

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on December 21, 2021. The complaints were unsubstantiated (Intake #NC00179071 and #NC00183222). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders and 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program.</p>	V 000		
V 105	<p><b>27G .0201 (A) (1-7) Governing Body Policies</b></p> <p><b>10A NCAC 27G .0201 GOVERNING BODY POLICIES</b></p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p>	V 105		

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:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 105	Continued From page 1  (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews, and observations, the facility failed to assure operational and programmatic performance meeting applicable standards of practice. The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0209 Medication Requirements (V116) Based on record reviews, observations, and interviews the facility failed to restrict dispensing of medications to registered pharmacists, physicians, or other health care practitioners authorized by law.</p> <p>Cross Reference: 10A NCAC 27G .3701 Scope (V 239) Based on record reviews, observations, and interviews, the facility failed to operate within the scope of a day treatment facility.</p> <p>Cross Reference: 10A NCAC 27G .3702 Staff (V240) Based on record reviews and interviews, the facility failed to identify staff to fulfill the role of one full-time or equivalent certified alcoholism, drug abuse or substance counselor for every 16 or fewer clients.</p> <p>Cross Reference: 10A NCAC 27G .4401 Scope (V266) Based on record reviews, observations, and interviews the facility failed to operate within the scope of the Substance Abuse Intensive Outpatient Program (SAIOP) by not providing services in an outpatient setting.</p> <p>Cross Reference: 10A NCAC 27G .4402 Staff</p>	V 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 105	<p>Continued From page 3</p> <p>(V267) Based on record reviews and interviews the facility failed to identify at least one direct care staff who met the requirements of a Qualified Professional (QP) for every 12 or fewer adult clients.</p> <p>Cross Reference: 10A NCAC 27G .4403 Operations (V268) Based on record reviews, observations, and interviews the facility failed to operate in a setting separate from the clients' residence.</p> <p>Review on 12-22-21 of the Plan of Protection (POP) dated 12-21-21 revealed:</p> <p>-"What immediate action will the facility take to ensure the safety of the consumers in your care? Based on Red Oak Recovery 's (ROR) conference call with the Division on December 16, 2021 to obtain additional detail on the above-referenced citations and subsequent telephone discussions with Benjamin Robinson, ROR is taking the following actions. Notably, ROR has not received any written notice of the Division 's specific concerns or findings, and thus ROR 's response is limited to the Division 's informal feedback provided during the above-referenced discussions.</p> <p>1. Dispensing Medication: Based on the Division 's oral feedback, ROR will ensure that staff are not dispensing medication to clients and that medication is administered in conformity with 10A NCAC 27G.0209 and the facility 's licenses. More specifically: A. Client medications will remain in original packaging as provided by the pharmacy. B. Both when clients are onsite and offsite (i.e. on wilderness hikes), medications will only be</p>	V 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 105	<p>Continued From page 4</p> <p>administered by licensed persons or unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>C. When clients are onsite at ROR, medications will only be administered in the licensed facility. Medications will not be administered at the onsite "Lodge," which is not part of the licensed facility.</p> <p>D. Medications will be administered only on the written order of a person authorized by law to prescribe drugs, and will be administered as directed by the prescriber.</p> <p>To ensure these policies are implemented and maintained, ROR leadership will provide staff training, review and (where appropriate) update its written medication administration policy, and actively monitor staff compliance.</p> <p>2. Overlap in Day Treatment, SAIOP Staff, and Non-Clinical Guides: Based on the Division ' s oral feedback, ROR will take steps to ensure that Day Treatment and SAIOP staff and activities are more clearly delineated, and that the roles of clinical and non-clinical staff are clear and separate. ROR ' s steps will include:</p> <p>A. Clearly communicating with staff about which treatments are being provided to which clients by whom and when.</p> <p>B. Creating and maintaining a list of which specific clinical staff members are assigned to meet the staffing requirements of Section .3702 of 10A NCAC 27.G (Day treatment) and the staffing requirements of Section .4402 of 10A NCAC 27.G (SAIOP). ROR will maintain a program-specific staff roster to ensure regulatory staffing requirements are met at all times.</p> <p>C. Ensuring that ROR ' s non-clinical staff (referred to as "guides") are apprised of and maintain their role, which is to facilitate clients ' participation in their treatments and to provide non-clinical support services. Non-clinical guides</p>	V 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 105	<p>Continued From page 5</p> <p>do not and will not participate in providing clinical treatment. The only exception is when non-clinical guides may administer medication on wilderness hikes. However, only Lead Guides who have been trained to administer medications in accordance with 10 NCAC 27.G .0209(c)(3) are authorized to administer medications to ROR ' s clients (whether onsite or offsite). To ensure these policies are implemented and maintained, ROR leadership will provide staff training, create/revise its written policies (where appropriate), and actively monitor staff compliance.