

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL064-129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/16/2023
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NAME OF PROVIDER OR SUPPLIER MACTA, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 209 NORTH PEARL STREET ROCKY MOUNT, NC 27804
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 2/16/23. The complaints were unsubstantiated (NC00198377 & NC00197034). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: -10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness -10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders -10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program -10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program</p> <p>This facility has a current census of 41. The survey sample consisted of audits of 7 current clients and 1 former client.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who</p>	V 107		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 107	<p>Continued From page 1</p> <p>provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to have complete personnel files for 4 of 6 audited staff (#1, #2, Qualified Professional (QP) #1, and QP#2). The findings are:</p>	V 107		

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V 107	<p>Continued From page 2</p> <p>Review on 2/9/23 of the facility's records revealed: -No personnel record for staff #1 -No evidence of required documentation of a personnel requirements</p> <p>Review on 2/9/23 of the facility's records revealed: -No personnel record for staff #2 -No evidence of required documentation of a personnel requirements</p> <p>Review on 2/9/23 of the facility's records revealed: -Incomplete personnel record for QP #1 -No evidence of required documentation of a personnel requirements</p> <p>Review on 2/9/23 of the facility's records revealed: -No personnel record for QP #2 -No evidence of required documentation of a personnel requirements</p> <p>Interview on 2/16/23, QP #1 reported: -Licensed Clinical Addition Specialist-Associate/Chief Operating Officer (LCAS-A/COO) was responsible for employee records -Had a training last year that "dealt with seizures"</p> <p>Interview on 2/16/23, QP #2 reported: -She gets her own trainings done to make sure she stayed up to date -LCAS-A/COO was responsible for employee records</p> <p>Note: Attempted interview on 2/16/23 with the</p>	V 107		

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V 107	Continued From page 3 COO/LCAS-A was unsuccessful due to her being out sick. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 107		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.	V 108		

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V 108	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 4 of 6 audited staff (#1, #2, #3, and Qualified Professional (QP)#2) had required changes. The findings are:</p> <p>Review on 2/9/23 of the facility's records revealed:</p> <ul style="list-style-type: none"> -Incomplete personnel records for staff #1, #2, #3, and QP#2 -No evidence of required documentation of personnel requirements <p>Interview on 2/8/23, staff #2 reported:</p> <ul style="list-style-type: none"> -He worked as an Associate Professional -He had been employed since March 2022 -Job duties were facilitating classes, documenting notes for each client and uploading notes -He worked under the supervision of the Chief Operating Officer/Licensed Clinical Addictions Specialist-Associate COO/LCAS-A -He couldn't remember his trainings or if he had taken them -The COO/LCAS-A was responsible for keeping up with his trainings <p>Interview on 2/8/23 & 2/16/23, QP#2 reported:</p> <ul style="list-style-type: none"> -Been employed since May 2022 -Duties were to do Person Centered Plans and client goals -Had trainings from her previous employer that she brought to this job -The previous trainings had "probably expired" 	V 108		

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V 108	Continued From page 5 by now" -She had not had any trainings since being employed at this facility -The COO/LCAS-A was responsible for the personnel records and trainings Note: Attempted interview on 2/16/23 with the COO/LCAS-A was unsuccessful due to her being out sick. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 108		
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 provider stating why such consent could not be obtained.	V 112		

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V 112	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement goals and strategies to address client needs for 2 of 7 audited clients (#4, #5). The findings are:</p> <p>Review on 2/8/23 of client #4's record revealed: -Admitted: 1/7/21 -Diagnoses: Depression and Anxiety -Treatment plan dated 1/10/21 -Goal: "Will learn skills which will assist her in finding gainful employment"</p> <p>Review on 2/8/23 of client #5's record revealed: -Admitted: no date listed -Diagnoses: none in record -Treatment plan dated 12/12/22 -Goal: "Will identify strengths and weaknesses as they relate to finding employment and /or starting his own business"</p> <p>Interview on 2/8/23 client #4 reported: -She was not sure what program she attends -She just knows that she was in a program -She does not have any diagnosis -She had not been diagnosed by a doctor -No one here had talked to her about employment</p> <p>Interview on 2/8/23 client #5 reported:</p>	V 112		

