	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED
		MUL 054 450	B. WING		R 11/10/2021
		MHL051-150			11/10/2021
AME OF P	ROVIDER OR SUPPLIER			, STATE, ZIP CODE E - VARIOUS SUITES	
HCC CA	MBRIDGE PLACE C	ASAWORKS & P	IELD, NC 27		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CC	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLE E APPROPRIATE DATE
V 000	INITIAL COMMEN		V 000	On December 17 th 2021 staff train Training includes written guideling client rights.	
	An annual, complaint and follow up survey was completed on 11/10/21. Complaint Intake #NC00182475 was substantiated. Deficiencies were cited. 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.			Personal cell phones use at the fact however cell phone guidelines hav and client have access to use progr privacy during their stay in the pro	e been modified am office phone in
				All program rules, policy and guidelines will be provided to client pre-admission (referral package), and upon intake to ensure that the client is making an informed decision when entering the program.	
V 364	G.S. 122C- 62 Add Facilities	ditional Rights in 24 Hour	V 364		
	§ 122C-62. Additic Facilities.	onal Rights in 24-Hour		K.im Taylor MSWLTAS TTS	ITTM
	(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			12/8/2021	
		ps the right to: ive sealed mail and have naterial, postage, and staff			
		ecessary; onsult with, at his own expense le facility, legal counsel, private			
	physicians, and pri	vate mental health, abilities, or substance abuse			
	(3) Contact and co there is a client adv	B) Contact and consult with a client advocate if here is a client advocate. he rights specified in this subsection may not be estricted by the facility and each adult client may xercise these rights at all reasonable times.			
	restricted by the fa				
	of this section, eac treatment or habilit	vided in subsections (e) and (h h adult client who is receiving ation in a 24-hour facility at all	, ,		
	(1) Make and rece calls. All long dista	vive confidential telephone nce calls shall be paid for by			
	times keeps the rig (1) Make and rece calls. All long dista	ht to: eive confidential telephone			

If continuation sheet 1 of 9

Received by Mental Health Licensure & Certification 12/10/2021

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL051-150			R 11/10/2021	
AME OF PROVIDER OR SUPPLIER STREET ADD			ADDRESS, CITY, STATE, ZIP CODE IDGE PLACE - VARIOUS SUITES			
X4) ID REFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 364	 a.m. and 9:00 p.m. hours daily, two ho p.m.; however visit over therapies; (3) Communicate a supervision with indu- upon the consent of (4) Make visits out unless: a. Commitment p the result of the clievident crime, inclu- assault with a dead respondent was for insanity or incapab b. The client was committed to the fac commitment to a car Division of Adult Co Public Safety; or c. The client is be to proceed pursuar A court order may otherwise prohibite conditions prescrib (5) Be out of doors facilities and equip several times a we 	ving party; s between the hours of 8:00 for a period of at least six urs of which shall be after 6:00 ing shall not take precedence and meet under appropriate dividuals of his own choice of the individuals; side the custody of the facility roceedings were initiated as ent's being charged with a ding a crime involving an dly weapon, and the und not guilty by reason of le of proceeding; voluntarily admitted or acility while under order of porrectional facility of the porrection of the Department of eing held to determine capacity nt to G.S. 15A-1002; expressly authorize visits d by the existence of the ed by this subdivision; s daily and have access to ment for physical exercise				
	 client is being held proceed pursuant t (7) Participate in re (8) Keep and sper own money; (9) Retain a driver 					

TATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		SURVEY
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
MHL051-150		B. WING	B. WING		R 1 0/2021	
AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
		CAMBRI		VARIOUS SUITES		
	AMBRIDGE PLACE C		IELD, NC 2757	7		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH		COMPLE DATE
into		,	1/10	DEFICIENCY		
V 364	Continued From pa	age 2	V 364			
	and	-				
		o individual storage space for				
	his private use.					
	(c) In addition to th	e rights enumerated in G.S.				
		G.S. 122C-57 and G.S.				
		S.S. 122C-61, each minor clien	t			
	0	eatment or habilitation in a				
		the right to have access to				
		vision and guidance. In				
		ninor's status as a developing or shall be provided				
		able him to mature physically,				
		ctually, socially, and				
		w of the physical, emotional,				
		naturity of the minor, the				
	24-hour facility sha	Ill provide appropriate				
		ion and control consistent with				
		the minor pursuant to this Part.				
		so, where practical, make				
		to ensure that each minor				
		tment apart and separate from the treatment needs of the				
	minor client dictate					
		vho is receiving treatment or				
		24-hour facility has the right to:				
		and consult with his parents or				
		ency or individual having legal				
	custody of him;					
		onsult with, at his own expense				
		responsible person and at no				
		legal counsel, private				
		mental health, developmental				
		stance abuse professionals, of sponsible person's choice; and				
		onsult with a client advocate, if				
	there is a client adv					
		d in this subsection may not be				
		cility and each minor client				
		e rights at all reasonable times.				
	-					