</p> <p>3. Residential Treatment Services: As discussed on the December 16, 2021 conference call, ROR does not charge any additional fees for clients who elect to stay on-property (at the ROR "Lodge") while receiving day treatment or SAIOP services. Clients are not required to stay at the Lodge in order to receive day treatment or SAIOP services at ROR, and clients are free to leave at any time (i.e. they are not in ROR ' s custody). ROR is not aware of staff providing clinical treatment in the Lodge nor does ROR provide 24-hour supervision in the Lodge. Based on these facts, ROR does not believe that its actions constitute "exploitation" as referenced in the Mental Health, Developmental Disabilities, and Substance Abuse Act of 1985, codified at N.C.G.S.A. § 122C-24.1. However, to be responsive to the Division ' s concerns and prevent client confusion, ROR has taken or will take the following steps:</p> <p>A. Incorporate revisions into its financial and enrollment documents to ensure the concepts described above are clear to clients and their families.</p> <p>B. Communicate to staff that under no circumstances are clinical treatments to be provided in the Lodge.</p>	V 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 105	<p>Continued From page 6</p> <p>C. The Division communicated to ROR that one client reported "believing he was in an inpatient program" and not feeling free to leave. ROR will instruct staff to communicate to current and future clients that occupying the Lodge during treatment is optional and does not impact clients ' ability to participate in ROR ' s treatment programs (in addition to making this clear in the documents provided to clients).</p> <p>D. Staff will communicate to current and future clients that only 12-step program meetings and not any sort of clinical services are available at the Lodge, as ROR strictly provides clinical services on an outpatient basis as an alternative to twenty-four hour treatment. This same message (that ROR is NOT a residential treatment facility) is reflected in ROR ' s enrollment and financial documents signed by clients and their families.</p> <p>To ensure these policies are implemented and maintained, ROR leadership will provide staff training, create/revise its written policies (where appropriate), and actively monitor staff compliance.</p> <p>Describe your plans to make sure the above happens.</p> <p>ROR does not believe that its practices rise to the level of a Type A-1 citation as described in N.C.G.S.A. § 122C-24.1. However, ROR intends to fully cooperate with the Division in order to correct any deficiencies that cause concern for client welfare. As such, ROR leadership, including ROR ' s Director and Compliance Officer, will ensure that staff are made immediately aware of the Division ' s concerns and ROR ' s plans for addressing those concerns. Leadership will also monitor staff on an ongoing basis to ensure that the corrective actions are implemented appropriately and consistently.</p>	V 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 105	<p>Continued From page 7</p> <p>Finally, leadership will ensure that all necessary changes to ROR ' s internal and client-facing documents are implemented as soon as practicable.</p> <p>Below is ROR ' s timeline for the actions described in response to the first question on this form:</p> <ul style="list-style-type: none"> <li>. In response to the December 16, 2021 conference call with the Division, ROR has already communicated to clinical and non-clinical staff that medications may not be "dispensed," as defined in 10A NCAC 27.G.0209, meaning that medications must remain in original packaging. ROR also already communicated to clinical and non-clinical staff that medication may not be administered at the Lodge, and that when clients are onsite, medication may only be administered in the licensed facility. ROR is not aware of ineligible staff ever administering medications to clients, but ROR has also reiterated to staff that only those eligible under 10A NCAC 27G.0209 may administer medication.</li> <li>. ROR will review and update its written medication administration policy no later than 12/31/21, if any revisions are necessary to comply with 10A NCAC 27G.0209 and reflect the policy described above.</li> <li>. ROR will develop written/visual staff training materials related to medication administration no later than 12/31/21, and will ensure that all staff members receive in-person training corresponding to the written/visual materials no later than 1/31/22.</li> <li>. ROR will develop the written list of which clinical staff are specifically assigned to each service type (day treatment and SAIOP) no later than 12/31/21. ROR will maintain and update the list on an ongoing basis.</li> <li>. ROR will develop written/visual staff training materials related to the roles of clinical and</li> </ul>	V 105		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 105	<p>Continued From page 8</p> <p>non-clinical staff, and the importance of distinguishing between and appropriately staffing the services described in Section .3700 (Day treatment) and .4400 (SAIOP) no later than 12/31/21. ROR will ensure that all staff members receive in-person training corresponding to the written/visual materials no later than 1/31/22.</p> <p>. ROR has already revised its enrollment and financial documents for clients in response to the Division ' s feedback, which are going through the internal review process with ROR management now. ROR will formally adopt the revised enrollment and financial documents no later than 12/31/22.