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V 000	INITIAL COMMENTS A complaint survey was completed on 7/20/23. The complaint was substantiated (Intake #NC00204012 & #NC00203833). Deficiencies were cited. 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 .4400 Substance Abuse Intensive Outpatient Program, and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program This facility has a current census of 16. The survey sample consisted of audits of 3 current clients.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and	V 105		

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V 105	Continued From page 1 (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 care exercised by other practitioners in the field;	V 105		

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V 105	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement adoption of standards that ensure operational and programmatic performance meeting applicable standards of practice. The findings are: Review on 7/19/23 of the facility's volunteer policy revealed: - "SLBC (Spring Life Behavioral Center) does not utilize the services of volunteers in its programs. Therefore, it is policy of the organization that the use of volunteers shall be a violation of organization policies and the organization does not approve the use of such individuals for work performed which is clinical or non-clinical in nature" Interview on 7/18/23 with the Volunteer reported: - Been volunteering for about 3 months - "I am a volunteer and not an employee" - Volunteered Monday - Friday from 8:30am - 2:00pm - Cleaned offices, fixed coffee, exercised with the clients', talked to the clients' about their goals when they wanted to talk to her about them, helped female clients' find their way to the restroom, grocery shopping for lunches and help prepare and serve lunch	V 105		

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V 105	Continued From page 3 Interview on 7/19/23 staff #1 reported: - The volunteer was normally there with her in the mornings - The volunteer helps her with the "meet & greet" with the clients, talked to the clients', helped female clients' find the bathroom, and helped make sandwiches for the clients' lunch - The volunteer left at 2pm when the clients' left Interview on 7/20/23 the Chief Financial Officer reported: - The volunteer was not staff and did not do direct care services with the clients' - The volunteer helped out in the office - He would speak with the volunteer to see if she wanted to change her role from a "cleaning lady" to providing services to clients'	V 105		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making;	V 109		

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V 109	Continued From page 4 (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 5 of 5 Qualified Professionals (QP) (QP#1, QP#2, Psychosocial Rehabilitation (PSR)/QP, Chief Operating Officer (COO) & Licensee) demonstrated the knowledge, skills and abilities required by the population served. The findings are: A. Review on 7/19/23 of QP#1's record revealed: - Hired 1/28/22: SACOT QP B. Review on 7/19/23 of QP#2's record revealed: - Hired 9/21/20: SACOT QP	V 109		

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V 109	Continued From page 5 C. Review on 7/19/23 of the PSR/QP personnel record revealed: - Hired 12/20/21: Substance Abuse Comprehensive Outpatient Treatment Program (SACOT) QP signed by Licensee D. Review on 7/19/23 of staff #1's personnel record revealed the following: - 2 different signed job offers on the same day - signed offer letter dated 7/3/23 by staff #1 & Licensee " ...it is with pleasure that I write to offer you the position of a Psychosocial Rehabilitation Para-Professional (PSR, PP) effective Monday July 3, 2023 ..." - PSR/QP job description dated 7/3/23 signed by Licensee & staff #1 - copy of 4 year degree (no date): Exercise/Sports Science & minor Psychology - resume: no documentation of direct care services for mental health (MH) clients & Master of Public Health: expected graduation date 7/2024 Observation on 7/19/23 at 2:48pm revealed: - QP #2 handed surveyor a job description: the PSR/QP's signed job description dated 4/1/23 to oversee the PSR program signed by her and COO During interview on 7/19/23 staff #1 reported: - QP#1 was the QP for the PSR program - if she had any questions she contacted QP#1 - QP#1 or either the Licensee informed her QP#1 was the PSR's QP - she had no previous direct care experience with the MH population During interview on 7/19/23 QP#1 reported: - The PSR/QP was the QP for the facility	V 109		

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V 109	Continued From page 6 During interview on 7/19/23 QP#2 reported: - Staff #1 & PSR/QP were the QP's at the facility - The COO informed him who the QP's were During interview on 7/19/23 the PSR/QP reported: - she was no longer the SACOT's QP - she became the PSR/QP in April 2023 During interview on 7/19/23 the Licensee reported: - Staff #1 was the QP for the PSR program During interview on 7/20/23 the COO reported: - Staff #1 & PSR/QP were QP's for the PSR program - he verified staff #1's previous employment & she had direct care experience with the MH population During interview on 7/20/23 the Licensee reported: - management will discuss the qualifications of the QP & determine the PSR's QP	V 109		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate	V 110		

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V 110	Continued From page 7 knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 1 paraprofessional staff (#1) demonstrated the knowledge, skills and abilities required by the population served. The findings are: Review on 7/19/23 of staff #1's personnel record revealed the following: - 2 different signed job offers on the same day - signed offer letter dated 7/3/23 by staff #1 & Licensee " ...it is with pleasure that I write to offer you the position of a Psychosocial Rehabilitation Para-Professional (PSR, PP) effective Monday	V 110		

