STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	MUI 022 144		B. WING		R-C <b>07/19/2023</b>	
		MHL033-111			07/1	9/2023
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
POSITIV	E GENERATION IN C	1815 1	NT ANDREW D, NC 27886	STREET, SUITE 15		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-S	V 000			
		ollow up survey was 19, 2023. Deficiencies were				
	categories: 10A NC Abuse Intensive Ou NCAC 27G .4500 S	sed for the following service AC 27G .4400 Substance atpatient Program and 10A substance Abuse tpatient Treatment Program.				
		urrent census of 68. The sisted of audits of 4 current				
V 280	27G .4501 Sub. Ab	use Comp. Outpt. Tx Scope	V 280			
	treatment program a multi-faceted app outpatient setting for substance-related of structure and supportectory.  (b) Treatment supportectory.  (c) Treatment supportectory.  (disabilities, co-occumental illness or depregnant women, cohomogenous group (c) SACOT shall hawhich includes the	use comprehensive outpatient (SACOT) is one that provides roach to treatment in an or adults with a primary diagnosis who require out to achieve and sustain cort activities may be adapted ned for persons with physical rring disorders including velopmental disabilities, hronic relapse, and other is.  ave a structured program, following services: counseling;				
	(3) family cou (4) strategies					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3		(X3) DATE		
AND PLAN OF	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMP	LETED
		MHL033-111	B. WING		R- <b>07/1</b>	C <b>9/2023</b>
NAME OF PRO	OVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
POSITIVE G	SENERATION IN CH	IRIST	NT ANDREW O, NC 27886	STREET, SUITE 15		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
(6) (7) (8) (9) did (6) (1) st. (2) (3) aid (4) (5) by eight (6) (7) (8) st. (9) m	disease manager of the findings are:  eview on 7/12/23 Admitted 6/25/2 Diagnosis of Alacare of the content of t	tingency planning; nanagement; pordination activities; and cal assays to identify recent drug screens). activities specified in s Rule shall emphasize the in use and abuse of nued abstinence; standing of addictive disease; ent of social support network tyle changes; al skills; I skills leading to work activity nce abuse as a barrier to I interpersonal skills; family functioning; ve consequences of and commitment to recovery and am.  et as evidenced by: view and interview, the facility hin the scope of its license ited clients (#1, #2, #3, #4).	V 280			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MHL033-111	B. WING		<b>I</b>	R-C <b>19/2023</b>
	PROVIDER OR SUPPLIER  E GENERATION IN CI	HRIST 2109 SA	ADDRESS, CITY, S' AINT ANDREW RO, NC 27886	TATE, ZIP CODE STREET, SUITE 15		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 280	- Admitted 6/25/2 - Diagnoses of A Bipolar Disorder, mild - Progress note of Hospitalization Progress note of Hospitalization Progress of Al uncomplicated - Letters from a laranging from 2/15/2 services for Behavi Hospitalization - Progress notes 5/24/23 to 5/30/23 sprovided  Review on 7/12/23 - Admitted 6/25/2 - Diagnosis of Councomplicated - Letters from a laranging from 4/21/2 services for Behavi Hospitalization  Review on 7/12/23 - Admitted 6/25/2 - Diagnosis of Councomplicated - Letters from a laranging from 4/21/2 services for Behavi Hospitalization  During interview on She been at the She suffered from She received Form and drinking problet learning coping met (counselors) give a service of the counselors) give a service of the counselors of the couns	Icohol Use Disorder, severe, ild, and Major Depressive dated 7/6/23 with Partial gram (PHP) listed as the of client #3's record revealed cohol Dependence,  Medicaid company with dates as to 5/12/23 authorizing oral Health Partial with dates ranging from with PHP listed as the service of client #4's record revealed coaine Dependence,  Medicaid company with dates as to 5/12/23 approving oral Health Partial  Medicaid company with dates coaine Dependence,  Medicaid rompany with dates coaine Dependence,  Medicaid rompany with dates coaine Dependence,  Medicaid company with dates coaine Dependence,  Medicaid rompany with dates coaine Dependence,  Medic				
		vs with clients #1, #3, and #4 and voicemail and text				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	MHL033-111		B. WING		R- <b>07/1</b>	C <b>9/2023</b>
NAME OF F	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	<u>,                                      </u>	0/2020
	E GENERATION IN C	HRIST 2109 SAIN	IT ANDREW	STREET, SUITE 15		
		TARBORO	D, NC 27886			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 280	Continued From pa	ge 3	V 280			
	messages were left	t.				