</p> <p>. ROR will develop written/visual staff training materials related to educating clients on ROR ' s available services as an alternative to inpatient/residential treatment and the clients ' right to stay offsite while receiving day treatment and SAIOP no later than 12/31/21, and will ensure that all staff members receive in-person training corresponding to the written/visual materials no later than 1/31/22."</p> <p>There were 24 clients served at the facility. The facility was licensed for Day Treatment Facilities for Individuals with Substance Abuse Disorders and Substance Abuse Intensive Outpatient Program. All clients were residing at the facility and their housing was contingent upon participation in services. Once treatment was completed or if a client refused to engage in services, the clients were no longer allowed to reside at the facility. The facility was not licensed for residential services. Behaviors and participation of the clients outside of the clinical programming hours were documented in progress notes written by staff in order to directly influence the clinical relationship and directly</p>	V 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 105	<p>Continued From page 9</p> <p>impact treatment. The clients received multiple services at the residential component, including meals, medication administration, transportation to and from medical appointment (if needed), recreational and therapeutic outings in the community. Supervision was provided 24 hours a day. While the facility had adequate numbers of staff, none were not identified for either program but rather intertwined between the two programs of service. The two services being provided by the facility were not able to operate independently. The facility allowed services to be delivered in a part of the client's residence. The community room in one residential building was used daily for group sessions. Medications were dispensed by staff that were not qualified. Medications were being administered in the residential component of the program.</p> <p>This deficiency constitutes a Type A1 rule violation for exploitation and must be corrected within 23 days. An administrative penalty of \$2,000.00 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.</p>	V 105		
V 116	<p>27G .0209 (A) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(a) Medication dispensing:</p> <p>(1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe.</p> <p>(2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered</p>	V 116		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 116	<p>Continued From page 10</p> <p>with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing.</p> <p>(3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing.</p> <p>(4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews the facility failed to restrict dispensing of medications to registered pharmacists, physicians, or other health care practitioners authorized by law. The findings are:</p> <p>Review on 11-8-21 and 11-9-21 of Client #1's record revealed:</p>	V 116		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 116	<p>Continued From page 11</p> <p>-Date of Admission: 10-21-21</p> <p>-Diagnoses: severe cannabis use disorder, severe alcohol use disorder, severe sedative, hypnotic, or, anxiolytic use disorder, severe stimulant disorder, generalized anxiety disorder, severe other hallucinogen use disorder, severe inhalant use disorder</p> <p>-Prescribed medications included:</p> <p>-L-methylfolate 15 mg one tablet every morning</p> <p>-Bupropion Hcl XI 150mg one table every morning</p> <p>-Bupropion HCL XL 300 mg one tablet every morning</p> <p>-Gabapentin 300 mg one capsule twice daily as needed</p> <p>-Medications are given at 8 am, 3 pm, and 9 pm.</p> <p>Interview on 11-9-21 and 11-16-21 with Client #1 revealed:</p> <p>-This is a "really good inpatient program."</p> <p>-"We have guides, the head guide will give us meds (medications)."</p> <p>Review on 11-8-21 and 11-9-21 of Client #2's record revealed:</p> <p>-Date of Admission: 10-21-21</p> <p>-Diagnoses: Severe Opioid Disorder, Severe Alcohol Use Disorder, in sustained remission</p> <p>-Prescribed medications included:</p> <p>-Trazadone 100mg Take 4 tablets by mouth at bedtime</p> <p>-Quetiapine Fumarate 25mg Take 1 tablet by mouth three times daily as needed</p> <p>-Buspirone HCL 30 mg Take two tablets by mouth twice daily</p> <p>-Clonidine HCL 0.1 mg Take one tablet by mouth three times daily as needed</p> <p>-Risperidone 3 mg Take one tablet by mouth every night at bedtime</p> <p>-Escitalopram 20 mg Take one tablet by mouth</p>	V 116		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 116	<p>Continued From page 12</p> <p>every morning -Bupropion HCL XI 150mg Take one table by mouth every morning -Medications are given at 8 am, 3 pm, and 9 pm.</p> <p>Interview on 11-9-21 with Client #2 revealed: -"Guides sit me down ...they give it (medication) to me."</p> <p>Review on 11-8-21 and 11-9-21 of Client #3's record revealed: -Date of Admission: 10-21-21 -Diagnoses: Severe Opioid Disorder, Severe Alcohol Use Disorder, in sustained remission -Prescribed medications included:     - Escitalopram 10mg Take one tablet by mouth every morning -Omeprazole 20mg Take two capsules by mouth every morning -Gabapentin 800mg Take one tablet by mouth three times daily -Trazadone 100 mg Take three tablets by mouth at bedtime -Quetiapine Fumarate 100mg Take one tablet by mouth every night at bedtime -Hydroxyzine pam 25mg Take one capsule by mouth every 6 hours as needed -Dicyclomine 20mg Take one tablet by mouth three time daily as needed -Medications are given at 8 am, 3 pm, and 9 pm.</p> <p>Interview on 11-9-21 and 11-16-21 with Client #3 revealed: -"The lead guide always give them (medications) out. They have MARs (Medication Administration Records) and give me each one at a time. And I sign for them."</p> <p>Interviews on 11-9-21 and 11-16-21 with Clients #1, #2, and #3 revealed:</p>	V 116		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 116	<p>Continued From page 13</p> <ul style="list-style-type: none"> <li>-Medications were given by recovery guide staff, which includes before breakfast and at bedtime.