21 - Subutex 8 mg - half tablet 2 times a day - initialed 3/1/21 through 3/3/21 then "see new order." -2/23/21 - Gabapentin 400 mg - 1 capsule 3 times a day. -3/1/21 - Miralax 17 grams mixed with 8 ounces - daily -3/1/21 - Aimovig 140 mg - 1 millimeter injection monthly - may self-administer - due 3/25 -3/1/21 - Omeprazole 20 mg - 1 tablet daily. -3/1/21 - Migraine Ice Topical Gel - apply to forehead as needed - may keep at bedside. -3/1/21 - Flucinolone Otic Drops - 3-4 drops 2x a day for 14 days - may keep at bedside. -3/3/21 - Calcium 500 mg - 1 gummy 2x day. -3/8/21 - Subutex 8 mg - 8 mg tablet (2 halves) in a.m. - started 3/15/21. -3/8/21 - Subutex 8 mg - 4 mg tablet (1/2 tab) in p.m. - client refused 9:00 p.m. on the 14th - then started 15th. -3/8/21 - Change Trazadone to 200 mg at bedtime for 7 days; then restart Trazadone 150 mg - 1 tablet at bedtime. Review on 4/21/21 of Client #4's March 2021 MAR revealed: -3/4/21 through 3/14/21 either had a line drawn through these dates or it was blank for the above medications. -it was unable to be determined if she took her medications as ordered while at the hotel. Review on 3/22/21 of Client #4's Discharge Summary dated 3/3/21 revealed: -medications ordered but not listed were Miralax, Aimovig, Docusate Sodium, Omeprazole, Migraine Ice Topical Gel and Flucinolone Otic Drops.	V 118		

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V 118	Continued From page 29 Interview on 4/5/21 with Client #4 revealed: -as soon as she tested positive for COVID-19 she went to the local hotel with all her belongings including her medications. -a BHT at Silver Ridge said she looked really bad one day - next thing she knew she got a call from the facility asking if she took all her Subutex at once and was offered NARCAN. -after that they started bringing her Subutex daily. Interview on 4/7/21 and 4/8/21 with the Clinical Director revealed: -she received a call from the BHT at Silver Ridge that the client's room was really dark, and she didn't look good. -she asked the client if she would count her Subutex in front of the BHT. -the client agreed, and the count was on track. -this was just a precaution, she was not concerned the client was heavily medicated or that she wasn't taking her Subutex properly. On 4/13/21 a request for Client #3's Physician Orders and March 2021 MAR was sent via email to the Vice President of Clinical Services and Quality Management who responded as follows: "I got your email for wanting the additional self administration orders. I think at this point we will just write the POP and try to move through this. I don't think there is opportunity for discussion or flexible perspective taking at this point ..." Interview on 4/7/21 with Staff #1 revealed: -he had **"quite a bit" of contact** with clients while they were quarantined at the hotel. -he was the primary BHT at Silver Ridge that took them **food, medications, supplies for art group, Tylenol, crackers and whatever else they may have needed.** -he **also checked on the well-being** of the clients	V 118	Because of the nature of the investigation, the existing self administration orders, and the recommendation of Wendy Boone and Robin Sulfridge, program leadership opted to follow up with additional information during the appeal process with DHHS.	

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V 118	Continued From page 30 and how they were feeling. Interviews on 3/31/21, 4/9/21 and 4/12/21 with the Licensed Practical Nurse (LPN) revealed: -she was the primary nurse for the facility and **was on-call 24 hours - 7 days a week**. -she did not go to the hotel to stay with the clients who were quarantined. -she had **contact with them every day via phone**, sometimes numerous times a day, to **ensure they were Okay and if they were in need anything.** -all the clients had their medications while at the hotel "because they were considered discharged (from the Residential/Supervised Living program)." -Client #4 took all the Subtex that was on hand when she left to go to the hotel - maybe 5 to 7 days worth. -then the doctor changed her prescription - while she was still in the hotel - so we just started taking it daily since it was packaged in daily doses. -the client self-administered all the Subutex she had on hand prior to the change in her prescription. **-she had no concerns Client #4 was not taking her medications correctly - the BHT's did a count everyday when they took her meals.** Interviews on 4/5/21 and 4/6/21 with the Vice President of Clinical Services and Quality Management revealed: -most of the clients were discharged to the hotel with their medications. -since they were considered PHP (Partial Hospitalization Program/Day Treatment) they were able to self-administer their medications- as if they were in their own home.	V 118		

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V 118	Continued From page 31 her medications at the facility and took them to her daily. -Client #4 was on Subutex and due to her history with medications they ended up taking her Subutex to her daily. This deficiency is cross referenced into 10 A NCAC 27G.5601 Scope (V289) for a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 118		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which	V 289		

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V 289	Continued From page 32 serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL). This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to operate within the scope of the	V 289		