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V 112	Continued From page 7 -Get here at 8:00am and leave around 2:30pm Monday - Thursday -No one had ever gone over any goals with him -No one had sat him down and spoke with him about employment Interview on 2/16/23 the Qualified Professional (QP)#1 & #2 reported: -They didn't know how the clients were supposed to look for employment without a supportive employment staff -The LCAS-A/COO was the only counselor at the facility, unaware if she spoke w the clients about employment -There had not been a supportive employment staff since being hired at the program QP #1 hired 6/25/2000 and QP #2 hired 1/2009 Note - Attempted interview on 2/16/23 was unsuccessful due to the LCAS-A/COO being out sick	V 112		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.	V 131		

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V 131	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the North Carolina Health Care Personnel Registry (HCPR) for 5 of 6 audited staff (#1, #2, #3, Qualified Professional (QP) #1, and QP#2). The findings are:</p> <p>Review on 2/9/23 staff #1's facility file revealed: -Hired: 7/1/21 -Title: Transportation/Paraprofessional -No documentation HCPR had been accessed.</p> <p>Review on 2/9/23 staff #2's facility file revealed: -Hired: 3/25/22 -Title: Associate Professional -No documentation HCPR had been accessed.</p> <p>Review on 2/9/23 staff #3's facility file revealed: -Hired: 11/1/21 -Title: Paraprofessional -No documentation HCPR had been accessed</p> <p>Review on 2/9/23 the QP #1's facility file revealed: -Hired: 6/25/20 -No documentation HCPR had been accessed</p> <p>Review on 2/9/23 the QP #2's facility file revealed: -Hired: 5/20/22 -No documentation HCPR had been accessed</p> <p>Interview on 2/16/23 with QP#1 & QP#2 reported:</p>	V 131		

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V 131	Continued From page 9 -The COO/LCAS-A (Chief Operating Officer/Licensed Clinical Addictions Specialist-Associate) was responsible for accessing HCPR Note - Attempted interview on 2/16/23 was unsuccessful due to the LCAS-A/COO being out sick This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not	V 133		

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V 133	Continued From page 10 employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the	V 133		

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V 133	<p>Continued From page 11</p> <p>provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from</p>	V 133		

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V 133	Continued From page 12 civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public	V 133		

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V 133	<p>Continued From page 13</p> <p>Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p>	V 133		

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NAME OF PROVIDER OR SUPPLIER MACTA, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 209 NORTH PEARL STREET ROCKY MOUNT, NC 27804
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V 133	<p>Continued From page 14</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to request a North Carolina state criminal history check for 4 of 6 staff (#1, #2, Qualified Professional (QP) #1, & QP#2). The findings are:</p> <p>Review on 2/9/23 staff #1's facility file revealed: -Hired: 7/1/21 -Title: No Title -No documentation that a state criminal history record check had been requested or completed.</p> <p>Review on 2/9/23 staff #2's facility file revealed: -Hired: 3/25/22 -Title: No Title -No documentation that a state criminal history record check had been requested or completed.</p> <p>Review on 2/9/23 QP #1's facility file revealed: -Hired:5/20/22 -Title: Qualified Professional -No documentation that a state criminal history record check had been requested or completed.</p> <p>Interview on 2/9/23, the QP #2 reported: -Hired: 6/25/20 -Title: Qualified Professional -No documentation that a state criminal history record check had been requested or completed</p> <p>Interview on 2/16/23, the QP #1 reported: -The LCAS-A/COO maintains all employee records</p>	V 133		