	During interview on and Drug Counselor reported:  - She came backago  - She was told "b She did not know considered PHP or Comprehensive Outle programs  - She was only far program in the facility star program in the facility star they had a concompany to provide they are the program in the facility was PHP services becan bisease) waiver  - The PHP program (clients) need and in (clients) can get off support, therapy, and During interview on Addictions Specialist reported:  - He worked at the provided graunder the PHP program of the purport of the provided graunder the PHP program of the purport of the provided graunder the provi	7/13/23 the Certified Alcohol or-Registrant (CADC-R) #2  It to work in the facility 3 weeks oriefly" about the PHP program ow if her groups were Substance Abuse atpatient Treatment (SACOT) amiliar with the SACOT ity  7/12/23 the Intake Director ated doing PHP this year attract with an insurance of PHP services a granted permission to provide use of COVID (Coronavirus am "is designed to what they are to case management"  7/12/23 the Licensed Clinical of the structure of the services with PHP like peer and case management"  7/12/23 the Licensed Clinical of the structure of the services with PHP like peer and case management of the structure of the structure of the services with PHP like peer and case management of the structure of the structure of the services with PHP like peer and case management of the services with PHP lik				
	program	ani was siiniiai to the SACOT				
	and Drug Counselo	7/13/23 the Certified Alcohol or (CADC) reported: ne facility for 3 years				

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STATEMEN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE COMPI	SURVEY LETED	
	MHL033-111		B. WING		R-C <b>07/19/2023</b>		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
POSITIV	E GENERATION IN CI	HKIST	NT ANDREW D, NC 27886	STREET, SUITE 15			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 280	Continued From pa	ige 4	V 280				
	Intensive Outpatien SACOT programs - He was a facilit  During interview on Director/LCAS reporate He started in Alamondary in the factor Admission to the clients, determining PHP, intake, admission gand assigning clien	ugust 2022 e only treatment that is sility ne PHP consisted of screening g if clients met the criteria for esions to the PHP program,					
	reported: - She started the because "the client: - "COVID allowe: - She had a cont company to provide	d us to do other programs" tract with her insurance					
V 281	10A NCAC 27G .45 (a) The SACOT sh Licensed Clinical Ac Certified Clinical Su minimum of 90% of operation.	nall be under the direction of a didictions Specialist or a upervisor who is on site a f the hours the program is in	V 281				
	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.						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE COM	(X3) DATE SURVEY COMPLETED	
		MHL033-111	B. WING			R-C <b>19/2023</b>
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
POSITIV	E GENERATION IN C	HRIST	), NC 27886	STREET, SUITE 15		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 281	care staff present in the following areas: (1) alcohol are symptoms; and (2) symptoms due to alcoholism at (d) Each direct care education that inclus (1) understare addiction; (2) the withdref (3) group the (4) family the (5) relapse present in the following programmer in the following areas:  (2) symptoms: (4) Each direct care education that including programmer in the following programmer	hall have at least one direct to the program who is trained in the program who is trained in the direct of the program who is trained in the direct of the program who is trained in the of secondary complications and drug addiction. The staff shall receive continuing the staff shall receive conti	V 281			
	failed to have a Queevery 10 or fewer a  Review on 7/12/23 Comprehensive Ousign-in sheets from Sign-in sheet w Counselor-Registra 13 clients and was Director Sign-in sheet w 11 clients and was Director Sign-in sheet w	et as evidenced by: view and interview, the facility alified Professional (QP) for dult clients. The findings are: of the Substance Abuse atpatient Treatment (SACOT) 4/1/23 to 7/10/23 revealed: with Certified Alcohol and Drug ant (CADC-R) #1's initials had signed off by the Clinical with CADC-R #2's initials had signed off by the Clinical with Licensed Clinical st-Associate (LCAS-A) #1's				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL033-111			R- <b>07/1</b>	.C <b>9/2023</b>
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
POSITIV	E GENERATION IN C	HRIST	IT ANDREW D, NC 27886	STREET, SUITE 15		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 281	Continued From pa	ge 6	V 281			
	initials had 12 clien Clinical Director	ts and was signed off by the				
	reported:	7/13/23 the CADC-R				
	<ul><li>She started 3 v</li><li>She held group clients in a group</li></ul>	sessions and there were 12				
	During interview on 7/14/23 the CADC reported: - He started 3 years ago - Class sizes varied and averaged around 9-12					
	clients - "Too many variables" such as COVID, that caused the group numbers to "fluctuate"					
	reported: - He worked at the provided green of the had 12 clier of LCAS-A #2 "probut" no more than the had to be the provided from the properties of the provided from the pro	7/12/23 the LCAS-A #1 ne facility for 5 years oup and individual therapy nts on his caseload obably" had about 12 clients hat" re never over 12 clients				
	During interview on reported: - There were 6 C	7/12/23 the Licensee Qualified Professionals (QP) a caseload of "around" 12				

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