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V 110	Continued From page 8 July 3, 2023 ..." - PSR/QP job description dated 7/3/23 signed by Licensee & staff #1 - copy of 4 year degree (no date): Exercise/Sports Science & minor Psychology - resume: no documentation of direct care services for mental health (MH) clients & Master of Public Health: expected graduation date 7/2024 During interview on 7/19/23 staff #1 reported: - PSR specialist was her job title - recalled signing the QP job description on the same date - had a few months before she received her masters therefore, she signed the QP job description - should completed her Master's degree in January 2024 - she (staff #1) thought she could not be the QP until she received her Master's Degree - provided no direct care services with the MH population until she began work at the facility - at a previous job she observed staff work with clients with MH diagnoses but she provided no direct care services During interview on 7/19/23 the Licensee reported: - staff #1 was the QP for the PSR program - she had her Master's degree During interview on 7/19/23 the Chief Operational Officer reported: - staff #1 had a degree in psychology - 2 years of experience at a previous company providing direct care services to the MH population - he called the previous company & verified her MH experience	V 110		

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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 observation, record review and interview, the facility failed to meet the scope for their 1200 psychosocial rehabilitation services (PSR). The findings are: Observations on 7/18/23 and 7/19/23 from approximately 9:45am-3:30pm revealed: - Clients separated in groups watching television, coloring, or sitting outside smoking - Clients were not participating in skill building or pre-employment activities During interview on 7/18/23 client #2 reported: - He wanted to get his General Educational	V 174		

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Development (GED) certification
- No one helped him get his GED
- His daily activities included talking on the phone, listening to music, exercising, and playing Bingo
- He wasn't learning any life skills in the facility

During interview on 7/18/23 client #11 reported:
- She's been at the facility since it opened
- Groups consisted of exercising, watching tv, and playing games
- No one spoke to her about money and budgeting

During interview on 7/18/23 client #13 reported:
- He's been attending the PSR program for a month
- Group activities consisted of arts/crafts and exercising
- No one spoke with him about money or budgeting
- "I told them I wanted to work on getting myself more mobile and they said they would work with me on that...We ain't got to it"

During interview on 7/18/23 staff #1 reported:
- She started 2 weeks ago
- She was a Psychosocial Rehabilitation Specialist
- Clients participated in playing Bingo, coloring, crossword puzzles, exercises, and sitting outside
- Skill building activities included working on social skills and completing worksheets
- Clients took their skill building worksheets home and she did not make any copies

During interview on 7/19/23 the PSR/Qualified Professional (QP) reported:
- The purpose of the PSR was to "help aid them (clients) with basic ADL (activities of daily

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V 174	Continued From page 11 living), educate on diagnosis, budget money, and assist with different community resources" - She facilitated groups and clients completed crossword puzzles and fill-in-blank worksheets - She did not have documentation of clients' worksheets because the clients took them home During interview on 7/19/23 QP #2 reported: - Clients completed skill building worksheets but they took them home - The facility did not keep a copy of the completed worksheets - He planned to speak with management about keeping a copy of the completed worksheets	V 174		
V 175	27G .1202 Psychosocial Rehab - Staff 10A NCAC 27G .1202 STAFF (a) Each facility shall have a designated program director. (b) A minimum of one staff member on-site to each eight or fewer clients in average daily attendance shall be maintained. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the minimum staff requirements of one staff member to each eight client was maintained. The findings are: Observation on 7/18/23 at 9:45am revealed: - 11 clients in the facility with staff #1 and a volunteer During interview on 7/18/23 client #11 reported: - She had attended the facility since it opened	V 175		

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V 175	Continued From page 12 - Staff #1, the volunteer, and "sometimes" the Psychosocial Rehabilitation/Qualified Professional (PSR/QP) worked in the facility During interview on 7/18/23 client #13 reported: - Been coming to the facility for a month - The PSR/QP was the "instructor" and "she's here sometimes" - The PSR/QP would often come in late - The "new girl" (staff #1) filled in until the PSR/QP arrived During interview on 7/18/23 the volunteer reported: - She was a volunteer and not an employee - She volunteered at the facility for "about 3 months on and off" - She was responsible for cleaning the offices but sometimes she would "do little things for clients" such as "fix coffee, talk with clients, and assist clients to the bathroom" - There were "usually" two staff working in the mornings During interview on 7/18/23 the transportation staff reported: - He usually transported 17 clients to and from the facility - When he came to the facility, there were two cars in the parking lot that belonged to staff #1 and the volunteer During interview on 7/18/23 staff #1 reported: - She started two weeks ago - QP #1 was over the PSR program and he came in everyday around 12pm-1pm - She has only seen the PSR/QP in the facility twice since she started - It was usually her and the volunteer at the facility with 15-16 clients	V 175		