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V 133	Continued From page 15 Note-Attempted interview on 2/16/23 was unsuccessful due to the LCAS-A/COO was out sick This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 133		
V 174	27G .1201 Psychosocial Rehab - Scope 10A NCAC 27G .1201 SCOPE A psychosocial rehabilitation facility is a day/night facility which provides skill development activities, educational services, and pre-vocational training and transitional and supported employment services to individuals with severe and persistent mental illness. Services are designed primarily to serve individuals who have impaired role functioning that adversely affects at least two of the following: employment, management of financial affairs, ability to procure needed public support services, appropriateness of social behavior, or activities of daily living. Assistance is also provided to clients in organizing and developing their strengths and in establishing peer groups and community relationships. This Rule is not met as evidenced by: Based on interviews, observation and record reviews, the facility failed to operate within the scope of the psychosocial rehabilitation (PSR) facility program for 2 of 2 audited clients (#1 and #4) identified to have received PSR services. The findings are:	V 174		

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V 174	<p>Continued From page 16</p> <p>Review on 2/8/23 client #1's record revealed: -Admitted: 5/19/19 -Diagnoses: Major Depressive disorder and Generalized Anxiety -Assessment dated 1/7/22 revealed: -"Would like to learn social, coping skills to be clean from cannabis to be able to find employment and a apartment"</p> <p>Review on 2/8/23 of client 4's record revealed: -Admitted: 1/7/21 -Diagnoses: Depression, Anxiety -Assessment dated 1/10/21 revealed: -"I would like to get a part-time job and find my own apartment" -"Will learn skills which will assist her in finding gainful employment"</p> <p>Observation on 2/8/23 at approximately 9:00am revealed the following: client #1 & client #4 making coffee and cleaning the kitchen area.</p> <p>Interview on 2/8/23 client #4 reported: -Had been coming to the facility for about 2 years -She did not have a mental health diagnosis -She had never been diagnosed by a doctor -She came to this program because she was bored at home and "someone turned me on" to this program -Never seen a psychiatrist or been hospitalized -No one had talked to her about employment while in the program -"I just wanted to come here" -She cooked and cleaned all day while at the program</p> <p>During interview on 2/16/23, the Qualified</p>	V 174		

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V 174	<p>Continued From page 17</p> <p>Professional (QP) #1 & #2 reported: -The scope of the PSR program was the client having a mental illness -Program did not have documentation of clients looking for employment, developing independent living skills or learning budgeting skills -Supportive Employment Staff were supposed to help clients look for a job -They did not assist clients with looking for employment -There was no supportive employment staff at the facility to help clients look for a job nor had there been one since they had been employed there for the past 2 1/2 years</p> <p>Note: Attempted interview on 2/16/23 with the COO/LCAS-A was unsuccessful due to her being out sick.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 174		
V 177	<p>27G .1203 (B) Psychosocial Rehab - Operations</p> <p>10A NCAC 27G .1203 OPERATIONS (b) Employment Services. Each facility shall provide transitional or supported employment services to facilitate client entry into competitive employment.</p> <p>(1) When supported employment services are provided by the facility, each client shall be one for whom competitive employment has not traditionally occurred or has been interrupted or intermittent as a result of severe mental illness.</p> <p>(2) When supported employment is to be provided by the facility, one of the following models shall be used:</p> <p>(A) job coaching and supervision of</p>	V 177		

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V 177	<p>Continued From page 18</p> <p>individuals in an industry or business;</p> <p>(B) mobile crew service jobs of eight or fewer workers in the community under the training and supervision of a crew leader; or</p> <p>(C) small business enterprises operated with eight or fewer workers with training and supervision provided on site.</p> <p>(3) When transitional employment services are provided by the facility:</p> <p>(A) There shall be an agreement between the facility and employer for a specific job and the job shall first be performed by a facility staff member to determine its technical requirements.</p> <p>(B) The selection of a client to fill a placement is the responsibility of the facility and the individual client.</p> <p>(4) When supported employment services are provided through a vendorship arrangement between the psychosocial rehabilitation program and the Division of Vocational Rehabilitation, the rules in Section .5800 of this Subchapter shall apply.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to provide employment services for 2 of 2 audited clients (#1 and #2) identified as receiving psychosocial rehabilitation services. The findings are:</p> <p>Review on 2/8/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> -Admitted: 5/19/19 -Diagnoses: Major Depressive Disorder, Generalized Anxiety -Treatment Plan dated 1/7/22 -No goal related to getting a job 	V 177		

