STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601474	A. BUILDING: _____ B. WING _____	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	INITIAL COMMENTS An annual and complaint survey was completed on December 16, 2021. The complaint was unsubstantiated (Intake #NC00183502). 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. The survey sample consisted of audits of 3 current clients and 1 former client.	V 000	1. Amara Wellness will ensure a health care registry check on each employee is conducted prior to hire. Amara Wellness contracts with Advisor HR who is the vendor for all HR business practices. 2. Amara Wellness will conduct random QA audits to ensure compliance.	On-going Semi-Annually Qtr Audits
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification 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. 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	V 131		

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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	Amara Wellness has developed a backup plan to ensure compliance with State Standards: The backup plan is as follows: 1. Amara Wellness will use staff from its Peer Support department as back up for the PSR. 2. Staff have been oriented to provide PSR services.	1.31/ 2022 On-Go ing
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	3. PSR Staff will contact identified Peers who have been trained as back up to fill in for that day or time period. 4. During times in which these staff are unavailable coverage will be provided by a Supervisor. 5. Amara Wellness will provide random reviews to ensure compliance with State Standards.	PRN & On Going On-Go ing

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V 175	Continued From page 2 -13 clients in attendance on 11/4/21; -11 clients in attendance on 11/5/21. Interview on 12/13/21 with Staff #2 revealed: -Worked alone for several days during the week of 11/1/21-11/5/21. 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. 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.	V 175		