STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED R	
			A. BUILDING:			
		MHL028-019	B. WING		05/16/2022	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	ZIP CODE		
CHANGIN	G TIDES		RTH VIRGINIA DAP	RETRAIL		
			AWK, NC 27949			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLET	
V 000	INITIAL COMMENTS	3	V 000			
	An annual, complaint and follow up survey was completed on May 16, 2022. The complaint was unsubstantiated (Intake #NC00186863). A deficiency was cited.					
	category: 10A NCA	ed for the following service C 27G .3700 Day Treatment als with Substance Abuse				
		rrent census of 16. The sted of audits of 3 current				
V 239	27G .3701 Day Tx. S	Sub. Abuse - Scope	V 239			
	group setting for indistructured treatmentthat provided by outpserve as an alternatiprogram.(b) Day treatment seprograms, which maand family counselin	cilities provide services in a viduals who need more for substance abuse than patient treatment, and may ve to a 24-hour treatment ervices shall have structured y include individual, group, g, recreational therapy, peer buse education, life skills				
	interviews, the facility scope of a day treat designed client treat	as evidenced by: iews, observation and y failed to operate within the nent program by having ment services as a partial am and having made				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
	MHL028-019		B. WING		05	R // 16/2022
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
CHANGIN	G TIDES		ORTH VIRGINIA DAF IAWK, NC 27949	RETRAIL		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETI DATE
V 239	Continued From page	e 1	V 239			
	treatment services contingent on receiving housing services. The findings are:					
	Review on 05/09/22 of the facilities website					
	revealed: "-[Facility] is a drug and alcohol treatment center					
	located on the Outer Banks. We offer a partial hospitalization program where we provide both					
	the housing aspect of treatment, and addiction					
	therapy services all on one site for alcoholism,					
	drug abuse, heroin abuse, and opioid abuse.					
	-Staff lives on site and housekeeping duties are attended to so residents are free to focus on					
	healing. "					
	Observation on 05/05/22 at approximately					
	12:45pm revealed: -2 locations on the property that appeared to be					
	an older renovated m	or and the residents of the				
	day program resided.					
	-The building on the l location of the day pr	back of the property was the ogram setting.				
	Review on 05/05/22 or revealed:	of client #3's record				
	-Admission date of 02	2/02/22.				
	-Diagnoses of Alcoho Disorder and Cannab	ol Use Disorder, Cocaine Use Dis Use Disorder				
	Review on 05/05/22 or revealed:	of client #12's record				
	-Admission date of 04	4/12/22.				
		Dependence, Severe.				
	Review on 05/05/22 of	of client #13's record				
	revealed: -Admission date of 04	1/25/22				
		+/ LJ/ LL.				1

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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		MHL028-019	B. WING		05	/16/2022	
AME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
HANGIN	G TIDES		ORTH VIRGINIA DAF AWK, NC 27949	RETRAIL			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)	
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN) THE APPROPRIATE	COMPLET DATE	
V 239	Continued From page	e 2	V 239				
	During interview on 0	5/05/22 client #3 revealed:					
	-This was her second						
		e to receive the day program					
	services.						
	-She took medication	5					
	- The medication was office.	stored in the administrative					
		box of medication to us in					
	the administrative offi						
	medications under his						
		to keep her medication in					
	her room.						
		5/05/22 client #12 revealed:					
	-	program for 4 to 5 weeks.					
		e in order to receive the day					
	program services.	te except for one staff.					
		medication during the week					
	and staff #1 gave the weekends.						
		stored in a locked room					
		ce and each person had a					
		r that the medication was					
	stored in.						
	•	5/05/22 client #13 revealed:					
	-	at the facility for a little over					
	a week.	a anaita ta radajua tha					
	services during the da	ve onsite to receive the					
		ay. medication during the week.					
	-	cutive Director gave the					
	medication on the we	0					
	-	om which she had to pay					
	extra for.						
	-	5/05/22 the Therapist					
	revealed:						
	-She had worked at t	he facility since November					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED		
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		MHL028-019	B. WING		05	R 5/16/2022	
AME OF PR	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
HANGING	G TIDES		RTH VIRGINIA DAF AWK, NC 27949	RETRAIL			
<i></i>							
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V 239	Continued From page	e 3	V 239				
	2021.						
		ps and individual counseling					
	to the clients.						
	-She lived onsite at th	ne facility.					
	-All the clients had to	live onsite to receive the					
	day program services						
	-All the clients lived in						
	-Some of the clients t						
		medication during the day					
	and stall #1 gave the	medication on the weekend.					
	During interview on 0	5/09/22 staff #1 revealed:					
	-He worked and lived onsite at the facility.						
	-Some clients do take	-					
	-The nurse gave the	medication during the day					
	and he administered	medications on the					
	weekend.						
		kept locked in the nurses					
		would have to come to the					
	office to get the medi-	tend the day program had to					
	live onsite in order to						
		5/06/22 the Registered					
	Nurse revealed:	medications during the day.					
		er the office and made					
		x out of the locked closet.					
	-The clients self admi						
	medications.						
	-The staff observed th	ne clients take the					
	medications and then	document on the					
	medication administra						
	medication had been	taken.					
	During interview on 0	5/05/22 the Clinical Director					
	and Executive Directo						
		erty was where the clients					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			(X3) DATE SURVEY	
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V 239	Continued From page	e 4	V 239			
	live onsite.	ervices for group they had to program that provided				

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