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V 177	<p>Continued From page 19</p> <p>Review on 2/8/23 of client #4's record revealed: -Admitted: 1/7/21 -Diagnoses: Depression and Anxiety -Treatment Plan dated 1/10/21 -Goal: "would like to get a part-time job and find my own apartment"</p> <p>Interview on 2/8/23 client #1 stated he: - Had been coming to the program for a year and a half -Helped with cooking lunch and sometimes with grocery shopping -Hadh't filled out any applications for employment or looked for employment</p> <p>Interview on 2/8/23 client #4 stated: -Been coming here for about 2 years -Was not sure what program she attended -Just know that she was in a program</p> <p>Interview on 2/8/23 the Qualified Professional (QP) #1 stated: -Been doing the program for about 2 years -She supervised the paraprofessional that currently runs the group -The paraprofessional was in the learning stage and been running the program for 7 months -There was no documentation to show the clients looked for employment -Notes were kept on a flash drive and not printed out, she didn't have access to the flashdrive a the time of the survey</p> <p>Note- The flashdrive or notes were never produced during or by the exit of the survey 2/16/23.</p> <p>Note - Attempted interview on 2/16/23 was unsuccessful due to the LCAS-A/COO was out</p>	V 177		

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V 177	Continued From page 20 sick This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 177		
V 266	27G .4401 Sub. Abuse Intensive Outpt - Scope 10A NCAC 27G .4401 SCOPE (a) A substance abuse intensive outpatient program (SAIOP) is one that provides structured individual and group addiction treatment and services that are provided in an outpatient setting designed to assist adults or adolescents with a primary substance-related diagnosis to begin recovery and learn skills for recovery maintenance. (b) Treatment support activities may be adapted or specifically designed for persons with physical disabilities, co-occurring disorders including mental illness or developmental disabilities, pregnant women, chronic relapse and other homogenous groups. (c) Each SAIOP shall have a structured program, which includes the following services: (1) individual counseling; (2) group counseling; (3) family counseling; (4) strategies for relapse prevention, which incorporate community and social supports; (5) life skills; (6) crisis contingency planning; (7) disease management; (8) service coordination activities; and (9) biochemical assays to identify recent drug use (e.g. urine drug screens).	V 266		

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V 266	<p>Continued From page 21</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide a structured program and individual addiction treatment services to 2 of 2 audited clients (#2, #3) identified as receiving SAIOP services. The findings are:</p> <p>A. The following is an example the facility failed to have an accurate account of the clients enrolled in the SAIOP program.</p> <p>Review on 2/9/23 client #2's records revealed: -Admitted: 4/20/22 -Diagnoses: Severe Depression, Anxiety and PTSD (Post traumatic stress disorder) -No service notes for SAIOP</p> <p>Review on 2/9/23 client #3's records revealed: -Admitted: 5/5/22 -Diagnoses: Bipolar, Schizoid Affects, Major Depression and Substance Use disorder -No service notes for SAIOP</p> <p>Review on 2/9/23 of the facility's sign in sheet revealed: -Visitors and client's names on the same sign in sheet -No program listed for each client</p> <p>Interview on 2/8/23 the Qualified Professional (QP) #1 reported: -Had been employed for almost 2 1/2 years -Hadh't had any SAIOP clients in a long time and can't remember the last time -Clients were supposed to be signing in on their program's log sheet but it wasn't being done -No one was monitoring whether the</p>	V 266		