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	E SURVEY
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:				PLETED
MHL051-150		B. WING		R 11/10/2021		
					11/	10/2021
IAME OF F	PROVIDER OR SUPPLIER			ATE, ZIP CODE VARIOUS SUITES		
RHCC CA	AMBRIDGE PLACE C	ASAWORKS & P	IELD, NC 2757			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO		(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLET DATE
V 364	Continued From pa	ige 3	V 364			
	(d) Except as prov	ided in subsections (e) and (h)				
		h minor client who is receiving				
		ation in a 24-hour facility has				
	the right to:					
		ive telephone calls. All long				
		be paid for by the client at the				
		call or made collect to the				
	receiving party;	ive mail and have access to				
		ostage, and staff assistance				
	when necessary;					
		ate supervision, receive				
		e hours of 8:00 a.m. and 9:00				
		at least six hours daily, two				
		ll be after 6:00 p.m.; however				
	-	e precedence over school or				
	therapies;					
		I education and vocational				
		nce with federal and State law; daily and participate in play,				
		sical exercise on a regular				
	basis in accordance					
		ibited by law, keep and use				
		nd possessions under				
		ision, unless the client is being				
	held to determine c G.S. 15A-1002;	apacity to proceed pursuant to				
	(7) Participate in re					
		individual storage space for				
		personal belongings;				
		and spend a reasonable sum				
	of his own money;					
		s license, unless otherwise ter 20 of the General Statutes.				
		rated in subsections (b) or (d)				
		be limited or restricted except				
		fessional responsible for the				
		lient's treatment or habilitation				
	plan. A written state		ii ii			1

	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL051-150	B. WING		R 11/10/2021	
	ROVIDER OR SUPPLIER	STREET AL CAMBRI	DDRESS, CITY, ST DGE PLACE - ' ELD, NC 2757'	VARIOUS SUITES		10/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 364	for the restriction. Treasonable and rel habilitation needs. period not to exceed each restriction sha qualified profession at which time the re Each evaluation of documented in the rights may be rene statement entered the client's record to renewal of the rest client who has not lin each instance of of a restriction of ri by the client shall, be notified of the rest adult client, the leg	indicates the detailed reason The restriction shall be ated to the client's treatment or A restriction is effective for a ed 30 days. An evaluation of all be conducted by the nal 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 that states the reason for the riction. In the case of an adult been adjudicated incompetent, an initial restriction or renewal ghts, an individual designated upon the consent of the client, estriction and of the reason for minor client or an incompetent ally responsible person shall				
	or renewal of a res reason for it. Notific individual or legally documented in writ This Rule is not me Based on record re facility failed to ens access to personal as specified in G.S	view and interviews, the ure clients' rights to free belongings were not restricted . 122C-62(b) for 1 of 3 audited				
	clients (#1). The fi Review on 11/9/21	-				

