

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/03/2022
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NAME OF PROVIDER OR SUPPLIER NU-IMAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 127 MAIN STREET RED SPRINGS, NC 28377
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(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>A complaint and follow up survey was completed on March 3, 2022. The complaint was unsubstantiated (intake #NC00184326). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment.</p> <p>This facility has a current census of 42 . The survey sample consisted of audits of 2 current clients, 2 former clients.</p>	V 000		
V 282	<p>27G .4503 Sub. Abuse Comp. Outpt. Tx.- Operations</p> <p>10A NCAC 27G .4503 OPERATIONS</p> <p>(a) A SACOT shall operate in a setting separate from the client's residence.</p> <p>(b) Each SACOT shall provide services a minimum of 20 hours per week.</p> <p>(c) Each SACOT shall operate at least four hours per day, at least five days per week with a maximum of two days between offered services.</p> <p>(d) Each SACOT shall provide a structured program of services in the amounts, frequencies and intensities specified in each client's treatment plan.</p> <p>(e) Group counseling shall be provided each day program services are offered.</p> <p>(f) Each SACOT 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) Psychiatric consultation shall be available as</p>	V 282		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 282	<p>Continued From page 1</p> <p>needed.</p> <p>(h) 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 review and interviews, the facility failed to ensure a discharge plan was completed for each client prior to being discharged from the program, including a referral to the level of treatment specified in the discharge plan for one of two former clients audited (Former Client (FC) #3). The findings are:</p> <p>Review on 3/3/22 of FC #3's record revealed: -29 year old male. -Admitted on 4/27/21. -Discharged on 12/27/21. -Diagnoses of Major Depressive Disorder and Cocaine Disorder Moderate.</p> <p>Review on 3/3/22 of FC #3's discharge summary revealed: -Discharged from Services: SACOT -"Reason Discharged:...Other/Comments: Member stated that he wanted to attend services at another agency." -"Narrative Discharge Summary: Member stated that he wanted to attend services at another agency. Member was discharged on 12/29/21 from W&B agency." -No documentation FC #3 was referred to a SACOT program for treatment or referred to an</p>	V 282		

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V 282	<p>Continued From page 2</p> <p>outside agency for treatment.</p> <p>Interview on 3/3/22 the Office Manager/Qualified Professional stated: -FC #3 called and requested to be discharged from SACOT services. -FC #3 wanted to receive services with another provider. -They referred clients to other agencies if requested by the client.</p> <p>Interview on 3/3/21 the Clinical Director stated: -When a client was discharged from a program, the client was referred to services within the agency or with an outside agency. -The recommendations and referrals were documented in the clinical team note. -She completed the discharge for FC #3. -There was no clinical team note for FC #3.</p> <p>Interview on 3/3/22 the Chief Executive Officer/Qualified Professional stated: -After a client was discharged, the agency would send a transition/discharge letter with recommendations. -There was no transition/discharge letter for FC #3. -She would ensure a discharge plan was completed for each client.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 282		