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V 266	<p>Continued From page 22</p> <p>program's sign in sheet was being used</p> <p>Interview on 2/8/23 the QP #2 reported: -Had been employed since May 2022 -Hadh't had any SAIOP clients since she had been employed</p> <p>Interview on 2/8/23, the Chief Operating Officer/Licensed Clinical Addictions Specialist-Associate (COO/LCAS-A) reported the following about SAIOP program: -Had not had any SAIOP clients -Couldn't remember the last time they had SAIOP clients -"They just don't come" -They hadn't had SAIOP clients for maybe a year</p> <p>Interview on 2/8/23 with the Local Management Entity/Managed Care Organization (LME/MCO) reported: -She was the Provider Relations Account Manager -The facility billed for 3 clients for SAIOP during the month of December 2022 -Clients #2 & #3 were billed for in December 2022</p> <p>B. The following is an example the facility failed to provide structured programming that included all services outlined in the scope of their license.</p> <p>Review on 2/8/23 of the facility's records revealed: -No evidence of the structured programs inclusive of individual counseling, family counseling, and biochemical assays to identify recent drug use.</p> <p>Interview on 2/8/23 staff #2 reported:</p>	V 266		

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V 266	<p>Continued From page 23</p> <ul style="list-style-type: none"> -He facilitated the SAIOP/SACOT programs -There had not been any SAIOP clients -He did not do any individual counseling with clients -He had no role in speaking with clients if they had a positive toxicology screen - He didn't do notes every day -They kept track of clients by the sign-in sheet that they haven't really been using <p>Interview on 2/8/23, the COO/LCAS-A reported:</p> <ul style="list-style-type: none"> -Drug screens were conducted when the company came out to do them -Some clients were not there when drug screens were being done -They didn't have a system for drug screening, just whenever the company came out so some clients may not have been tested -Notes were documented but she could not locate them at the moment <p>*Note, based on inconsistency in interviews and record reviews, it was unclear exactly how many clients received SAIOP services.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 266		
V 267	<p>27G .4402 Sub. Abuse Intensive Outpt- Staff</p> <p>10A NCAC 27G .4402 STAFF</p> <p>(a) Each SAIOP shall be under the direction of a Licensed Clinical Addictions Specialist or a Certified Clinical Supervisor who is on site a minimum of 50% of the hours the program is in operation.</p> <p>(b) When a SAIOP serves adult clients there shall be at least one direct care staff who meets the requirements of a Qualified Professional as</p>	V 267		

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V 267	<p>Continued From page 24</p> <p>set forth in 10A NCAC 27G .0104 (18) for every 12 or fewer adult clients.</p> <p>(c) When a SAIOP serves adolescent clients there shall be at least one direct care staff who meets the requirements of a Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 6 or fewer adolescent clients.</p> <p>(d) Each SAIOP shall have at least one direct care staff present in the program who is trained in the following areas:</p> <p>(1) alcohol and other drug withdrawal symptoms; and</p> <p>(2) symptoms of secondary complications due to alcoholism and drug addiction.</p> <p>(e) Each direct care staff shall receive continuing education that includes the following:</p> <p>(1) understanding of the nature of addiction;</p> <p>(2) the withdrawal syndrome;</p> <p>(3) group therapy;</p> <p>(4) family therapy;</p> <p>(5) relapse prevention; and</p> <p>(6) other treatment methodologies.</p> <p>(f) When a SAIOP serves adolescent clients each direct care staff shall receive training that includes the following:</p> <p>(1) adolescent development; and</p> <p>(2) therapeutic techniques for adolescents.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to assure SAIOP were</p>	V 267		

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V 267	<p>Continued From page 25</p> <p>under the direction of a Licensed Clinical Addictions Specialist (LCAS) or a Certified Clinical Supervisor (CCS) who remained on site a minimum of 50% of the hours the program operated. The findings are:</p> <p>Observation on 2/9/23 between 11:00 AM-2:30 PM and 2/15/23 between 10:00 AM-12:30 PM revealed no LCAS non provisional status or CCS on site at the program.</p> <p>Interview on 2/9/23 & 2/15/23, the LCAS-A (provisional)/COO reported the following:</p> <ul style="list-style-type: none"> -SAIOP operated 19 hours a week 3 days a week -The LCAS oversees both programs the SACOT and SAIOP -The LCAS doesn't have to come into the office because of the (Covid) "flexibility," they do not expire until May 2023 -The LCAS had done supervision through virtual visits and phone calls 4 hours a month -They have a phone number for him, but they only contact him through Zoom (video communication) -Spoke with him last month in January -Did zoom at the end of the month -He contacts through email mainly <p>Interview on 2/8/23 the Qualified Professional (QP) #1 reported:</p> <ul style="list-style-type: none"> -Been employed for almost 2 1/2 years -Unsure of who was the LCAS or the CCS <p>Interview on 2/8/23 the QP #2 reported:</p> <ul style="list-style-type: none"> -Been employed since May 2022 -Unsure of who was the LCAS or the CCS <p>Note- Unable to reach the LCAS 2/9/23. The LCAS-A gave surveyors a phone number that</p>	V 267		

