

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL080-220</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>04/28/2023</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>S &amp; H YOUTH AND ADULT ALCOHOL AND DRUG TRE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>714 SOUTH MAIN STREET<br/>SALISBURY, NC 28144</b> |
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| V 000              | <p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on 4/28/23. The complaint was unsubstantiated (intake #NC00200683). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program (SAIOP) and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment (SACOT).</p> <p>This facility has a current census of 37. The survey sample consisted of audits of 6 current clients.</p>   | V 000         |   |                    |
| V 280              | <p><b>27G .4501 Sub. Abuse Comp. Outpt. Tx.- Scope</b></p> <p>10A NCAC 27G .4501 Scope</p> <p>(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.</p> <p>(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.</p> <p>(c) SACOT shall have a structured program, which includes the following services:</p> <ol style="list-style-type: none"> <li>(1) individual counseling;</li> <li>(2) group counseling;</li> <li>(3) family counseling;</li> <li>(4) strategies for relapse prevention to include community and social support systems in treatment;</li> <li>(5) life skills;</li> </ol> | V 280         |   |                    |

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

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| V 280              | <p>Continued From page 1</p> <p>(6) crisis contingency planning;<br/>(7) disease management;<br/>(8) service coordination activities; and<br/>(9) biochemical assays to identify recent drug use (e.g. urine drug screens).<br/>(d) The treatment activities specified in Paragraph (c) of this Rule shall emphasize the following:<br/>(1) reduction in use and abuse of substances or continued abstinence;<br/>(2) the understanding of addictive disease;<br/>(3) development of social support network and necessary lifestyle changes;<br/>(4) educational skills;<br/>(5) vocational skills leading to work activity by reducing substance abuse as a barrier to employment;<br/>(6) social and interpersonal skills;<br/>(7) improved family functioning;<br/>(8) the negative consequences of substance abuse; and<br/>(9) continued commitment to recovery and maintenance program.</p> <p>This Rule is not met as evidenced by:<br/>Based on record reviews and interviews, the facility failed to ensure it operated within the scope of a comprehensive outpatient treatment (SACOT) program. The findings are:</p> <p>Review on 4/21/23 of the census revealed:<br/>-10 clients in "SACOT Women's Group;"<br/>-1 client in "Out Patient SACOT;"<br/>-16 clients in "SACOT Men's Group."</p> <p>Review on 4/21/23 of the facility's website revealed, "SHYAS (S &amp; H Youth and Adult Services) has specialty substance abuse</p> | V 280         |   |                    |

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| V 280              | <p>Continued From page 2</p> <p>inpatient residential treatment programs and outpatient mental health, substance use, and trauma specific outpatient treatment programs."</p> <p>Review on 4/20/23 of clients #1, #2, #3, #4, #5 and #6 records revealed:</p> <p>-Service Recommendations signed by a Licensed/Certified Clinician and clients included a marks beside "SACOT SUD (Substance Use Disorder) Comprehensive Tx (treatment) and Residential Treatment;"</p> <p>-"SHYAS RRS (Residential Recovery Support) Program Rules signed by clients upon admission included, "All bedroom doors are to remain open at all times unless dressing...All program participants must follow the program schedule daily...Cell phones and electronics must be turned in to staff at admission. Participants may use the phone for 5 minutes per day. All contacts must be approved and documented on the call list. Participants must receive staff permission to use the telephone...Program participants shall NOT have any guest in the domicile or share the residential address...Program participants are not permitted to frequent the community...All prescription medications will be turned over to the Staff at admission for safe keeping and proper administration...All residents who qualify for EBT (Electronic Benefit Transfer) will turn these over to the staff to buy food for the Program Participants. Phase 1 program participants who do not qualify for EBT will pay \$150.00 per month. Additional program fees are based upon the level of service received;"</p> <p>-Program Activities signed by clients upon admission included "All program participants will be given a journal, treatment curriculum work book, NA (narcotics anonymous) Book, step working guide, and program handbook which includes a program schedule. Program</p> | V 280         |   |                    |

