

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601474	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/16/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

RECOVERY WORKS **5100 MONROE ROAD**
CHARLOTTE, NC 28205

(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>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on December 16, 2021. The complaint was unsubstantiated (Intake #NC00183502).</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness and 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program.</p> <p>The survey sample consisted of audits of 3 current clients and 1 former client.</p>	V 000		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to access the Health Care Personnel Registry prior to an offer of employment affecting 1 of 3 audited staff (Acting Program Director). The findings are: Review on 12/14/21 of Acting Program Director</p>	V 131		

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: MHL0601474	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/16/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RECOVERY WORKS	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 MONROE ROAD CHARLOTTE, NC 28205
---	--

(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 131	Continued From page 1 revealed: -Hired 4/16/07; -Rehired 11/1/13; -HCPR accessed 5/15/14. Interview on 12/14/21 with the Quality Assurance/Quality Improvement Director revealed: -Accessing the HCPR late for Acting Program Director was an oversight; -Will ensure the HCPR is accessed prior to an offer of employment in the future.	V 131		
V 175	27G .1202 Psychosocial Rehab - Staff 10A NCAC 27G .1202 STAFF (a) Each facility shall have a designated program director. (b) A minimum of one staff member on-site to each eight or fewer clients in average daily attendance shall be maintained. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure a minimum of one staff member on-site to each eight or fewer clients in average daily attendance affecting 3 of 3 audited current clients and 1 of 1 audited former client (Clients #1, #2, #3 and Former Client #4). The findings are: Review on 12/13/21 of the daily attendance records for the week of 11/1/21-11/5/21 revealed: -20 clients in attendance on 11/1/21; -13 clients in attendance on 11/2/21; -10 clients in attendance on 11/3/21;	V 175		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601474	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/16/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RECOVERY WORKS	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 MONROE ROAD CHARLOTTE, NC 28205
---	--

(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 175	<p>Continued From page 2</p> <p>-13 clients in attendance on 11/4/21; -11 clients in attendance on 11/5/21.</p> <p>Interview on 12/13/21 with Staff #2 revealed: -Worked alone for several days during the week of 11/1/21-11/5/21.</p> <p>Interview on 12/14/21 with the Former Program Director revealed: -Did not work on 11/3/21, 11/4/21, and 11/5/21 due to illness; -Staff #2 worked alone on the days she was out due to illness.</p> <p>Interview on 12/16/21 with the Chief Executive Officer revealed: -Was notified by the Former Program Director that she would not work dur to illness on 11/3/21, 11/4/21, and 11/5/21; -Called Staff #2 on 11/3/21 to determine if additional coverage would be required due to Former Program Director's absence and was awaiting a call back response from Staff #2; -Forgot to follow up with Staff #2 regarding securing additional coverage as a result of Former Program Director's absence; -Will ensure proper staff ratios are maintained in the future.</p>	V 175		