

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL078-248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TT AND T SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4719 FAYETTEVILLE ROAD</b> <b>LUMBERTON, NC 28358</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on May 24, 2023. The complaint was substantiated (intake #NC00201010). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .1200 Psychosocial Rehabilitation for Individuals with Severe and Persistent Mental Illness; 10A NCAC 27G .1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances; 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 8. The survey sample consisted of audits of 1 current client and 1 former client.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to</p>	V 105		

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

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V 105	Continued From page 1  authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and	V 105		

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V 105	<p>Continued From page 2</p> <p>care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies that include the adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. The findings are:</p> <p>Review on 5/23/23 of Former Client (FC) #9's record revealed: -29 year old female admitted 6/3/22. -Diagnoses included Opioid Use Disorder-Moderate; Cannabis Abuse; Cocaine Abuse-Unspecified; Alcohol Use-Unspecified; Anxiety Disorder and Major Depressive Disorder. -A facility "services consent/consent for treatment" not signed by FC #9 but signed by the Office Manager. -No signed authorization to disclose confidential information with the local department of social services.</p> <p>Review on 5/24/23 of facility policies revealed: -"Persons Designated to Disclose Confidential Information...II. Policy: the Qualified Professional...or Administrator is the person designated to disclose confidential information from clinical records...III. Procedures: A. Requests for information will be forwarded to the</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>Qualified Professional or Administrator. B. The Qualified Professional...or Administrator will review the request to make sure the proper authorizations are obtained..."</p> <p>"Discharge/Aftercare Plan...A discharge summary will be completed within 15 days following discharge which will include at least the following: reasons for admission; significant findings; course of progress of consumer with regard to his/her identified need: condition of consumer at discharge; and recommendations and arrangements for further services, treatment and final diagnosis."</p> <p>Review on 5/24/23 of facility documentation revealed:</p> <ul style="list-style-type: none"> <li>-Email correspondence between the Office Manager and local department of social services (DSS) representatives as follows: <ul style="list-style-type: none"> <li>8/4/22- email with 2 attachments. "Subject: ...Drug Screen"</li> <li>8/10/22- email with 1 attachment</li> <li>11/4/22- email with 4 attachments</li> <li>1/5/23- email with 1 attachment identified as drug screen</li> <li>3/3/23- email with 1 attachment</li> </ul> </li> </ul> <p>Attempted interview with FC #9 was unsuccessful due to no working contact number.</p> <p>Interview on 5/23/23 the DSS representative stated she would return a call to the surveyor. Call had not been returned prior to survey exit.</p> <p>Interview on 5/22/23 the Office Manager stated:</p> <ul style="list-style-type: none"> <li>-DSS would sometimes call or email requesting drug screen results for FC #9</li> <li>-She had sent copies of FC #9's drug screen results to DSS.</li> <li>-FC #9 called and requested to be discharged</li> </ul>	V 105		

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V 105	<p>Continued From page 4</p> <p>from services.</p> <ul style="list-style-type: none"> <li>-FC #9 wanted records sent over to another provider.</li> <li>-She discharged FC #9 from services.</li> <li>-She had not discussed FC #9's request to be discharged with the counselor before discharging FC #9 from the system.</li> </ul> <p>Interview on 5/23/23 the counselor stated:</p> <ul style="list-style-type: none"> <li>-He did not know FC #9 had not signed an authorization to release information.</li> <li>-FC #9 was receiving Substance Abuse Comprehensive Outpatient Treatment (SACOT) services.</li> <li>-FC #9 was required to be compliant with SACOT services for DSS and DSS would request drug screen results.</li> <li>-A discharge plan or summary had not been completed on FC #9.</li> </ul> <p>Interview on 5/23/23 and 5/24/23 the Director stated:</p> <ul style="list-style-type: none"> <li>-She had reviewed FC #9's record and there was no consent signed by FC #9 to disclose information. She understood the facility was expected to implement its written policies.</li> </ul>	V 105		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p>	V 112		