</li> <li>-Do not have free access to their own medication.</li> </ul> <p>Review on 11-9-21 and 11-16-21 of Medication Administration Records (MAR) for Clients #1, #2, and #3 revealed:</p> <ul style="list-style-type: none"> <li>-Medications were given at 8 am, 3 pm and 9 pm.</li> <li>-Each client had an individual MAR.</li> <li>-Each MAR covered one week at a time from Thursday to Thursday.</li> <li>-Both guide staff and clients signed the MAR.</li> </ul> <p>Observation on 11-9-21 in the Medical office of the facility at approximately 10:15 am revealed:</p> <ul style="list-style-type: none"> <li>-Clients #1, #2, and #3 had extra labels for bottles in the locked medication cabinet.</li> </ul> <p>Review on 11-5-21 of the Medical Services Manager and Medical Coordinator #1's record revealed:</p> <ul style="list-style-type: none"> <li>-Evidence of Medication Administration Training.</li> <li>-No evidence to show qualifications to dispense medications.</li> </ul> <p>Interview on 11-9-21 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-Part of job responsibilities were medication administration.</li> <li>-"The MAR is created and medical staff will walk through with me or whoever is administering. We sign that we received all meds."</li> <li>-If there were a medication change during the shift, "The medical team would put in order. Once we have them a new MAR is created and basically whoever is in med (medical) office would radio that a new med (medication) is here and we would come over. Old MAR is taken away, we get new MAR and count up meds. Med (Medication) admin can begin as soon as that day."</li> </ul>	V 116		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 116	<p>Continued From page 14</p> <p>Interview on 11-9-21 with Staff #2 revealed: -Clients do not have access to their medication. -Would consider this an inpatient residential treatment but with a more wilderness setting.</p> <p>Interviews on 11-9-21 with Staff #2 revealed: -Current position was Shift Supervisor, which oversees the guide staff. -Clients do not have access to their medication. -Part of job responsibilities was overseeing the guides. "I typically don't administer." -"Medical team counts in front of us to make sure we have the right amount." -Only shift supervisors, Medical Services Manager, and two Medical Coordinators have access to the medication cart.</p> <p>Interview on 11-16-21 with Staff #3 revealed: -"Med (Medication administration) windows 8-9 am and sometimes 3 pm meds (sometimes rare), evening meds between 7-9 pm." -Currently does not give medications but has done training on MARs and how to give medications. -"My main job in that area is to go and fetch some of the guys and get them to the meds (medications)."</p> <p>Interview on 11-16-21 with Staff #4 revealed: -"Once you become lead (guide), biggest responsibility is proper medication administration." -"Med (medication) windows are 7am-9am, 2pm-4pm, 8pm-10pm."</p> <p>Interview on 11-5-21 with The Medical Coordinator #2 revealed: -"Don't have a pharmacy here. Keep anywhere from 2 weeks to a month supply of medications.</p>	V 116		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 116	<p>Continued From page 15</p> <p>Basically what you would get when you go to a pharmacy."</p> <p>-The guide staff work 8 days at a time and " ...get a week supply of medications for everybody. They get a MAR."</p> <p>-"They (guide staff) get only 7 days of meds. No extra and the MAR."</p> <p>-Guides carry medications in each clients box in a backpack and the backpack is locked. Controlled medications go into a separate locked bag.</p> <p>-Medication Pass took place at the community area (next to the residential building). Medications are not given in the Medical office.</p> <p>-Clients sign the MAR as well as staff.</p> <p>Interview on 11-9-21 with The Medical Coordinator #1 revealed:</p> <p>-"Work on 3 bottle system." The main bottle stayed in the medication room, one went in the field, and one is available for the shift.</p> <p>-Extra labels from are sent from the pharmacy for the bottles to go out with the guides.</p> <p>-"Main stock lives in the med room, from that a bottle goes out in the community on Thursday with seven days of medication."</p> <p>-"Medications are packed up and sent out on Thursday."</p> <p>-"New guide teams for the week come in and current team lead comes in and meets with the med staff. They go over every med and every MAR."</p> <p>-"Everything is counted out for the week with them (guide staff) upon receipt and goes in the locked bag with them."</p> <p>-"If there is a mid week change, the change is facilitated by [Medical Services Manger]. Guide is called in and new med or change is swapped out or added."</p> <p>-Medications are not administered out of the administrative office where the medications are</p>	V 116		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 116	Continued From page 16  stored. -Medications are "sent out in a bottle and label which live in the locked backpack."  Interview on 11-15-21 with the Executive Director revealed: -Review verbally with clients that medications are locked and the clients do not keep their own medications. "There is not a specific clause in the admissions paperwork."  This deficiency is cross referenced into 10A NCAC 27G .0201 Governing Body Policies (V105) for a Type A1 rule violation and must be corrected within 23 days.	V 116		