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V 289	Continued From page 33 program of Supervised living in a 24-hour facility where the primary purpose of the services were to provide care, habilitation or rehabilitation of individuals who have substance abuse disorder affecting 3 of 3 clients (Clients #2, #3 and #4). The findings are: Cross Reference: 10A NCAC 27G.0201-Governing Body Policies (V105). Based on record review 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. Cross Reference: 10A NCAC 27G.0208- Client Services (V115). Based on interviews and record reviews, the facility failed to provide supervision to ensure the safety and welfare for three of three clients (Clients #2, #3 and#4). Cross Reference: 10A NCAC 27G.0209(c)-Medication Administration (V118). Based on interviews and record reviews the facility failed to ensure client's had a written order of a person authorized by law to prescribe drugs to self-administer their medications affecting 2 of 3 clients (Clients #2 and #4). Interviews on 4/5/21 and 4/6/21 with the Vice President of Clinical Services and Quality Management revealed: -all clients started in the Residential/Supervised Living program upon admission. -once transitioned to the PHP (Partial Hospitalization Program/Day Treatment) the client had the option to pay a boarding fee if they chose	V 289	**POC-27G .5601 Supervised Living - Scope:** Adherence to the above stated plans will be tracked daily on 10:30am operational calls attended by Program Director and VP of Operations. VP of Operations will conduct weekly supervision with Program Director and review all of the following (in addition to standard review): all admissions and discharges, screening, orders and approval for day treatment clients ability to function without 24 hour supervision and outside the supervised living level of care, self-administration orders for all clients and additional self-administration orders to supplement existing orders when clients transition through the levels of care, and assurance of no opportunities for continued support provided by Silver Ridge Residential Program for clients no longer at the supervised living level of care. VP of Clinical Services will meet weekly with Clinical Director to review upcoming discharge plans with focus on pending transitions from supervised living to day treatment to help clients prepare for discharge from supervised living given new parameters from DHHS on progression through treatment. VP of Clinical Services and Quality Management, Clinical Director, and Director of Performance Improvement will meet monthly to audit all past transitions and pending transitions to ensure compliance to above stated plans.	

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V 289	Continued From page 34 to stay at the facility. -at any given time, we may have half-and-half; half the clients were in Residential/Supervised Living and half were in PHP/Day Treatment but all were living at the facility. -we never exceeded the capacity of 15 total clients. Interviews on 4/7/21 and 4/8/21 with the Program Director revealed: -the difference between Residential/Supervised Living and PHP/Day Treatment was PHP/Day Treatment clients could come and go as they chose. -PHP/Day Treatment clients could self-administer their medications - we store all medications - but they come to the window and dispense it themselves and take. -everyone who stayed at the Residential/Supervised Living facility under the PHP/Day Treatment paid room and board. Review on 4/13/21 of the Plan of Protection dated 4/13/21 written by the Vice President of Clinical Services and Quality Management revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? 10A NCAC 27G.0201- Governing Body Policies (V105) The current policy that Silver Ridge follows is based on CDC guidelines healthcare/ behavioral health facilities: "Patient Placement: For patients with COVID-19 or other respiratory infections, evaluate need for hospitalization. If hospitalization is not medically necessary, home care is preferable if the individual's situation allows." Clients at Silver Ridge are discharged home, if safe to do so, and are able to return to the facility	V 289		

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V 289	Continued From page 35 once they are symptom free and have completed a quarantine as designated by a medical professional. In this instance, clients were provided with the option to transition from supervised living to day treatment at a hotel and remain in clinical services. All of the clients in question opted to do so and were not reporting any imminent psychiatric or medical risk at time of transition. An immediate evaluation of client condition is sometimes needed when there is a change in family situation, medical issue, occupational issue, etc. Effectively immediately, Silver Ridge staff will medically discharge any clients that test positive to their homes with no option for continuing their clinical services during their quarantine. This is to ensure safety of other clients and limit their exposure. Clients will be provided with the option to readmit to treatment after completing a quarantine and receiving a negative test result. Responsibility and oversight of this protocol is with the Program Director, Medical Director, and VP of Operations. Effective immediately, all client admitted to Silver Ridge will be tested for COVID-19. Responsibility and oversight of this protocol is with the Program Director, Director or Nursing, and VP of Operations. 10A NCAC 27G.0208- Client Services (V115) The state reported that this deficiency is related to the facility not having approval for the day treatment clients to reside in a hotel unattended. Our current conceptualization is that day treatment is a level of care that does not require 24 hours supervision and would not need written approval for lack of supervision. The Silver Ridge team understands the DHHS feedback of added	V 289		

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SILVER RIDGE	183 OLD TURNPIKE ROAD, BUILDING A MILLS RIVER, NC 28759

