Division of Health Service Regulation

AND DI AN OF CODDECTION INDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
	MHL051-150			B. WING			R <b>11/10/2021</b>	
						1 11/1	10/2021	
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE			
RHCC C	AMBRIDGE PLACE C	ASAWORKS & PI		LD, NC 275	· VARIOUS SUITES 77			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	(X5) COMPLETE DATE		
V 000	INITIAL COMMENT	-S		V 000				
	completed on 11/10	nt and follow up survey w //21. Complaint Intake substantiated. Deficiend						
	The facility is licensed for the following service category: 10A NCAC 27G .4100 Residential Recovery Programs for Individuals with Substance Abuse Disorders and Their Children.							
V 364	G.S. 122C- 62 Add Facilities	litional Rights in 24 Hour		V 364				
	G.S. 122C-62 Additional Rights in 24 Hour Facilities  § 122C-62. Additional Rights in 24-Hour Facilities.  (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:  (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;  (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and  (3) Contact and consult with a client advocate if there is a client advocate.  The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.  (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:  (1) Make and receive confidential telephone							

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	MHL051-150		B. WING		/2021
	<b>'</b>	<u> </u>		1 11/10	12021
NAME OF PROVIDER OR SUPPLIE			STATE, ZIP CODE		
RHCC CAMBRIDGE PLACE	CASAWORKS & PI	ELD, NC 275	- VARIOUS SUITES 77		
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
a.m. and 9:00 p.n. hours daily, two hours; (3) Communicat supervision with upon the consen (4) Make visits of unless:  a. Commitment the result of the oxiolent crime, indicassault with a derespondent was insanity or incapable. The client was committed to the commitment to a Division of Adult Public Safety; or c. The client is to proceed pursuant A court order man otherwise prohibic conditions prescribed facilities and equivalent several times a winder (6) Except as propersonal clothing client is being he proceed pursuant (7) Participate in (8) Keep and spown money; (9) Retain a driving client is designed as the condition of the conditions o	eiving party; ors between the hours of 8:00 m. for a period of at least six ours of which shall be after 6:00 eiting shall not take precedence and meet under appropriate individuals of his own choice of the individuals; utside the custody of the facility proceedings were initiated as lient's being charged with a uding a crime involving an eadly weapon, and the ound not guilty by reason of ble of proceeding; s voluntarily admitted or facility while under order of correctional facility of the Correction of the Department of the de	V 364			

Division of Health Service Regulation STATE FORM

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Division of Health Service Regulation

				Ι.				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER			E CONSTRUCTION	, ,	(X3) DATE SURVEY	
AND PLAN	LAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:			COMPLETED		
						R		
	MHL051-150		B. WING			11/10/2021		
						1	11/10/2021	
NAME OF F	PROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
BHCC C	AMBDIDGE DI ACE C	VEVMUDRE & DI	CAMBRID	GE PLACE -	VARIOUS SUITES			
RHCC CAMBRIDGE PLACE CASAWORKS & PI SMITHFIEI			LD, NC 275	77				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX		MUST BE PRECEDED BY F		PREFIX	(EACH CORRECTIVE AC		COMPLETE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMAT	ION)	TAG	CROSS-REFERENCED TO DEFICIEN		DATE	
V 364	Continued From pa	ige 2		V 364				
	and							
	and (10)⊟ava assess to	individual ataraga an	ooo for					
		individual storage sp	ace ioi					
	his private use.	ne rights enumerated i	in C S					
		i.S. 122C-57 and G.S.						
		i.S. 122C-61, each mi						
		atment or habilitation						
	O	the right to have acce						
		rision and guidance. In						
		ninor's status as a dev						
	individual, the mino							
		able him to mature ph	ysically,					
	emotionally, intelled	•	, ,,					
		v of the physical, emo	tional,					
		naturity of the minor, t						
	24-hour facility shall	Il provide appropriate						
	structure, supervision	on and control consist	tent with					
	the rights given to t	he minor pursuant to	this Part.					
		so, where practical, ma						
		to ensure that each m						
		tment apart and sepai						
		the treatment needs	of the					
	minor client dictate							
		who is receiving treatm						
		24-hour facility has the	•					
		and consult with his pa						
		ency or individual havi	ng iegal					
	custody of him;	angult with at his access	ovnonce					
		nsult with, at his own						
		<ul> <li>responsible person a egal counsel, private</li> </ul>	inu at 110					
		egai couriser, private mental health, develo	nmental					
		tance abuse profession						
		sponsible person's ch						
		nsult with a client adv						
	there is a client adv		ooalo, II					
		d in this subsection ma	av not he					
		cility and each minor c						
		rights at all reasonab						

