Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL074-146	A. BUILDING: ______ B. WING ______	R-C **02/20/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PORT HEALTH SERVICES - PALADIN	**501 PALADIN DRIVE GREENVILLE, NC 27834**

(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 A complaint and follow up survey was completed on 2/20/23. The complaint was unsubstantiated (Intake #NC00196329). Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .3600 Outpatient Opioid Treatment, 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program. This facility has a current census of 150. The survey sample consisted of audits of 5 current clients and 1 deceased client.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the	V 112		

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

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V 112	Continued From page 1 provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to develop and implement treatment goals annually for one of six current clients (#1). The findings are: Review on 1/31/23 of client #1's record revealed: -Admission date of 2010 -Diagnoses of Opioid Dependency, Major Depressive Disorder -Treatment plan dated 8/9/21 Review on 1/31/23 in the facility electronic record system revealed client #1's 8/2020 and 8/2021 treatment plan was uploaded into the system by staff #1. Interview on 2/8/23 staff #1 stated: -Had client #1 for many years and just transferred her to a new counselor due to her medicare. -Go over her treatment plan yearly with her. -Had uploaded the old treatment plans recently. -Had her new plan, had not put it in the system, not sure why. -Will send it to surveyor today. 2/8/23-Received updated treatment plan dated 8/2022 from staff #1.	V 112		

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V 112	Continued From page 2 [This deficiency constitutes a recited deficiency and must be corrected within 30 days.]	V 112		
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; (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;	V 113		

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V 113	Continued From page 3	V 113		

(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 review and interview, the facility failed to ensure client records were maintained for 1 of 1 deceased client (DC #6). The findings are:

Review on 1/31/23 DC #6's record revealed:
- Admitted: 3/25/22
- Diagnoses: Opioid Dependence, Multiple Myeloma in remission, and Unspecified Kidney Failure
- Date of Death: 5/15/22
- No coordination of care, proof of dialysis attendance or documentation of communication with DC #6's doctors

Interview on 2/9/23 FS (former staff) #6 reported:
- Was employed at this clinic for about 7 or 8 years
- She was an LPN - Licensed Practical Nurse
- She requested all the information from DC #6's dialysis
- She also requested information anytime she went to the doctor's
- All that information should have been uploaded

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V 113	Continued From page 4 - Dialysis was keeping in touch with this clinic - A coordination of care form was filled out at admission - The communication with the dialysis center, this facility's doctor and all the coordination of care should have been in DC #6's record - If it wasn't in the record then she didn't know what happened to it Interview on 2/13/23 the facility's medical doctor reported: - If the situation required it, they will have phone contact with a client's specialist - Records were "amazingly limited" but did go back to March 2022 - They interacted with the specialist on an as needed basis for DC #6 - They had documentation going back and forth to show that DC #6 was going to dialysis - Couldn't put his hands on them so they must not have been uploaded in the system Interview on 1/31/23 & 2/20/23 the Director reported: - They didn't know that DC #6 had missed several days of dialysis until after she passed away - Clients were to bring in proof of dialysis attendance - She needed to locate it - She "felt" that they had coordination of care documents	V 113		