Division	of Health Service Re	gulation			-	_
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	``'	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		MHL051-150	B. WING		F 11/1	२ 0/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS. CITY. S	STATE, ZIP CODE		
		CAMBRI		- VARIOUS SUITES		
RHUUU	AMBRIDGE PLACE C	SMITHFI	ELD, NC 275			1
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT 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	ige 5	V 364			
	- Diagnoses	Date: 8/25/21 : Opioid Disorder, Cocaine ere and Cannabis Use				
	- Drug scree month if not twice.	1 client #1 reported: ns were performed once a Iff took her personal phone for				
	- If there was did not have their c turn their porch ligh	had a positive drug screen. s an emergency, and the client ell phone, they were told to it on and staff would check on				
		casion, her twin boys turned on identally) and it took an hour				
	reported: - Drug scree	1 the Clinical Counselor				
	when they returned - They avera	never a client left the site, I to the facility. Ige drug screens once a week. ive drug screen: clients				
	received individual the treatment team - Consequer	counseling, then they met with nces for a positive drug				
	food and they "migl phone.	Id not be able to order out for ht" lose their personal cell				
	were to come out, f the porch light on.	gency occurred, the clients lash their porch light or turn l check on them.				
	 Some clier 	nts had personal laptops, bes not take away, and could				
	- The clients in their apartments.	did not have land line phones				
Division of He STATE FORI	ealth Service Regulation		⁶⁸⁹⁹ g	QE711	If continua	tion sheet 6 of 9

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:				
MHL051-150		B. WING			R 1 0/2021		
IAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST				
нсс с	AMBRIDGE PLACE C	ASAWORKS & P		VARIOUS SUITES			
			IELD, NC 2757				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
V 364	Continued From pa	age 6	V 364				
	reported: - The clients in their apartments - Taking per positive drug scree decision. - The treatm length of the time, i - Removal o preventative measu contacting people t - Most of the personal cell phone their lives that did r - Clients cou one) to contact pos in the office. - The conse after a positive drug the client handbool - She did no a client rights violat access to those per succeed. Interview on 11/9/2 reported: - The clients in their apartments - Personal c clients with positive - Clients use contact individuals - If a client n	sonal cell phones after a en was a treatment team tent team determined the it was 30 days. If the cell phone was a ure to prevent clients from to bring them drugs. If contacts in the client's es were negative people in not want the client to succeed. Induse a tablet (if they have sitive people, or use the phone g screen was not disclosed in k on admission. It perceive the consequence as tion, but as a safety issue with ople who don't want them to 1 the Peer Support Specialist did not have land line phones ed their personal cell phones to to bring them drugs. teeded staff, and did not have ould turn on their porch light to					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE COMP	SURVEY LETED	
						R	
		MHL051-150 B. WING			11/1	0/2021	
AME OF F	ROVIDER OR SUPPLIER						
HCC CA	MBRIDGE PLACE C	ASAWORKS & P	ELD, NC 27	E - VARIOUS SUITES 577			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE		(X5)	
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)		COMPLE DATE	
V 736	Continued From pa	age 7	V 736	The identified issues have be			
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736	discussed with the landlord. I	-		
		-		and repairs have begun and w			
	10A NCAC 27G .03 EXTERIOR REQU	303 LOCATION AND		be completed by the beginning	ig of next		
		d its grounds shall be		year.			
		e, clean, attractive and orderly					
		e kept free from offensive					
	odor.			Individuals responsible for m	onitoring		
				the condition of the site is the	-		
				Manager Caroline Sanders ar	•		
				Director Kim Taylor. Weekly			
	This Rule is not me	et as evidenced by:		will take place and month rep			
		ion and interview, the facility		completed.			
	was not maintained and orderly manne	d in a safe, clean, attractive r. The findings are:					
	-	09/21 at 10:45 am revealed:					
	Apartments:						
		wnstairs light missing leaving					
	the light bulb expos	sed h crayon marks, hand prints					
		aucet loose and moved when					
	turning on water						
		ow blinds were broken and					
	missing several blir were missing sever	nds and the backdoor blinds					
		alls had dirty hand prints,					
	smudges and cray	on writing on the wall					
		smudges and hand prints on					
	the walls throughou -walls in the be	edroom had crayon and magic					
	marker writing on w	valls		K.im Taylor MSWLTASL	GSW		
		andle broken, two out of four		CCI			
		edroom #1's bathroom on the walls throughout the		12/8/2021			
	apartment						
	Interview on 11/09/	21 client #1 stated					

STATE FORM

9QE711

If continuation sheet 8 of 9

Division of fleatin Service N	Syulation		
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	MHL051-150		B. WING	R 11/10/2021
			DRESS, CITY, STATE, ZIP CODE GE PLACE - VARIOUS SUITES	
		MITHFIE	LD, NC 27577	

⁶⁸⁹⁹ 9QE711

Division of Health Service Regulation

(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 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.	V 736		

6899

9QE711

If continuation sheet 10 of