V 239	27G .3701 Day Tx. Sub. Abuse - Scope  10A NCAC 27G .3701 SCOPE (a) Day treatment facilities provide services in a group setting for individuals who need more structured treatment for substance abuse than that provided by outpatient treatment, and may serve as an alternative to a 24-hour treatment program. (b) Day treatment services shall have structured programs, which may include individual, group, and family counseling, recreational therapy, peer groups, substance abuse education, life skills education, and continuing care planning.  This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to operate within the scope of a day treatment facility. The findings	V 239		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 239	<p>Continued From page 17</p> <p>are:</p> <p>Review on 11-8-21 and 11-9-21 of Client #1's record revealed: -Date of Admission: 10-21-21 -Diagnoses: severe cannabis use disorder, severe alcohol use disorder, severe sedative, hypnotic, or, anxiolytic use disorder, severe stimulant disorder, generalized anxiety disorder, severe other hallucinogen use disorder, severe inhalant use disorder</p> <p>Interview on 11-9-21 and 11-16-21 with Client #1 revealed: -This is a "really good inpatient program." -Group sessions occurred in the community room within the building where clients resided.</p> <p>Review on 11-8-21 and 11-9-21 of Client #2's record revealed: -Date of Admission: 10-21-21 -Diagnoses: Severe Opioid Disorder, Severe Alcohol Use Disorder, in sustained remission</p> <p>Interview on 11-9-21 and 11-16-21 with Client #2 revealed: -"Cannot leave the campus alone." -Group sessions occurred in the community room within the building where clients resided.</p> <p>Review on 11-8-21 and 11-9-21 of Client #3's record revealed: -Date of Admission: 10-21-21 -Diagnoses: Severe Opioid Disorder, Severe Alcohol Use Disorder, in sustained remission</p> <p>Interview on 11-9-21 and 11-16-21 with Client #3 revealed: -Feels you are required to live here. "Don't know of another place where you would live if you don't</p>	V 239		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 239	<p>Continued From page 18</p> <p>live here."</p> <p>-Group sessions occurred in the community room within the building where clients resided.</p> <p>Observation on 11-9-21 at approximately 4:00 pm of the facility grounds revealed:</p> <p>-Client residences were in two buildings on property.</p> <p>-Within one residential building referred to as "the Lodge" was a room that was referred to as the community room.</p> <p>Interview on 11-5-21 and 11-17-18 with the Compliance Officer revealed:</p> <p>-Census for the Day Treatment was listed as PHP (Partial Hospitalization Program)."</p> <p>-Insurance doesn't have a day treatment category. She stated the insurance language for PHP is the "best match" for what the facility offers.</p> <p>Review on 11-8-21 of enrollment agreement revealed:</p> <p>-Tuition and Enrollment fees:</p> <p>"the tuition fee is a rate of</p> <p>-USD (United States Dollar) 2200/day for Residential level of care</p> <p>-USD 1600/day for PHP level of care</p> <p>-USD 1400/day for IOP level of care</p> <p>-USD 1,000/day for GOP (General Outpatient Program) level of care</p> <p>-USD 767/day private pay"</p> <p>Review on 11-16-21 of daily schedule revealed:</p> <p>-Scheduled was listed as "Program Schedule - PHP".</p> <p>-Schedule began outside of program clinical hours.</p> <p>-Schedule reflected out of bed, clean rooms, breakfast, and clean rooms/breakfast clean prior</p>	V 239		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 239	<p>Continued From page 19</p> <p>to the start of the clinical program.</p> <p>Interview on 11-9-21 with Staff #1 revealed: -Morning groups tend to be clinical staff. -The community group is held in the same building where the clients live. -Morning groups happen in the community room. -If clients walk away from campus, recovery guide staff (residential staff) would follow them and convince them to return to the campus.</p> <p>Interview on 11-9-21 with Staff #2 revealed: -The community group was held in the same building where the clients live. -The clients attend group there in the mornings. -Therapists would give recovery guides impact letters from family to take on weekend trips to process. -Clients are not allowed to leave campus alone. The recovery guides would follow them and do their best to have them come back. -Would consider this an inpatient residential treatment but with a more wilderness setting.</p> <p>Interview on 11-16-21 with Therapist #1 revealed: -Client's behaviors outside of clinical service hours are documented in progress notes written by the recovery guides. -"Review them (progress notes) for behaviors and overall how the client is doing. Sometimes the clients will act a certain way with you and a different way with the guides and able to address that through the information on the notes." -Progress notes are read daily. -Progress notes "directly impact" the clinical service the clients receive. -Some groups take place in the community room (within the residential building).</p> <p>Interview on 11-16-12 with Therapist #2 revealed:</p>	V 239		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 239	<p>Continued From page 20</p> <p>-Client's behaviors outside of clinical service hours are documented in progress notes written by the recovery guides.</p> <p>-"They provide collateral information (progress notes written by guide staff). Gives an insight into behaviors and affect. Interactions with peers and staff. Use that information on multiple levels for sessions."</p> <p>-Progress notes are emailed to the therapist daily.</p> <p>-Some groups take place in the community room (within the residential building).</p> <p>-The information within the progress notes are used to guide therapy and treatment</p> <p>Interview on 11-10-21 and 11-15-21 with the Clinical Director revealed:</p> <p>-Clinical services are provided 9:00am -5:00pm Monday to Friday.</p> <p>-"We have a PHP and an IOP (Intensive Outpatient Program) schedule."</p> <p>-Everyone in both the PHP and IOP attend the same groups. It is in the "same treatment community and within that community they attend a variety of groups."