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V 175	Continued From page 13 During interview on 7/18/23 QP #1 reported: - There were 16 clients currently in the PSR program - The volunteer was the "cleaning lady" - PSR/QP and staff #1 were the scheduled staff for the PSR today (7/18/23) but the PSR/QP was not here - He was supposed to be at the facility at 8am but he was "late" - He was scheduled to come in to train the Office Manager because it was her first day - The Office Manager was in the facility with staff #1 - "If [staff #1] was by herself she should have called [Office Manager] to come in to work with her" - Staff #1 was supposed to call him and he would have called the Chief Financial Officer (CFO) During interview on 7/19/23 PSR/QP reported: - She was the QP for the PSR program - She taught the PSR program 5 days a week - She had an appointment on 7/18/23 and she was not scheduled to work - The volunteer was not supposed to do anything with the clients and she only volunteered to clean the facility - QP #1 was supposed to come in to cover for her on 7/18/23 - She coordinated her time off with QP #2 and the CFO - There were typically 12-13 clients in the PSR program a day During interview on 7/19/23 QP#2 reported: - He received a phone call yesterday (7/18/13) from QP #1 saying the PSR/QP was not at work - The Licensee was supposed to come in to	V 175		

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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 175	Continued From page 14 work the PSR program, but she was in the hospital - He called the CFO to let him know there was only 1 staff at the facility During interview on 7/20/23 the CFO reported: - He was not aware that staff #1 worked alone on 7/18/23 with the volunteer - He was told that QP #1 was at the facility before 9am but he could not recall who told him - "[Volunteer] is working as a volunteer to help out in the office" - The volunteer was not an "actual staff" and did not provide "direct care services" - "From my understanding, she mainly helps with assisting staff with running errands" - He would talk with the Volunteer about changing her role to a direct care position During interview on 7/20/23 the Licensee reported: - She worked in the facility over the last few weeks - She was supposed to work on 7/18/23, but she was in the hospital	V 175		
V 176	27G .1203(A) Psychosocial Rehab - Operations 10A NCAC 27G .1203 OPERATIONS (a) Skills development, educational and prevocational services. Each facility shall provide: (1) skills development activities which include: (A) community living, such as housekeeping, shopping, cooking, use of transportation facilities, money management; (B) personal care such as health care, medication management, grooming;	V 176		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL094-013	A. BUILDING: _____ B. WING _____	C 07/20/2023

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V 176	Continued From page 15 (C) social relationships; (D) use of leisure time; (2) educational activities which include assisting the client in securing needed education services such as adult basic education and special interest courses; and (3) prevocational services which focus on the development of positive work habits and participation in work activities. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide skill development activities for 3 of 3 audited clients (#2, #12, #15). The findings are: Review on 7/19/23 of client #2's record revealed: - Admitted: 3/14/23 - Diagnoses: Major Depressive Disorder, Schizoaffective Disorder, Attention-Deficit/Hyperactivity Disorder, and Intermittent Explosive Disorder - Treatment plan dated 4/10/23 revealed: - "Engage in services to promote mental health stability by engaging in PSR...utilize evidence based practices to teach independent living skills such as budgeting, meal planning, and home maintenance..." - No documentation on skill development activities Interview on 7/18/23 client #2 reported: - He wanted to get his General Educational Development (GED) certification - No one was helping him get his GED	V 176		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 176	Continued From page 16 - His daily activities included talking on the phone, listening to music, exercising, and playing Bingo - He wasn't learning any life skills in the facility - Wanted to get a job cutting grass but hadn't talk to anybody about it Review on 7/19/23 of client #12's record revealed: - Admitted: 3/14/23 - Diagnosis: Schizoaffective Disorder, Bipolar Type - No documentation on skill development activities Review on 7/19/23 of client #15's record revealed: - Admitted: 4/18/23 - Diagnoses: Schizoaffective Disorder, Bipolar Type, Post-traumatic Stress Disorder, and Diabetes - No documentation on skill development activities Review on 7/19/23 of the facility's PSR brochure revealed: - "Focusing on: Money Management skills, Prevocational Employment skills, Computer skills, Social Interaction skills, Daily Living skills, Linkage to Community Resources (Housing, Food, Employment, Medical etc.)" Interview on 7/19/23 staff #1 reported: - She did budgeting and money management worksheets with the clients' - The clients' took the worksheets home with them - The facility didn't keep copies of the worksheets in the clients' records - She would start keeping copies in the records	V 176		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 176	Continued From page 17 Interview on 7/19/23 with the Qualified Professional #2 reported: - Clients completed skill building worksheets but they took them home - Would discuss with the team staff keeping copies of completed worksheets in the clients' records - They did work on skill building with the clients' but he understood that "if it's not documented, it hasn't been done"	V 176		