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Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
AND FLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER.		A. BUILDING: _		COMPLETED	
		MHL011-368	B. WING		R 03/07/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RED OAK	RECOVERY		W CREEK RO R, NC 28748	AD		
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	000 INITIAL COMMENTS		V 000			
	completed on March follow up survey, only Medication Requirem 27G .3701 Scope (V2 Staff (V240), 10A NC (V266), 10A NCAC 27 NCAC 27G .4403 Op NCAC 27G .0201 Go (V105). The following compliance: 10A NCA Requirements (V116) Scope (V239), 10A N (V240), 10A NCAC 27 NCAC 27G .4402 Staff (V240) St	7G .4402 Staff (V267), 10A erations (V268), and 10A verning Body Policies were brought back into AC 27G .0209 Medication , 10A NCAC 27G .3701 CAC 27G .3702 Staff 7G .4401 Scope (V266), 10A off (V267), 10A NCAC 27G (68), and 10A NCAC 27G y Policies (V105).				
	categories: 10A NCA Facilities for Individua Disorders, 10A NCAC Abuse Intensive Outp NCAC 27G .5400 Da Disability Groups.  The facility has a curr survey sample consis	d for the following service C 27G .3700 Day Treatment als with Substance Abuse C 27G .4400 Substance reatient Program, and 10A by Activity for Individuals of All cent census of 17. The sted of audits of 4 current				
	clients.					
V 118	27G .0209 (C) Medica	ation Requirements	V 118			
	10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

DIVISION	n nealth Service Regu	lation							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S					
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPL	COMPLETED				
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MHL011-368			B. WING		03/0	07/2022			
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE. ZIP CODE					
RED OAK	RED OAK RECOVERY 631 WILLOW CREEK ROAD LEICESTER, NC 28748								
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(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR		(X5)			
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IAG	REGULATORY OR LSC IDENTIFYING INFORMATION)			DEFICIENCY)					
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V 118	Continued From page 1		V 118						
	drugo								
	drugs.	he self administered by							
		be self-administered by							
		horized in writing by the							
	client's physician.	alternation to the attended to the attended							
		ding injections, shall be							
		licensed persons, or by							
	-	rained by a registered nurse,							
	•	egally qualified person and							
		and administer medications.							
	` '	inistration Record (MAR) of							
	all drugs administered to each client must be kept								
	current. Medications administered shall be								
	recorded immediately after administration. The								
	MAR is to include the following: (A) client's name;								
	(B) name, strength, a	nd quantity of the drug;							
	(C) instructions for ad	Iministering the drug;							
	(D) date and time the	drug is administered; and							
	(E) name or initials of	person administering the							
	drug.								
	(5) Client requests for	r medication changes or							
	checks shall be recorded and kept with the MAR file followed up by appointment or consultation								
	with a physician.								
	This Rule is not met	as evidenced by:							
		as evidenced by. ns, record reviews and							
		•							
	_	failed to show competency							
	in medication adminis	stration. The findings are :							
	0.00	0 -1							
		2 at approximately 1:30 pm							
	revealed:								
	-the pavilion is an out	doors covered area with							

tables.

Division of Health Service Regulation

STATE FORM 6899 FNKE11 If continuation sheet 2 of 6

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  RED OAK RECOVERY  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 2  -the pavilion is between the administration building and the lodge.  Review on 3-2-22 of Medication Policy revealed: -"When clients bring medications to Red Oak Recovery LLC, clients consent to eligible Red Oak Recovery LLC staff securely storing their medications. To the extent a client's physician provides written authorization for a client to	STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  631 WILLOW CREEK ROAD LEICESTER, NC 28748   (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 2 -the pavilion is between the administration building and the lodge.  Review on 3-2-22 of Medication Policy revealed: -"When clients bring medications to Red Oak Recovery LLC, clients consent to eligible Red Oak Recovery LLC staff securely storing their medications. Clients further consent to eligible Red Oak Recovery LLC staff administering their medications. To the extent a client's physician provides written authorization for a client to	MHL011-368		B. WING		1		
Cach Deficiency Must be received by Full Regulatory or Lsc identifying information   Cach Deficiency Must be received by Full Regulatory or Lsc identifying information   Prefix Tag   Cach Deficiency Must be received by Full Regulatory or Lsc identifying information   Prefix Tag   Previdence To the Appropriate Date Date	NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	1 03/0	112022
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-the pavilion is between the administration building and the lodge.  Review on 3-2-22 of Medication Policy revealed: -"When clients bring medications to Red Oak Recovery LLC, clients consent to eligible Red Oak Recovery LLC staff securely storing their medications. Clients further consent to eligible Red Oak Recovery LLC staff administering their medications. To the extent a client's physician provides written authorization for a client to	PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE	COMPLETE
self-administer medications, client's medication must be stored in a secure location"  -"In order to maintain a safe environment and safeguard medications, all medications are stored in locked storage by the Program. Clients can gain access to their medications during their medication window, upon need or request, and during discharge."  Review on 3-2-22 of Recovery Guide Job Description revealed: -Role and responsibilities: -"Work as part of a treatment team in order to provide clients with the highest level of clinical care." -"Administer medications to clients on time and accurately, while documenting medication administration and any medication errors, including reporting medication errors to Team Lead immediately and completing necessary Incident Report(s)."  Interview on 3-2-22 with Clients #1, #2, #3 and #4 revealed: -Medication administration did not take place inside a building, generally at the pavilionStaff maintained possession of medicationProcess for medication administration in the	V 118	-the pavilion is betwee building and the lodger Review on 3-2-22 of I -"When clients bring in Recovery LLC, clients Oak Recovery LLC standications. Clients of Red Oak Recovery LLC standications. To the eprovides written authorself-administer medications afeguard medication in locked storage by the gain access to their in medication window, unduring discharge."  Review on 3-2-22 of I Description revealed: -Role and responsibilities and accurately, while administration and an including reporting materials."  Interview on 3-2-22 werevealed: -Medication administration admin	Medication Policy revealed: medications to Red Oak seconsent to eligible Red aff securely storing their further consent to eligible LC staff administering their extent a client's physician prization for a client to ations, client's medication ecure location" a safe environment and as, all medications are stored the Program. Clients can medications during their apon need or request, and  Recovery Guide Job  ities: fa treatment team in order to be highest level of clinical dications to clients on time documenting medication by medication errors, edication errors to Team d completing necessary  with Clients #1, #2, #3 and #4  reation did not take place erally at the pavilion. session of medication.	V 118	DELIGITION OF THE PROPERTY OF		