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V 267	Continued From page 26 was the number of a unknown female that stated it was the wrong number to reach the LCAS. On 2/15/23 another phone number was provided and attempts to call using that phone number were unsuccessful. DHSR surveyors sent LCAS an email requesting and interview which had also been unanswered at the time of the exit of the survey. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 267		
V 280	27G .4501 Sub. Abuse Comp. Outpt. Tx.- Scope 10A NCAC 27G .4501 Scope (a) A substance abuse comprehensive outpatient treatment program (SACOT) is one that provides a multi-faceted approach to treatment in an outpatient setting for adults with a primary substance-related diagnosis who require structure and support to achieve and sustain recovery. (b) Treatment support activities may be adapted or specifically designed for persons with physical disabilities, co-occurring disorders including mental illness or developmental disabilities, pregnant women, chronic relapse, and other homogenous groups. (c) SACOT shall have a structured program, which includes the following services: (1) individual counseling; (2) group counseling; (3) family counseling; (4) strategies for relapse prevention to include community and social support systems in treatment; (5) life skills; (6) crisis contingency planning; (7) disease management;	V 280		

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NAME OF PROVIDER OR SUPPLIER MACTA, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 209 NORTH PEARL STREET ROCKY MOUNT, NC 27804
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V 280	<p>Continued From page 27</p> <p>(8) service coordination activities; and (9) biochemical assays to identify recent drug use (e.g. urine drug screens). (d) The treatment activities specified in Paragraph (c) of this Rule shall emphasize the following: (1) reduction in use and abuse of substances or continued abstinence; (2) the understanding of addictive disease; (3) development of social support network and necessary lifestyle changes; (4) educational skills; (5) vocational skills leading to work activity by reducing substance abuse as a barrier to employment; (6) social and interpersonal skills; (7) improved family functioning; (8) the negative consequences of substance abuse; and (9) continued commitment to recovery and maintenance program.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to provide a structured program and individual addiction treatment services to 1 of 1 audited clients (#5) and 1 of 1 former client (FC#8) who was identified as receiving SACOT services.</p> <p>Review on 2/8/23 client #5's record revealed: -Admitted: none in record -Diagnosis: none in record -No service notes for SACOT</p> <p>Review on 2/9/23 FC#8's record revealed: -Admitted: 10/26/22 -Diagnoses: Alcohol Use disorder and</p>	V 280		

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V 280	<p>Continued From page 28</p> <p>Cannabis Use disorder -No service notes for SACOT</p> <p>A. The following is an example the facility failed to have accurate census of the clients enrolled in the SACOT program.</p> <p>Review on 2/8/23 of the facility's active client list did not have client #5 as a client of the program.</p> <p>Interview on 2/8/23, the Qualified Professional #1 (QP) reported: -It was unknown how many clients were enrolled in SACOT -There were 3 clients present today (2/8/23) -No one was monitoring the program's sign in sheet -Could not provide a census for the SACOT program</p> <p>Interview on 2/8/23, the Chief Operating Officer/Licensed Clinical Addictions Specialist-Associate (COO/LCAS-A) reported: -She was responsible for overseeing the SACOT program -Was unsure of the census because clients didn't always attend -SACOT ran Monday - Thursday -"Intake clients were able to come to the SACOT program without actually being admitted"</p> <p>Interview on 2/16/23 the QP #2 reported: -The COO/LCAS-A was out sick -She called the COO/LCAS-A and was advised that a census sheet could not be provided</p> <p>*Note, was unable to determine the actual number of clients that were receiving services in the SACOT program.</p>	V 280		