</p> <p>-"We have a treatment team. We don't have a separate IOP nurse or doctor, therapist. We are staffed as a program that delivers both PHP and IOP programs."</p> <p>-Guide staff write progress notes about overall attendance in groups and participation.</p> <p>-"If someone is living on campus and not participating in the program, they can just not be in our program...If someone is consistently refusing, they would be therapeutically discharged and not be able to live on campus. If they are not local, we would do it in a non-crisis kind of way. We would help with transition."</p> <p>Interview on 11-10-21 with the Executive Director revealed:</p>	V 239		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 239	<p>Continued From page 21</p> <ul style="list-style-type: none"> <li>- "We provide housing."</li> <li>- "Day to day management to make sure clients get meds are really tight."</li> <li>- Reviewed verbally with clients at intake that they can not keep medication and they were locked.</li> <li>- "Go over it verbally ...do not have a specific clause in admissions paperwork (regarding medications being locked by facility)."</li> <li>- Legally clients can attend services without residential.</li> <li>- Staff provide transportation to activities in the community, take them to doctors' appointments, and step meetings.</li> <li>- Guide staff follow through on daily living skills, attendance, participation, and how they are responding in the community and any behavioral observations as well as direct reflections to therapeutic interventions.</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .0201 Governing Body Policies (V105) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 239		
V 240	<p>27G .3702 Day Tx. Sub. Abuse - Staff</p> <p>10A NCAC 27G .3702 STAFF</p> <p>(a) The staff of the day treatment facility shall include a minimum of one full-time or equivalent certified alcoholism, drug abuse or substance abuse counselor for every 16 or fewer clients.</p> <p>(b) If the facility falls below the prescribed ratio in Paragraph (a) of this Rule, and is unable to employ an individual who is certified because of the unavailability of certified persons in the facility's hiring area, then it may employ an uncertified person, provided that this employee meets the certification requirements within a maximum of 26 months from the date of his</p>	V 240		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 240	<p>Continued From page 22</p> <p>employment.</p> <p>(c) In facilities which provide services to minors, a minimum of two staff members shall be present with minor clients at all times, and a minimum ratio of one staff member to each eight or fewer clients shall be maintained. In the event that only one minor client is in the facility, only one staff member is required to be present.</p> <p>(d) Each facility shall have at least one staff member on duty trained in the following areas:</p> <p>(1) alcohol and other drug withdrawal symptoms; and</p> <p>(2) symptoms of secondary complications due to alcoholism and drug addiction.</p> <p>(e) Each direct care staff member shall receive continuing education to include understanding of the nature of addiction, the withdrawal syndrome, group therapy, family therapy and other treatment methodologies.</p> <p>(f) Each direct care staff member in a day treatment facility that serves minors shall receive specialized training in youth development and therapeutic techniques in working with youth.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to identify staff to fulfill the role of one full-time or equivalent certified alcoholism, drug abuse or substance counselor for every 16 or fewer clients. The findings are:</p> <p>Review on 11-10-21 of census for Day Treatment revealed: -Population of 23 clients.</p> <p>Interview on 11-16-21 with Therapist #1 and #2 revealed:</p>	V 240		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 240	<p>Continued From page 23</p> <ul style="list-style-type: none"> <li>-Job title is primary therapist.</li> <li>-Unaware of any differentiation in delivery of clinical services and were not specifically assigned to a specific program, either Day Treatment or Substance Abuse Intensive Outpatient Program (SAIOP).</li> <li>-Will receive communication from the main office to alert a change in care but the services the clients receive are the same.</li> </ul> <p>Interview on 11-15-21 with the Clinical Director revealed:</p> <ul style="list-style-type: none"> <li>-No specific staff identified as the minimum of one full time or equivalent certified alcoholism, drug abuse or substance abuse counselor for every 16 or fewer clients.</li> <li>-There are at least 9 staff that could fit that role, but none were identified specifically to fulfill that role.</li> <li>-Everyone in both the PHP (Partial Hospitalization Program) and IOP (Intensive Outpatient Program) attend the same groups. It is in the "same treatment community and within that community they attend a variety of groups."</li> <li>-"We have a treatment team. We don't have a separate IOP nurse or doctor, therapist. We are staffed as a program that delivers both PHP and IOP programs."</li> <li>--Clients do not switch therapists. Therapists have a case load of clients and follow through completion (of both services provided) from beginning to end.</li> </ul> <p>Interview on 11-15-21 with the Executive Director revealed:</p> <ul style="list-style-type: none"> <li>-No specific staff identified as the minimum of one full time or equivalent certified alcoholism, drug abuse or substance abuse counselor for every 16 or fewer clients.</li> <li>-There are at least 6 therapists that could fit that</li> </ul>	V 240		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 240	Continued From page 24  role, but none were identified specifically to fulfill that role. -Staff also include a family therapist, milieu therapist, and psychiatrist. -Staff are "intertwined with the programs of service."  This deficiency is cross referenced into 10A NCAC 27G .0201 Governing Body Policies (V105) for a Type A1 rule violation and must be corrected within 23 days.	V 240		