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 289	Continued From page 36 assurance that clients transitioning in level of care, particularly when the transition is the result of a recent change, require additional measures to ensure capacity for unsupervised living. Effective immediately, any clients that transition from our supervised living program to our day treatment program will have written approval by medical provider to continue services in day treatment without supervision. The Silver Ridge team will ensure that clients receive written orders that they do not require 24 hour supervision and will ensure that clients are not permitted to remain at the residential house for additional support or supervision while at the day treatment level of care only. Responsibility and oversight of this protocol is with the Program Director, Clinical Director, and VP of Operations. 10A NCAC 27G.0209(c) Medication Administration (V118) The state reported this deficiency is related to not having self-administration orders for clients atthe day treatment level of care. The Silver Ridge team's current conceptualization is that the client's ability to self-administer medications is inherent in the level of care given that the level of care is 'day treatment' and does not require 24 hour supervision. In addition, the ability to self administer medications is part of the admission criteria for all levels of care at Silver Ridge. All clients receive self- administration orders from the Silver Ridge medical team to last the duration of "90 days unless otherwise specified" during their admission to the treatment program. In order to respond to DHHS feedback, effective immediately, all clients transitioning to a new level	V 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL045-128	A. BUILDING: _____ B. WING _____	C 04/13/2021

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V 289	Continued From page 37 of care or discharging from the program entirely will receive new self-administration orders at time of transition to supplement the existing self-administration order established at admission. Responsibility of this plan is with the Program Director, Medical Director, and VP of Operations. 10A NCAC 27F.0105- Client's Personal Funds (V542) DHHS reported that this deficiency is related to Silver Ridge clients having the opportunity to extend their stay after the residential portion of their treatment is complete by paying a small fee for additional support during day treatment services. Our current policy is to offer additional room and board services to clients that transition from our supervised living program to our day treatment program. All clients residing at the house will be admitted to the supervised living level of care and Silver Ridge will ensure that all Supervised Living Guidelines are met for clients residing in the house. Clients will be responsible for their room and board after transition down from supervised living. Responsibility and oversight of this policy is with the Program Director and VP of Operations. Describe your plans to make sure the above happens. Adherence to the above stated plans will be tracked daily on 10:30am operational calls attended by Program Director and VP of Operations. Review of admissions, screens, and	V 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 289	Continued From page 38 transitions with all plans in place (as stated above) will be added specifically to the call format. VP of Operations will conduct weekly supervision with Program Director and review all of the following (in addition to standard review): all admissions and discharges, screening, orders and approval for day treatment clients ability to function without 24 hour supervision and outside the supervised living level of care, self-administration orders for all clients and additional self-administration orders to supplement existing orders when clients transition through the levels of care, and assurance of no opportunities for continued support provided by Silver Ridge Residential Program for clients no longer at the supervised living level of care. VP of Clinical Services will meet weekly with Clinical Director to review upcoming discharge plans with focus on pending transitions from supervised living to day treatment to help clients prepare for discharge from supervised living given new parameters from DHHS on progression through treatment. VP of Clinical Services and Quality Management, Clinical Director, and Director of Performance Improvement will meet monthly to audit all past transitions and pending transitions to ensure compliance to above stated plans." Silver Ridge is a supervised living facility for adults with Substance Abuse dependency. Diagnoses of clients included Opioid Use Disorder, Alcohol Use Disorder, Generalized Anxiety Disorder, Major Depressive Disorder, Unspecified Obsessive-Compulsive and Related Disorder and Other Personal History of	V 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 289	Continued From page 39 Psychological Trauma. Reasons for seeking treatment included addiction, overuse of opioids and prescription medications, and the desire to find coping skills to overcome cravings for alcohol and managing anxiety. A total of 7 clients tested positive for COVID-19 within 9 days of one another. Guidance for applicable standards of practice were not followed. All 7 clients were discharged from the supervised living facility and moved to a hotel for 11 to 13 days. They were in an unsupervised setting left to come and go as they chose. All but one of the clients self-administered their medications while at the hotel and had no assessment to determine they could self-administer. The one client who had her medications delivered to the hotel was determined to have a history of passive suicide ideation and the facility did not want her to have her medications due to one of them being a controlled substance. Another client who self-administered while at the hotel was prescribed a controlled substance as well to treat her opioid addiction. On the day a third client was discharged to the hotel he reported still continuing to struggle with anxiety and cravings for alcohol. Most of the clients returned to the facility once quarantine was completed, however they were part of the Partial Hospitalization Program paying room and board. This was outside the scope of the program for the supervised residential program which the facility was licensed for 15 beds. This deficiency constitutes a Type A 1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $6,000 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 289		

SILVER RIDGE

A PREMIER PROGRAM BY PYRAMID HEALTHCARE

DHSR - Mental Health

MAY 21 2021

Lic. & Cert. Section

VIA CERTIFIED MAIL

May 14, 2021

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Complaint Survey mailed May 4, 2021
Silver Ridge, 183 Turnpike Rd. Building A, Mills River, NC 28759
MHL # 045-128
Intake #: NC00175106 and NC00175181

Dear NC Department of Health and Human Services:

Enclosed you will find a Plan of Correction that addresses each deficiency cited on the State Form. Please contact us if we can be of further assistance.

Sincerely,

Shawn Henderson, MBA
Program Director

Jess Edmunds, LCSW, LCAS, CCS
Clinical Director