Division of Health Service Regulation STATE FORM

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Division of Health Service Regulation

AND DI AN OF CORRECTION IN IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
	MHL051-150			B. WING			R  0/2021
NAME OF PROVIDER OR S	SUPPLIER		EET ADD	DRESS, CITY, S	STATE, ZIP CODE	,	0/2021
RHCC CAMBRIDGE F	PLACE C	ASAWORKS & PI		GE PLACE - LD, NC 275	- VARIOUS SUITES 77		
PREFIX (EACH D	EFICIENC'	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
of this sectitreatment of the right to: (1) Make a distance catime of make receiving points (2) Send a writing mate when necessions of which wisitors betwoen the personal control of the safekees (9) Have a of his own of this section by the qual formulation	as provion, each ind receills shall king the arty; nd receiver and proposed in the arty individual accordance of doors and physical proposed in the accordance of the accordance	ided in subsections (e) and minor client who is received ation in a 24-hour facility had be paid for by the client at call or made collect to the vermail and have access to stage, and staff assistance at esupervision, received hours of 8:00 a.m. and 9 at least six hours daily, two lie after 6:00 p.m.; however the precedence over school and leducation and vocational and with federal and State at daily and participate in plastical exercise on a regular with his needs; ibited by law, keep and us and possessions under sion, unless the client is be apacity to proceed pursuate with federal and state and possessions under sion, unless the client is be apacity to proceed pursuate ligious worship; or individual storage space appersonal belongings; or and spend a reasonable at the state of the sta	ying as ying as g to the to ce construction of the ce construction o	V 364			

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Division	<u>of Health Service Re</u>	egulation	_			
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					R	
	MHL051-150		B. WING		11/10/2021	
NAME OF I		OTDEET AD		STATE ZID CODE		
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RHCC C	AMBRIDGE PLACE C	ASAWORKS & PI	LD, NC 275	· VARIOUS SUITES 77		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 364	Continued From pa	ge 4	V 364			
	client's record that i	ndicates the detailed reason				
		The restriction shall be				
		ated to the client's treatment or				
	habilitation needs.	A restriction is effective for a				
		d 30 days. An evaluation of				
		Ill be conducted by the				
	•	al at least every seven days,				
		estriction may be removed. a restriction shall be				
		client's record. Restrictions on				
		wed only by a written				
		by the qualified professional in				
		nat states the reason for the				
		iction. In the case of an adult				
		peen adjudicated incompetent,				
		an initial restriction or renewal				
		ghts, an individual designated upon the consent of the client,				
		striction and of the reason for				
		ninor client or an incompetent				
		ally responsible person shall				
		instance of an initial restriction				
		riction of rights and of the				
		ation of the designated				
		responsible person shall be				
	documented in writi	ng in the client's record.				
	This Rule is not me					
		view and interviews, the				
		ure clients' rights to free				
		belongings were not restricted 122C-62(b) for 1 of 3 audited				
	clients (#1). The fir					
	(// 1/). 1110 III	95 4.5.				

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Review on 11/9/21 client #1's record revealed:

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			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	MUI 054 450		B. WING		R 11/10/2021		
		MHL051-150			1 11/1	0/2021	
NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE			
RHCC C	AMBRIDGE PLACE C	ASAWORKS & PI	LD, NC 275	- VARIOUS SUITES 77			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 364	Continued From pa	ge 5	V 364				
	<ul><li>Admission</li><li>Diagnoses</li></ul>	Date: 8/25/21 : Opioid Disorder, Cocaine ere and Cannabis Use					
	- Drug scree month if not twice Facility sta 30 days when she I - If there was did not have their c turn their porch lighthem On one occ	1 client #1 reported: Ins were performed once a  Iff took her personal phone for had a positive drug screen. Is an emergency, and the client ell phone, they were told to t on and staff would check on casion, her twin boys turned on identally) and it took an hour					
	reported:	ige drug screens once a week. ive drug screen: clients counseling, then they met with . inces for a positive drug Id not be able to order out for int" lose their personal cell gency occurred, the clients flash their porch light or turn I check on them. ints had personal laptops, ives not take away, and could the laptop. did not have land line phones					