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| V 280              | <p>Continued From page 3</p> <p>participants are required to adhere to the following schedule. Weekday Schedule: Monday - Friday 5:00AM to 5:30 Get up, clean up room, get dressed; 5:30AM to 6:30AM Cook Breakfast and Eat (family style, TV OFF); 6:30AM to 7:00AM Morning Chores; 7:00AM Medication; 7:00AM to 7:30AM Morning Meditation and Devotion; 7:30AM Van; 9:00AM to 1:30PM Treatment Program; 2:00PM to 3:00PM Personal Chores, Homework and Journaling, TV; 2:30PM to 3:00PM Snack prep time and Kitchen clean up; 3:00PM to 4:30PM Snack and Recovery Skills Lab (group); 4:30PM to 5:00PM meditation, calling sponsor, house meeting (Wednesdays); 5:00PM to 6:00PM Cook Dinner, TV time; 6:00PM to 6:45PM Dinner (family style, TV OFF); 6:45PM to 7:30PM Evening Chores and Kitchen Clean-up; 7:00PM Medication; 7:30PM to 9:30PM AA (Alcoholics Anonymous)/NA meeting; 9:30PM to 10:30PM Showers, Ready for bed (Friday TV time); 11:00PM Lights Out *On Friday night lights out at 1:00AM;"</p> <p>Interview on 4/20/23 with client #1 revealed:<br/>-Admission date of 2/24/23;<br/>-Diagnoses of Opioid Use Disorder, Major Depressive Disorder and Generalized Anxiety Disorder;<br/>-Informed about the inpatient residential treatment program while in jail for possession of heroin;<br/>-Not aware of how long he was able to participate in the programs.</p> <p>Interview on 4/20/23 with client #2 revealed:<br/>-Admission date of 3/10/23;<br/>-Diagnoses of Alcohol and Cannabis Use Disorders and Depression;<br/>-Informed upon admission he was allowed to participate in the inpatient residential treatment</p> | V 280         |   |                    |

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| V 280              | <p>Continued From page 4</p> <p>program for 4 months as long as he adhered to the rules which included following the daily schedule;</p> <p>-Treated for depression for approximately a week in an inpatient psychiatric facility prior to being admitted to the facility.</p> <p>Interview on 4/20/23 with client #3 revealed:</p> <p>-Admission date of 1/20/23;</p> <p>-Diagnoses of Alcohol, Opioid, and Cannabis Use Disorders, Borderline Personality Disorder and Post Traumatic Stress Disorder (PTSD);</p> <p>-Treated for suicidal ideation for approximately a week and a half in an inpatient psychiatric facility prior to being admitted to the facility;</p> <p>-Informed upon admission she was allowed to participate in the inpatient residential treatment program for 4 months as long as she adhered to the rules which included following the daily schedule.</p> <p>Interview on 4/20/23 with client #4 revealed:</p> <p>-Admission date of 2/24/23;</p> <p>-Diagnoses of Cannabis, Stimulant and Opioid use disorders;</p> <p>-Incarcerated for possession of methamphetamine for 4 months prior to admission;</p> <p>-The Owner/Director visited with her while she was incarcerated;</p> <p>-"[The Owner/Director] pays for a home that 10 of us (women) live in;"</p> <p>-Not aware of how long she was allowed to participate in the program;</p> <p>-Clients were not allowed to inform anyone of the housing location and were discharged from all programs if the Owner/Director found out about it;</p> <p>-"We're not allowed to get phone calls at the house;"</p> <p>-Didn't get along with the residential House</p> | V 280         |   |                    |

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| V 280              | <p>Continued From page 5</p> <p>Manager because she, "...wanted to fight me."</p> <p>Interview on 4/20/23 with client #5 revealed:<br/>-Admission date of 3/6/23;<br/>-Diagnoses of Cannabis, Stimulant, Cocaine and Opioid Use Disorders, Generalized Anxiety and PTSD;<br/>-Referred to inpatient residential treatment program by a local mental health provider;<br/>-Not aware of how long she was allowed to participate in the program;<br/>-Homeless prior to admission.</p> <p>Interview on 4/20/23 with client #6 revealed:<br/>-Admission date of 3/10/23;<br/>-Diagnosis of Alcohol Use Disorder;<br/>-Treated for suicidal ideation for approximately a month in an inpatient psychiatric facility prior to admission to the facility;<br/>-Informed by the Owner/Director upon admission that telling anyone about the residential program resulted in discharge from the program.</p> <p>Interviews on 4/20/23 and 4/28/23 with the Owner/Director revealed:<br/>-Out of 27 clients in the SACOT program 26 (16 men and 10 women), "...are in Residential Recovery Support;"<br/>-"As you know, the state doesn't pay for inpatient...I pay for it (housing) out of my pocket... I feed them, I house them;"<br/>-Clients resided in 2 houses, 1 for men and 1 for women;<br/>-"We provide a long term residential treatment program;"<br/>-"The residential is a long term substance use treatment program;"<br/>-Clients aren't allowed to participate in the long term residential treatment program and attend a SACOT program at another facility, "I don't see</p> | V 280         |   |                    |

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| V 280              | Continued From page 6<br><br>where that would be beneficial to me;"<br>-"The Residential Recovery Support is a 12 step program;"<br>-Clients in the residential program that didn't want to participate in SACOT were referred to other programs and "...most of them are homeless, so we will drop them off at one of the shelters."  | V 280         |   |                    |
| V 318              | 130 .0102 HCPR - 24 Hour Reporting<br><br>10A NCAC 130 .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL<br>The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to report allegations against health care personnel within 24 hours of becoming aware of the allegation affecting 1 of 1 audited former staff (FS #2). The findings are:<br><br>Review on 4/20/23 of FS #2's personnel record revealed: | V 318         |   |                    |