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V 280	<p>Continued From page 29</p> <p>B. The following is an example the facility failed to provide structured programming that included all services outlined in the scope of their license.</p> <p>Review on 2/8/23 of the facility's records revealed:</p> <ul style="list-style-type: none"> -No evidence of the structured programs inclusive of individual counseling, family counseling or vocational skills leading to work activity <p>Interview on 2/8/23, client #5 reported:</p> <ul style="list-style-type: none"> - He was in the SACOT program - Never received 1:1 with counselor - No one ever talked to him about vocational skills or work activity <p>Interview on 2/8/23, staff #2 reported:</p> <ul style="list-style-type: none"> - He was an Associate Professional - Was responsible for facilitating the SACOT program - He did not provide 1:1 counseling - He had no role in talking to clients with a positive drug screen - Did not speak with clients about seeking employment <p>Interview on 2/16/23 the QP#1 and QP#2 reported:</p> <ul style="list-style-type: none"> - Supportive Employment Staff were supposed to help clients with finding employment - There had not been a supportive employment staff in over a year - No one was assigned to work with clients on housing goals - They didn't know how a client was supposed to work on housing or employment goals without the appropriate staff 	V 280		

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V 280	Continued From page 30 Note - Attempted interview on 2/16/23 was unsuccessful due to the LCAS-A/COO being out sick This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 280		
V 281	27G .4502 Sub. Abuse Comp. Outpt. Tx. - Staff 10A NCAC 27G .4502 STAFF (a) The SACOT shall be under the direction of a Licensed Clinical Addictions Specialist or a Certified Clinical Supervisor who is on site a minimum of 90% of the hours the program is in operation. (b) For each SACOT there shall be at least one direct care staff who meets the requirements of a Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 10 or fewer clients. (c) Each SACOT shall have at least one direct care staff present in the program who is trained in the following areas: (1) alcohol and other drug withdrawal symptoms; and (2) symptoms of secondary complications due to alcoholism and drug addiction. (d) Each direct care staff shall receive continuing education that includes the following: (1) understanding of the nature of addiction; (2) the withdrawal syndrome; (3) group therapy; (4) family therapy; (5) relapse prevention; and (6) other treatment methodologies.	V 281		

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V 281	<p>Continued From page 31</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure SACOT was under the direction of a Licensed Clinical Addictions Specialist (LCAS) or a Certified Clinical Supervisor (CCS) who remained on site a minimum of 90% of the hours the program operated. The findings are:</p> <p>Observation on 2/9/23 between 11:00 AM-2:30 PM and 2/15/23 between 10:00 AM-12:30 PM revealed no LCAS non provisional status or CCS on site at the program.</p> <p>Interviews between 2/9/23 and 2/15/23, Qualified Professional (QP) #1 & #2 reported the following: -They were not sure how often the LCAS came to the facility. -They were not sure who the LCAS was.</p> <p>Interview on 2/9/23 & 2/15/23, the LCAS-A (provisional) reported the following: -SAIOP operated 19 hours a week 3 days a week -The LCAS oversees both programs the SACOT and SAIOP -The LCAS doesn't have to come into the office because of the "flexibility," they do not expire until May 2023 -The LCAS had done supervision through virtual visits and phone calls 4 hours a month -That's the only number she had for him they contact through zoom -Spoke with him last month in January -Did video conference at the end of the month -He contacts through email mainly</p>	V 281		

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V 281	<p>Continued From page 32</p> <p>-No documentation of supervisions virtually or by phone.</p> <p>Note- Unable to reach the LCAS 2/9/23 the LCAS-A gave surveyors a phone number that was the number of a unknown female that stated it was the wrong number to reach the LCAS. On 2/15/23 another phone number where there was no answer of the call. DHSR surveyors sent LCAS and email which had also been unanswered at the time of the exit of the survey.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 281		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based,</p>	V 536		

