



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

May 24, 2022

Aubrey Dunning
Coastal Recovery Solutions, Inc.
3512 N. Virginia Dare Trail
Kitty Hawk, NC 27949

RECEIVED
JUN 08 2022
DHSR-MH Licensure Sect

Re: Annual, Follow Up and Complaint Survey completed 05/16/22
Changing Tides, 3512 N. Virginia Dare Trail, Kitty Hawk, NC 27949
MHL # 028-019
E-mail Address: aubrey@changingtidesobx.com
Intake #NC00186863

Dear Ms. Dunning:

Thank you for the cooperation and courtesy extended during the annual, follow up and complaint survey completed 05/16/22. The complaint was unsubstantiated.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. An additional deficiency was cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 07/15/22.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

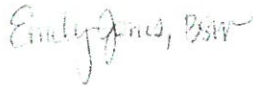
05/24/22
Changing Tides
Coastal Recovery Solutions, Inc.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

RECEIVED
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Gloria Locklear at 910-214-0350.

Sincerely,



Emily Jones, BSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Joy Futrell, CEO, Trillium Health Resources LME/MCO
Fonda Gonzales, Director of Quality Management, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Supervisor

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL028-019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/16/2022
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NAME OF PROVIDER OR SUPPLIER CHANGING TIDES	STREET ADDRESS, CITY, STATE, ZIP CODE 3512 NORTH VIRGINIA DARE TRAIL KITTY HAWK, NC 27949
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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>An annual, complaint and follow up survey was completed on May 16, 2022. The complaint was unsubstantiated (Intake #NC00186863). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders.</p> <p>This facility has a current census of 16. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 239	<p>27G .3701 Day Tx. Sub. Abuse - Scope</p> <p>10A NCAC 27G .3701 SCOPE</p> <p>(a) Day treatment facilities provide services in a group setting for individuals who need more structured treatment for substance abuse than that provided by outpatient treatment, and may serve as an alternative to a 24-hour treatment program.</p> <p>(b) Day treatment services shall have structured programs, which may include individual, group, and family counseling, recreational therapy, peer groups, substance abuse education, life skills education, and continuing care planning.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to operate within the scope of a day treatment program by having designed client treatment services as a partial hospitalization program and having made</p>	V 239	<p style="text-align: center;">RECEIVED JUN 08 2022 DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE *Executive Director* (X6) DATE *5-30-22*

Division of Health Service Regulation

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V 239	<p>Continued From page 1</p> <p>treatment services contingent on receiving housing services. The findings are:</p> <p>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. "</p> <p>Observation on 05/05/22 at approximately 12:45pm revealed: -2 locations on the property that appeared to be an older renovated motel that had numbers on the outside of each door and the residents of the day program resided. -The building on the back of the property was the location of the day program setting.</p> <p>Review on 05/05/22 of client #3's record revealed: -Admission date of 02/02/22. -Diagnoses of Alcohol Use Disorder, Cocaine Use Disorder and Cannabis Use Disorder</p> <p>Review on 05/05/22 of client #12's record revealed: -Admission date of 04/12/22. -Diagnosis of Opiate Dependence, Severe.</p> <p>Review on 05/05/22 of client #13's record revealed: -Admission date of 04/25/22. -Diagnosis of Alcohol Dependence.</p>	V 239		
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Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CHANGING TIDES

**3512 NORTH VIRGINIA DARE TRAIL
KITTY HAWK, NC 27949**

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V 239	<p>Continued From page 2</p> <p>During interview on 05/05/22 client #3 revealed: -This was her second time in the program. -You had to live onsite to receive the day program services. -She took medication daily. -The medication was stored in the administrative office. -The nurse gives our box of medication to us in the administrative office and we take the medications under his supervision. -She was not allowed to keep her medication in her room.</p> <p>During interview on 05/05/22 client #12 revealed: -He had been in the program for 4 to 5 weeks. -You had to live onsite in order to receive the day program services. -All the staff live onsite except for one staff. -The nurse gave the medication during the week and staff #1 gave the medication on the weekends. -The medication was stored in a locked room inside the nurses office and each person had a Tupperware container that the medication was stored in.</p> <p>During interview on 05/05/22 client #13 revealed: -She had been living at the facility for a little over a week. -The clients had to live onsite to receive the services during the day. -The nurse gave the medication during the week. -Staff #1 and the Executive Director gave the medication on the weekends. -She had a private room which she had to pay extra for.</p> <p>During interview on 05/05/22 the Therapist revealed: -She had worked at the facility since November</p>	V 239		