V 266	27G .4401 Sub. Abuse Intensive Outpt - Scope  10A NCAC 27G .4401 SCOPE (a) A substance abuse intensive outpatient program (SAIOP) is one that provides structured individual and group addiction treatment and services that are provided in an outpatient setting designed to assist adults or adolescents with a primary substance-related diagnosis to begin recovery and learn skills for recovery maintenance. (b) Treatment support activities may be adapted or specifically designed for persons with physical disabilities, co-occurring disorders including mental illness or developmental disabilities, pregnant women, chronic relapse and other homogenous groups. (c) Each SAIOP shall have a structured program, which includes the following services: (1) individual counseling; (2) group counseling; (3) family counseling; (4) strategies for relapse prevention, which incorporate community and social supports; (5) life skills; (6) crisis contingency planning; (7) disease management;	V 266		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 266	<p>Continued From page 25</p> <p>(8) service coordination activities; and (9) biochemical assays to identify recent drug use (e.g. urine drug screens).</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews the facility failed to operate within the scope of the Substance Abuse Intensive Outpatient Program (SAIOP) by not providing services in an outpatient setting. The findings are:</p> <p>Review on 11-10-21 of census for the SAIOP revealed: -Population of 1 client.</p> <p>Observation on 11-9-21 at approximately 4:00 pm of the facility grounds revealed: -Client residences were in two buildings on property. -Within one residential building referred to as "the Lodge" was a room that was referred to as the community room.</p> <p>Interview on 11-9-21 with Staff #1 revealed: -The community group was held in the same building where the clients live. -Morning groups happen in the community room. -If clients walk away from campus, recovery guide staff (residential staff) would follow them and convince them to return to the campus.</p> <p>Interview on 11-9-21 with Staff #2 revealed: -The community group is held in the same building where the clients live.</p>	V 266		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 266	<p>Continued From page 26</p> <ul style="list-style-type: none"> <li>-The clients attend group there in the mornings.</li> <li>-Therapists will give recovery guides impact letters from family to take on weekend trips to process.</li> <li>-If clients walk away from campus, recovery guide staff would follow them and convince them to return to the campus.</li> <li>-Would consider this an inpatient residential treatment but with a more wilderness setting.</li> </ul> <p>Interview on 11-16-21 with Therapist #1 revealed:</p> <ul style="list-style-type: none"> <li>-Client's behaviors outside of clinical service hours are documented in progress notes written by the recovery guides.</li> <li>-Progress notes are read daily.</li> <li>-Progress notes "directly impact" the clinical service the clients receive.</li> <li>-Some groups take place in the community room (within the residential building).</li> </ul> <p>Interview on 11-16-12 with Therapist #2 revealed:</p> <ul style="list-style-type: none"> <li>-Client's behaviors outside of clinical service hours are documented in progress notes written by the recovery guides.</li> <li>-Progress notes are emailed to the therapist daily.</li> <li>-"Programmatically nothing is different" (between the two services provided).</li> <li>-Clients received the same clinical treatment</li> <li>-Some groups take place in the community room (within the residential building).</li> <li>-The information within the progress notes are used to guide therapy and treatment.</li> </ul> <p>Interview on 11-15-21 with the Clinical Director revealed:</p> <ul style="list-style-type: none"> <li>-Group sessions from the day treatment program (Partial Hospitalization Program-PHP) and SAOP program run concurrently, no matter the census for either program.</li> <li>-Everyone in both the PHP and IOP (Intensive</li> </ul>	V 266		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 266	Continued From page 27  Outpatient Program) attend the same groups. It is in the "same treatment community and within that community they attend a variety of groups. -Clients do not switch therapists. Therapists have a case load of clients and follow through completion (of both services provided) from beginning to end.  This deficiency is cross referenced into 10A NCAC 27G .0201 Governing Body Policies (V105) for a Type A1 rule violation and must be corrected within 23 days.	V 266		
V 267	27G .4402 Sub. Abuse Intensive Outpt- Staff  10A NCAC 27G .4402 STAFF (a) Each SAIOP shall be under the direction of a Licensed Clinical Addictions Specialist or a Certified Clinical Supervisor who is on site a minimum of 50% of the hours the program is in operation. (b) When a SAIOP serves adult clients there shall be at least one direct care staff who meets the requirements of a Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 12 or fewer adult clients. (c) When a SAIOP serves adolescent clients there shall be at least one direct care staff who meets the requirements of a Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 6 or fewer adolescent clients. (d) Each SAIOP shall have at least one direct care staff present in the program who is trained in the following areas: (1) alcohol and other drug withdrawal symptoms; and (2) symptoms of secondary complications due to alcoholism and drug addiction. (e) Each direct care staff shall receive continuing	V 267		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 267	<p>Continued From page 28</p> <p>education that includes the following:</p> <ul style="list-style-type: none"> <li>(1) understanding of the nature of addiction;</li> <li>(2) the withdrawal syndrome;</li> <li>(3) group therapy;</li> <li>(4) family therapy;</li> <li>(5) relapse prevention; and</li> <li>(6) other treatment methodologies.