Division of Health Service Regulation

evenings was the same as other times, never

STATE FORM 6899 FNKE11 If continuation sheet 3 of 6

Division o	Division of Health Service Regulation FORM APPROVE					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		· ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL011-368		B. WING		R 03/07/2022		
NAME OF PROVIDER OR SUPPLIER STREET ADI			DDRESS, CITY, STA	TE, ZIP CODE		
RED OAK RECOVERY 631 WILL			OW CREEK RO	AD		
KLD OAK	RECOVERI	LEICEST	ER, NC 28748			
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V 118	Continued From page	⇒ 3	V 118			
	inside a building, no r	matter the time of day.				
	Interview on 3-2-22 with Client #3 revealed: -Medication administration time frames were 7:00 am - 9:00 am, 2:00 pm - 4:00 pm, and 8:00 pm - 10:00 pm.  Interview on 3-2-22 and 3-3-22 with Medical Services Manager revealed: -Clients took medications after 5:00 pmAfter business hours, "clients aren't holding medications." Staff maintained possession of medications at all timesThe lead staff have medications in a locked bagStaff were still responsible for administering medications after 5:00 pmMedications were administered outdoors, sometimes at the pavilionClients do not self-administer due to "concerns of mismanagement, seems like an unnecessary risk."					
	revealed: -Job title was Recove	vith Recovery Guide #3 ery Guide. ncluded administering				

-Medications are carried by recovery guide staff in locked backpacks.

-Medications were administered outside by staff, usually under the pavilion, not in the living quarters.

-There were 2-hour windows for administering medications three times a day.

Interview on 3-2-22 with Recovery Guide #1 revealed:

- -Job title was Shift Supervisor of Guide Team.
- -Job responsibilities included administering medications.

Division of Health Service Regulation

STATE FORM 6899 FNKE11 If continuation sheet 4 of 6

Division (	of Health Service Regu	ulation			FORM	1 APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY ETED	
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RED OAK	RECOVERY		OW CREEK ROA ER, NC 28748	AD		
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V 118 Continued From page 4  -There were 3 medication administration windows per day.  -Medications are locked in backpacks carried by the Recovery Guides.  -Medications were administered outside by staff and not where the clients reside.  Interview on 3-2-22 with Recovery Guide #2		V 118				

revealed:
-Job title was Clinical Technician/Recovery Guide.

-Job responsibilities included administering medications.

-Medication administration times were 8:00 am - 10:00 am, 2:00 pm - 4:00 pm, and 8:00 pm - 10:00 pm.

-All medications were given outside by staff.

-Medications are carried by recovery guide staff in locked backpacks.

-Guide work hours are roughly 7:00 am - 11:00 pm.

Interview on 3-2-22 with Therapist #1 and Therapist #2 revealed:

-Hours of the clinical programming were Monday

- Friday 9:00 am - 5:00 pm.

Interview on 3-2-22 with the Clinical Director revealed:

-Hours of the clinical programming were Monday

- Friday 9:00 am - 3:00 pm for the Day Treatment Program and Monday - Friday 9:00 am - 12:00 pm for the Substance Abuse Intensive Outpatient Program.

-Clinical staff were available until 5:00 pm for case management and family therapy.

Interview on 3-2-22 and 3-3-22 with the Executive Director revealed:

-Hours of the clinical programming were Monday

- Friday 9:00 am - 3:00 pm for the Day Treatment

Division of Health Service Regulation

STATE FORM 6899 FNKE11 If continuation sheet 5 of 6

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Division of Health Service Regulation

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MHL011-368			B. WING 03/07/2022					
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Pro pm Pro -Th self hold -In mee thei	for the Substance or or the Substance or	- Friday 9:00 am - 12:00 Abuse Intensive Outpatient at allow clients to ations so that they do not wap with other clients. elf-administering at going to let them have all ass and procedure was in	V 118					

Division of Health Service Regulation

STATE FORM 6899 FNKE11 If continuation sheet 6 of 6