STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-918	A. BUILDING: _____ B. WING _____	R 09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN WAKE TREATMENT CENTER, LLC	2172 NORTH SALEM STREET, SUITE 105 APEX, NC 27523

(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 follow-up survey was completed on September 28, 2022. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment. This facility is licensed for 0 and currently has a census of 83. The survey sample consisted of audits of 6 current clients and 2 former clients.	V 000		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;	V 113		

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V 113	Continued From page 1 (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure records were complete affecting one of six current clients (#1) and affecting one of two former clients (former client #8). The findings are: a. Review on 9/27/22 of client #1's record revealed: -Admission date of 9/21/20. -Diagnosis of Opioid Use Dependence, Severe. -There was no documentation of a signed statement from the client or legally responsible person granting permission to seek emergency care. b. Review on 9/27/22 of former client #8's record revealed: -Admission date of 9/7/20.	V 113		

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V 113	Continued From page 2 -Diagnosis of Opioid Dependence, Severe. -Discharge date of 8/16/22. -There was no documentation of a signed statement from the client or legally responsible person granting permission to seek emergency care. Interview on 9/27/22 with the Program Director revealed: -She was aware that some of the clients did not have consent to receive emergency treatment. -Facility was having clients sign consent to receive emergency treatment during their annual reviews. -She and the other counselors were making sure clients completed the consents annually going forward. -She confirmed there was no documentation of a signed statement from the client or legally responsible person granting permission to seek emergency care for client #1 and former client #8.	V 113		