Division of Health Service Regulation

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V 239	<p>Continued From page 3</p> <p>2021.</p> <ul style="list-style-type: none"> -She completed groups and individual counseling to the clients. -She lived onsite at the facility. -All the clients had to live onsite to receive the day program services. -All the clients lived in the hotel. -Some of the clients take medication. -The nurse gave the medication during the day and staff #1 gave the medication on the weekend. <p>During interview on 05/09/22 staff #1 revealed:</p> <ul style="list-style-type: none"> -He worked and lived onsite at the facility. -Some clients do take medication. -The nurse gave the medication during the day and he administered medications on the weekend. -The medication was kept locked in the nurses office and the clients would have to come to the office to get the medication. -All the clients that attend the day program had to live onsite in order to receive the services. <p>During interview on 05/06/22 the Registered Nurse revealed:</p> <ul style="list-style-type: none"> -He administered the medications during the day. -The client would enter the office and made identification. -He would get the box out of the locked closet. -The clients self administered their own medications. -The staff observed the clients take the medications and then document on the medication administration record that the medication had been taken. <p>During interview on 05/05/22 the Clinical Director and Executive Director revealed:</p> <ul style="list-style-type: none"> -The front of the property was where the clients lived and the back of the property was where the 	V 239		

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V 239	Continued From page 4 day program services were located. -If a client received services for group they had to live onsite. -The facility is a day program that provided lodging that was not licensed.	V 239		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL028-019	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/16/2022
NAME OF FACILITY CHANGING TIDES		STREET ADDRESS, CITY, STATE, ZIP CODE 3512 NORTH VIRGINIA DARE TRAIL KITTY HAWK, NC 27949	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0118	Correction	ID Prefix V0133	Correction	ID Prefix V0536	Correction
Reg. # 27G .0209 (C)	Completed	Reg. # G.S. 122C-80	Completed	Reg. # 27E .0107	Completed
LSC	05/16/2022	LSC	05/16/2022	LSC	05/16/2022
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Emily Jones, BSM</i>	DATE 5/16/22
REVIEWED BY CMS RO	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 11/22/2019			<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		



May 30th, 2022

Mental Health Licensure & Certification Section
Division of Health Service Regulation
2718 Mail Service Center, Raleigh, NC 27699-2718
P: 919-855-3795
F: 919-715-8078

Re: Annual, Follow Up and Complaint Survey complete 05/16/22
Changing Tides, 3512 N. Virginia Dare Trail, Kitty Hawk, NC 27949
MHL # 028-019
Intake # NC00186863

To whom it may concern,

One portion of the citation referenced above, states that Changing Tides was operating outside of the scope of a day treatment program by having designed client treatment services as a partial hospitalization program (PHP). PHP is a general term in the field of addiction on a national level, especially regarding insurance billing, a term which our clients know best. PHP is a type of Day Treatment. On a national scale the terminology of "Day Treatment" is a rarity, this is normally referred to as Partial Hospitalization or PHP. If a client outside the state of North Carolina contacts their insurance company and inquiries about coverage for "Day Treatment" they are often denied due to terminology only. It seems that this issue came directly from our website, as our website is quoted within the citation report. It also seems that it is more of a terminology issues that we can easily fix. What we have discussed, and the Board of Directors has agreed upon, is that we will change the wording on our website. We have contacted our web site marketing team and informed them of our plan, and they have begun to work on this. Wherever you may see PHP on our website, there will be an indication that we are Day Treatment. You may see Day Treatment/PHP or Day Treatment, otherwise known as PHP, etc. We have notified our marketing team and they have already researched the issue and started the work. The website generally does not change unless the Executive Director approves it, therefore this should not be an issue with the website again.

The second portion of the referenced citation stated that Changing Tides makes treatment services contingent on receiving housing services. Although we do not fully understand why this has become an issue, we have come to a resolution. We will add to our current document, the Client Agreement, which clients sign upon admission to our program, verbiage stating that they are choosing housing voluntarily. This document change will be completed prior to the deadline of 07/15/2022 and is already in process. This will be part of the admission documents that are signed when a client enters treatment. A couple of things to note are that the treatment building is not on the same address as the lodging buildings. Also, our clients prefer and, in many cases, need to have lodging during their treatment. There is a separate division of our corporation that manages the lodging. That division prepares, pays, and follows all state and county rental requirements.

One issue that is not represented on the referenced document above but one which has been discussed by the facility compliance consultant, is that we give medications in the evenings. Since we have a Day Treatment license we are operating within our requirements and will just make sure we post the office hours on the doors of the treatment building.

If you have any questions or concerns as to the content of this letter, please feel free to contact me.

Thank you,


Aubrey Dunning
Executive Director