</li> </ul> <p>(f) When a SAIOP serves adolescent clients each direct care staff shall receive training that includes the following:</p> <ul style="list-style-type: none"> <li>(1) adolescent development; and</li> <li>(2) therapeutic techniques for adolescents.</li> </ul> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to identify at least one direct care staff who met the requirements of a Qualified Professional (QP) for every 12 or fewer adult clients. The findings are:</p> <p>Review on 11-10-21 of census for the SAIOP revealed: -Population of 1 client.</p> <p>Interview on 11-16-21 with Therapist #1 and #2 revealed: -Job title is primary therapist. -Unaware of any differentiation in delivery of clinical services and were not specifically assigned to a specific program, either Day Treatment or Substance Abuse Intensive</p>	V 267		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 267	<p>Continued From page 29</p> <p>Outpatient Program (SAIOP). -Would receive communication from the main office to alert a change in level of care but the services the clients receive remain the same.</p> <p>Interview on 11-15-21 with the Clinical Director revealed: -No specific staff was identified as the QP. -There are at least 10 staff that would qualify as a QP, but none were identified specifically to fulfill that role. -Everyone in both the PHP (Partial Hospitalization Program) and IOP (Intensive Outpatient Program) attend the same groups. It is in the "same treatment community and within that community they attend a variety of groups." -"We have a treatment team. We don't have a separate IOP nurse or doctor, therapist. We are staffed as a program that delivers both PHP and IOP programs."</p> <p>Interview on 11-15-21 with the Executive Director revealed: -No specific staff was identified as the QP. -Staff are "intertwined with the programs of service."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0201 Governing Body Policies (V105) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 267		
V 268	<p>27G .4403 Sub. Abuse Intensive Outpt - Operations</p> <p>10A NCAC 27G .4403 OPERATIONS (a) A SAIOP shall operate in a setting separate from the client's residence. (b) Each SAIOP shall operate at least three</p>	V 268		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 268	<p>Continued From page 30</p> <p>hours per day, at least three days per week with a maximum of two days between offered services.</p> <p>(c) A SAIOP shall provide services a maximum of 19 hours for each client.</p> <p>(d) Each SAIOP shall provide services a minimum of nine hours per week for each client.</p> <p>(e) Group counseling shall be provided each day program services are offered.</p> <p>(f) Each SAIOP shall develop and implement written policies to carry out crisis response for their clients on a face to face and telephonic basis 24 hours a day, seven days a week, which shall include at a minimum the capacity for face to face emergency response within two hours.</p> <p>(g) Before discharge, the program shall complete a discharge plan and refer each client who has completed services to the level of treatment or rehabilitation as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews the facility failed to operate in a setting separate from the clients' residence. The findings are:</p> <p>Observation and interview with Executive Director on 11-9-21 at approximately 4:00 pm of the facility grounds revealed:</p> <ul style="list-style-type: none"> <li>-Client residences were in two buildings on property.</li> <li>-Within one residential building referred to as "the Lodge" was a room that was referred to as the community room.</li> <li>-In the bedrooms in the Lodge, was a shared bathroom and 2 bunk beds to accommodate 4 clients with one shared closet.</li> </ul>	V 268		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 268	<p>Continued From page 31</p> <p>Review on 11-16-21 of daily schedule revealed: -Schedule was listed as "Program Schedule - IOP (Intensive Outpatient Program)." -Schedule began outside of program clinical hours. -Schedule reflected out of bed, clean rooms, breakfast, and clean rooms/breakfast clean prior to the start of the clinical program.</p> <p>Interviews on 11-9-21 with Clients #1, #2, and #3 revealed: -Group sessions occurred in the community room within the building where clients resided.</p> <p>Interviews on 11-9-21 with Staff #1 and #2 revealed: -The community group was held in the same building where the clients live.</p> <p>Interviews on 11-16-21 with Therapist #1 and #2 revealed: -Some groups take place in the community room (within the residential building).</p> <p>Interview on 11-10-21 with the Clinical Director revealed: -Clinical services are provided 9:00am - 5:00pm Monday to Friday.</p> <p>Interview on 11-10-21 with the Executive Director revealed: -Staff are on site 24 hours a day/7 days a week to provide everything the client needs, including line of sight management and medication management. -"Most billable hours are Monday-Friday a few things are done on Sunday."</p> <p>This deficiency is cross referenced into 10A</p>	V 268		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>
---	---

(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 268	Continued From page 32  NCAC 27G .0201 Governing Body Policies (V105) for a Type A1 rule violation and must be corrected within 23 days.	V 268		