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V 536	<p>Continued From page 33</p> <p>include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). <p>(h) Service providers shall maintain</p>	V 536		

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V 536	<p>Continued From page 34</p> <p>documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive</p>	V 536		

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V 536	<p>Continued From page 35</p> <p>interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure 4 of 6 audited staff (#1,#2,#3 & QP#2) had been trained in alternatives to</p>	V 536		

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V 536	<p>Continued From page 36</p> <p>restrictive interventions. The findings are:</p> <p>Review on 2/9/23 of staff #1's facility records revealed: -Hire date: 7/1/21 -No evidence of training in alternative to restrictive interventions</p> <p>Review on 2/9/23 of staff #2's facility records revealed: -Hire date: 3/25/22 -No evidence of training in alternative to restrictive interventions</p> <p>Review on 2/9/23 of staff #3's facility records revealed: -Hire date: 11/1/21 -None evidence of training in alternative to restrictive interventions</p> <p>Review on 2/9/23 of Qualified Professional (QP) #2's facility records revealed: -Hire date:5/20/22 -No evidence of training in alternative to restrictive interventions</p> <p>Interview on 2/9/23, staff #1 reported: -She was the Transportation driver/ Paraprofessional -She transports clients to program, doctors appointment, social services and wherever they needed to go</p> <p>Interview on 2/9/23 staff #2 reported: -He facilitates the SACOT group -He had received training in restrictive intervention, but does not remember the date of the training.</p> <p>Interview on 2/9/23 the QP #2 reported:</p>	V 536		

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V 536	Continued From page 37 -She had no trainings since leaving her previous employer. Note - Attempted interview on 2/16/23 was unsuccessful due to the LCAS-A/COO was out sick This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 536		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 2/8/23 at approximately 11:44 am revealed the following: - Psychosocial Rehabilitation (PSR) room had wires covered with gray tape on the floor at the doorway - Slats were broken and bent on the blinds in the PSR room - Men's bathroom didn't have a cover over the light fixture/lightbulbs - Pipe under the sink was covered with gray	V 736		

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V 736	<p>Continued From page 38</p> <p>tape in the men's bathroom</p> <ul style="list-style-type: none"> - Wood paneling on the bottom of the wall beside the toilet had paint peeling off the wall in the mens bathroom - Wood was rotting on the panel behind the toilet in the men's bathroom - Men's bathroom had peeling paint between the sink and the wall - Women's bathroom had a big round hole about the size of a softball in the ceiling with peeling paint around it - Wood panel at the bottom of the wall had multiple brown stains and paint scrapings on it in the womens bathroom - Hallway outside of the PSR room had electrical cords hanging off the wall and approximately 2 inches of ripped carpet from the floor and wall <p>Interview on 2/8/23 the Chief Executive Officer (CEO) reported:</p> <ul style="list-style-type: none"> - Was the CEO - He was responsible for repairs around the facility - The pipe in the men's bathroom was leaking and that's why the gray tape was over it - He had people working on repairs already - The building was old and a new one was being built <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that</p>	V 752		

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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 752	<p>Continued From page 39</p> <p>ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure water temperatures were maintained between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observation on 2/8/23 at approximately 11:54am revealed the following:</p> <ul style="list-style-type: none"> - Women's bathroom had no hot water - Men's bathroom had no hot water - Kitchen had no hot water - Cold water was working in all the faucets <p>Interview on 2/8/23 with Qualified Professionals (QP) #1 & #2 reported:</p> <ul style="list-style-type: none"> - There had not been any hot water since QP #2 had been working there (May 2022) - QP#1 stated "it's been awhile" and she didn't remember the last time they had hot water <p>Interview on 2/8/23 the Chief Operating Officer/Licensed Clinical Addictions Specialist-Associate (COO/LCAS-A) reported:</p> <ul style="list-style-type: none"> - The heating element was gone - She was sending someone to get a new hot water heating element today 	V 752		