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| V 318              | <p>Continued From page 7</p> <ul style="list-style-type: none"> <li>-Hire date of 12/5/22;</li> <li>-Termination date of 4/17/23;</li> <li>-Title of Substance Use Counselor.</li> </ul> <p>Attempted interviews on 4/20/23, 4/21/23 and 4/24/23 with FS #2 were not successful because the phone number had been disconnected.</p> <p>Reviews on 4/20/23 and 4/28/23 of the Incident Response Improvement System (IRIS) revealed no incidents reported.</p> <p>Interview on 4/20/23 with the Owner/Director revealed:</p> <ul style="list-style-type: none"> <li>-FS #2 was, "no longer employed here (facility);"</li> <li>-FS #2 was, "soliciting and sending naked pictures" to client #4;</li> <li>-Informed of allegations on 4/17/23 and FS #2 was immediately escorted out of the facility;</li> <li>-Interviewed client #4 on 4/19/23 and substantiated the allegations;</li> <li>-Not reported allegations against FS #2..."I will do a HCPR (health care personnel registry) report;"</li> <li>-Aware that a HCPR report was required to be completed but not that it had to be completed within 24 hours of becoming aware of the allegation.</li> </ul> | V 318         |   |                    |
| V 367              | <p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within</p>  | V 367         |   |                    |



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| V 367              | <p>Continued From page 8</p> <p>90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and</p> | V 367         |   |                    |

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| V 367              | <p>Continued From page 9</p> <p>Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).<br/>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:<br/>(1) medication errors that do not meet the definition of a level II or level III incident;<br/>(2) restrictive interventions that do not meet the definition of a level II or level III incident;<br/>(3) searches of a client or his living area;<br/>(4) seizures of client property or property in the possession of a client;<br/>(5) the total number of level II and level III incidents that occurred; and<br/>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by:</p> | V 367         |   |                    |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>S &amp; H YOUTH AND ADULT ALCOHOL AND DRUG TRE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>714 SOUTH MAIN STREET<br/>SALISBURY, NC 28144</b> |
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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 367              | <p>Continued From page 10</p> <p>Based on record review and interview, the facility failed to ensure level II incidents were reported to the Local Management Entity/Managed Care Organization as required within 72 hours of becoming aware of the incident. The findings are:</p> <p>Reviews on 4/20/23 and 4/28/23 of the Incident Response Improvement System (IRIS) revealed no incidents reported.</p> <p>Interview on 4/20/23 with client #4 revealed:<br/>-FS #2 was the Counselor for the females in the facility;<br/>-On 4/12/23 FS #2 asked her if he could speak to her outside;<br/>-FS #2 informed her he was attracted to her..."He says that if I leave here (facility), he wants to know if he can introduce me into his life, polyamory;"<br/>-On 4/15/23 FS #2 pulled her out of class to talk with her again;<br/>-"He tells me, I just wanted to know if you've ever had a pleasure dom...Every time I look at you, all I can think about is what I can do to you...He has a life partner that has a husband...Just goes on and on until I literally don't know how to walk away from this;"<br/>-Talked with her roommates who also attend the facility later in the day on 4/15/23 and they informed her that FS #2 asked them if they wanted to see some naked photos of him taken by a professional;<br/>-On 4/17/23, she informed her Case Manager of what had happened with FS #2;<br/>-FS #2 was escorted out of the facility on 4/17/23;<br/>-FS #3 knows where she and most of the other clients in the facility live, "...that weighs heavy on us."</p> <p>Interview on 4/20/23 with the Owner/Director</p> | V 367         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL080-220</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>04/28/2023</b> |
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|--------------------|--|---------------|---|--------------------|
| V 367              | <p>Continued From page 11</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-FS #2 was, "no longer employed here (facility);"</li> <li>-FS #2 was, "soliciting and sending naked pictures" to client #4;</li> <li>-A notice had been provided by FS #2 and 4/17/23 was scheduled to be his last day at the facility, "...he was supposed to be completing his paperwork but instead he was pulling [client #4] out of class;"</li> <li>-Informed of allegations by facility staff on 4/17/23 and FS #2 was immediately escorted out of the facility;</li> <li>-Interviewed client #4 on 4/19/23 and substantiated the allegations;</li> <li>-"I haven't completed the incident report yet;"</li> <li>-Aware that an incident report was required to be completed but not aware that it was required to be completed within 72 hours..."When I was here yesterday (4/19/23), I attempted to handle the issue around the 1100 things I have to do."</li> </ul> | V 367         |   |                    |