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V 112	<p>Continued From page 5</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement goals and strategies based on client assessment for 1 of 3 audited clients (Former Client (FC) #9). The findings are:</p> <p>Review on 5/23/23 and 5/24/23 of FC #9's record revealed: -29 year old female admitted 6/3/22. -Diagnoses included Opioid Use Disorder-Moderate; Cannabis Abuse; Cocaine Abuse-Unspecified; Alcohol Use-Unspecified; Anxiety Disorder and Major Depressive Disorder. Review on 5/23/23 of FC #9's Comprehensive Clinical Assessment (CCA) dated 6/3/22</p>	V 112		

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V 112	<p>Continued From page 6</p> <p>revealed: -"Presenting Problems...on probation...has violated probation by failing (2) drug test...DSS (Department of Social Services) is involved due to domestic violence and substance use...how long is person expected to receive services from this agency?- 31-90 days...Recommendations- Group therapy drug treatment." -No treatment plan with goals or strategies for group therapy drug treatment.</p> <p>Attempted interview on 5/23/23 with FC #9 was unsuccessful.</p> <p>Interview on 5/23/23 the Counselor stated: -He completed FC #9's CCA with the recommendation of group therapy in substance abuse comprehensive outpatient treatment (SACOT) services. -He had not completed a treatment plan with goals and strategies with FC #9 due to her inconsistent attendance with group therapy. -Between 6/23/22 - 8/23/22 FC #9 had 40 total group therapy days where she signed in as present for 8 days. -He had not developed and implemented a treatment with FC #9 at when she came for office visits, drug screens or group therapy. -He understood the requirement of a treatment plan with goals and strategies based on clients assessment.</p>	V 112		
V 282	<p>27G .4503 Sub. Abuse Comp. Outpt. Tx.- Operations</p> <p>10A NCAC 27G .4503 OPERATIONS (a) A SACOT shall operate in a setting separate from the client's residence. (b) Each SACOT shall provide services a</p>	V 282		

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V 282	<p>Continued From page 7</p> <p>minimum of 20 hours per week.</p> <p>(c) Each SACOT shall operate at least four hours per day, at least five days per week with a maximum of two days between offered services.</p> <p>(d) Each SACOT shall provide a structured program of services in the amounts, frequencies and intensities specified in each client's treatment plan.</p> <p>(e) Group counseling shall be provided each day program services are offered.</p> <p>(f) Each SACOT shall develop and implement written policies to carry out crisis response for their clients on a face to face and telephonic basis 24 hours a day, seven days a week, which shall include at a minimum the capacity for face to face emergency response within two hours.</p> <p>(g) Psychiatric consultation shall be available as needed.</p> <p>(h) Before discharge, the program shall complete a discharge plan and refer each client who has completed services to the level of treatment or rehabilitation as specified in the treatment plan.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure a discharge plan was completed for each client prior to being discharged from the program for one of two former clients audited (Former Client (FC) #9). The findings are:</p> <p> </p> <p>Review on 5/23/23 of FC #9's record revealed: -29 year old female admitted 6/3/22. -Discharged 4/11/23.</p>	V 282		



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V 282	<p>Continued From page 8</p> <p>-Diagnoses included Opioid Use Disorder-Moderate; Cannabis Abuse; Cocaine Abuse-Unspecified; Alcohol Use-Unspecified; Anxiety Disorder and Major Depressive Disorder.</p> <p>Review on 5/22/23 of FC #9's discharge information revealed: -Discharge Date 4/11/23. -"Discharged to: Consumer Request" -"Discharge Note...Disposition Statement: Consumer called in with conference call that included...call center and requested to be discharged. She stated she wanted records sent over to another agency and it was explained that she would have to complete a signed release form." -"Discharge Summary: Consumer requested to be discharged Consumer was not compliant with recommended services." -No documentation of a discharge plan, summary or referral for treatment or rehabilitation for FC #9.</p> <p>Interview on 5/22/23 the Office Manager stated: -FC #9 called and requested to be discharged from services. -FC #9 wanted records sent over to another provider. -She discharged FC #9 from services. -She had not discussed FC #9's request to be discharged with the counselor before discharging FC #9 from the system.</p> <p>Interview on 5/23/23 Counselor stated: -He signed the discharge after it was completed by the Office Manager. -A discharge plan was not completed for FC #9. -He understood the requirement</p> <p>Interview on 3/3/22 the Director stated:</p>	V 282		

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V 282	Continued From page 9  -FC #9's comprehensive assessment was sent over to an agency on 4/19/23 via fax at FC #9's request.	V 282		