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STATE FORM 9QE711 If continuation sheet 6 of 9

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	MHL051-150		B. WING		11/1	R 0/2021	
NAME OF	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	1 11/1	0/2021	
	AMBRIDGE PLACE C	ASAWORKS & PI CAMBRII	GE PLACE	- VARIOUS SUITES			
			ELD, NC 275				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 364	Continued From pa	ige 6	V 364				
	reported:     - The clients in their apartments     - Taking pers positive drug scree decision.     - The treatm length of the time, i     - Removal or preventative measured contacting people to their lives that did not the office.     - The consect after a positive drug the client handbook the clien	f the cell phone was a cure to prevent clients from o bring them drugs. It contacts in the client's es were negative people in not want the client to succeed. It is a tablet (if they have eitive people, or use the phone of the consequence of taking the phone of the consequence as it is a safety issue with ople who don't want them to the Peer Support Specialist of their personal cell phones to to bring them drugs. It is a safety is to bring them drugs. It is a safety is to bring them drugs. It is a safety					

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
			7 20125 101			R	
MHL051-150			B. WING		11/1	10/2021	
NAME OF I	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
RHCC C	AMBRIDGE PLACE C	ASAWORKS & PI		GE PLACE LD, NC 275	- VARIOUS SUITES 77		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 7		V 736			
V 736	27G .0303(c) Facili	ty and Grounds Mainte	enance	V 736			
	EXTERIOR REQU (c) Each facility and maintained in a saf	803 LOCATION AND IREMENTS I its grounds shall be e, clean, attractive and e kept free from offens					
	This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:						
	Apartments:  101- globe over do the light bulb expos 104 - walls dirty wit     - kitchen sink f turning on water 105- the front wind missing several blir were missing sever     - the upstairs w smudges and cray 106 -crayon marks the walls throughou     -walls in the be marker writing on w 108- refrigerator ha light bulbs out in be pencil writing of apartment	th crayon marks, hand paucet loose and moved by blinds were brokeneds and the backdoor bral blinds alls had dirty hand pring on writing on the wall smudges and hand pring the apartment adroom had crayon and valls andle broken, two out or droom #1's bathroom in the walls throughout	eaving prints d when and blinds ts, ints on d magic f four				
	Interview on 11/09/	21 client #1 stated:					

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р П	AND DIAN OF CODDECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  (X3) DA  CO			PLETED	
MHL051-150 B. WING 11/10/202	MHL051-150			B. WING			R I0/2021
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	ME OF PRO\	ER OR SUPPLIER					
RHCC CAMBRIDGE PLACE CASAWORKS & PI  CAMBRIDGE PLACE - VARIOUS SUITES SMITHFIELD, NC 27577	ICC CAME	DGE PLACE CASA	NORKS & PI				
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	REFIX	EACH DEFICIENCY MUS	T BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 736  Continued From page 8  -had reported the broken refrigerator handle a week ago at the community meeting -the community meeting was when they reported things that were broken or needed to be fixed in our apartment -blinds were broken when she moved in the apartment  Interview on 11/09/21 the Program Director stated: -they gave the landlord a list of things that needed to be repaired -the landlord reported they would paint -had talked with landlord about upgrades to the apartments -a community meeting had be held weekly to receive reports of what needed to be fixed in the apartments -blinds had been replaced within the last 90 days  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	-ha we -th thii ou -bl ap Int sta -th to -ha ap -a rec ap -bl	reported the broke ago at the commonity meeting is that were broken where the broken were ported to talked with landlord ments ments are ports of what ments als had been replaced the broken where the broken were ports of what ments are the broken were ports of what ments are the broken were ports of what ments are the broken where the broken was also and	nity meeting was when they reported or needed to be fixed in en she moved in the e Program Director a list of things that neede ey would paint d about upgrades to the had be held weekly to needed to be fixed in the ed within the last 90 days es a re-cited deficiency	d			

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