	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 .	CONSTRUCTION	(X3) DATE SURVE COMPLETED	Ý
		MHL033-111	B. WING		07/19/202	3
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
POSITIVI	E GENERATION IN C	HRIST	NT ANDREW S O, NC 27886	STREET, SUITE 15	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE COME THE APPROPRIATE DA	(5) YTE YTE
V 000	INITIAL COMMEN	TS	V 000			
		ollow up survey was 19, 2023. Deficiencies were				
	categories: 10A NC Abuse Intensive Or NCAC 27G .4500 8	sed for the following service CAC 27G .4400 Substance utpatient Program and 10A Substance Abuse utpatient Treatment Program.				
:		current census of 68. The sisted of audits of 4 current				
V 280	27G .4501 Sub. At	ouse Comp. Outpt. Tx Scope	V 280		· •	
	treatment program a multi-faceted app outpatient setting f substance-related	buse comprehensive outpatient (SACOT) is one that provides proach to treatment in an or adults with a primary diagnosis who require				
	recovery.	ort to achieve and sustain			•	
	or specifically designated disabilities, co-occumental illness or designated and designated disabilities.	gned for persons with physical urring disorders including evelopmental disabilities, chronic relapse, and other				
	homogenous grou (c) SACOT shall h which includes the					
	(2) group co (3) family co (4) strategie	unseling; unseling; s for relapse prevention to				
50 to 2	treatment; (5) life skills					
ABORATOR	lealth Service Regulation Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVES SI	GIATURE TO	TITLE CE	D (X8) DA	ıı≅ &

RECEIVED BY MHL & C 8/11/23

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Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SI COMPLE			
		A. DOLLOWG.			,		
	MHL033-111	B. WING		R-C 07/19	; /2023		
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, 2IP CODE		-		
POSITIVE GENERATION IN C	HRIST	NT ANDREW O, NC 27886	/ STREET, SUITE 15 S				
(X4) ID SUMMARY STA	ATEMENT OF DEFICIENCIES	. ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)		
PREFIX (EACH DEFICIENC	Y MUST BE PRECEDED BY FULL. .SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE DATE		
TAG REGULATORY OR L	SO DENTE THO IN OMNINON,	į TAG	DEFICIENCY)				
V 280 Continued From pa	age 1	V 280					
	itingency planning;			:			
	management;			1			
	oordination activities; and			•			
	ical assays to identify recent	į					
drug use (e.g. urine	e drug screens). activities specified in						
	is Rule shall emphasize the		•				
following:	no reals offer offered to	1	1	İ			
	in use and abuse of	į	1				
substances or con-				:			
	rstanding of addictive disease;						
	nent of social support network	-					
and necessary life: (4) education	style changes, nal skiils;						
	al skills leading to work activity						
	ance abuse as a barrier to	Ì					
employment;			1	i			
	d interpersonal skills;	r kerben.					
	d family functioning;	P. Carrier					
	tive consequences of						
substance abuse;							
(9) continue maintenance prog	d commitment to recovery and		Positive Generation in Christ, In	ic is			
mantenance prog	i ai i i .		licensed for Substance Abuse	+	08/14/23		
:			Comprehensive Outpatient Trea		Agency		
İ		İ	and Substance Abuse Intensive)	Director		
	net as evidenced by:	t V	Outpatient Program. PGIC, Inc.				
	eview and interview, the facility	S. C. C. C. C. C. C. C. C. C. C. C. C. C.	did not meet service requirement	nts by			
	ithin the scope of its license	E .	operating outside the scope of t	he			
	dited clients (#1, #2, #3, #4).	İ	service definition due to providir				
The findings are:			Partial Hospitalization under the				
Review on 7/12/23	of client #1's record revealed:		Prepaid Health Plan contract. P				
- Admitted 6/25			Hospitalization will be discontinu	uec.			
- Diagnosis of A	Alcohol Use Disorder, moderate		An application to add Partial	d fo			
l i	Medicaid company with dates		Hospitalization will be submitted NCDHSR.	יטי ב			
	23-4/30/23 authorizing		INOUNION.				
benavioral Health	Partial Hospitalization		a				
Review on 7/12/23	3 of client #2's record revealed:						

Division of Health Service Regulation

STATE FORM

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U1Q211

If continuation sheet 2 of 7

Division of Health Service Regulation						
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL033-111	B. WING		R- 07/1	.C 9/202 3
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DORESS, CITY, S	STATE, ZIP CODE		
POSITIV	E GENERATION IN C		NT ANDREW O, NC 27886	STREET, SUITE 15		
(X4) ID		TEMENT OF DEFICIENCIES	. ID	PROVIDER'S PLAN OF CORRECTION	ON C	(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
V 280	Continued From pa	ge 2	V 280			
:	- Admitted 6/25/2			:		
:		lcohol Use Disorder, severe,				
	Bipolar Disorder, m	ild, and Major Depressive			,	
	Disorder, mild	-t				
	- Progress note of Hospitalization Prod	dated 7/6/23 with Partial gram (PHP) listed as the			į	
į	service provided	grant (1111) iisted da trie				
	Davies - 7/40/00	- F - F - C // PM	f [ļ	
	- Admitted 6/25/2	of client #3's record revealed:			1	
		cohol Dependence,	!			
	uncomplicated				į	
i		Medicaid company with dates			į	
;		3 to 5/12/23 authorizing				
	services for Behavior Hospitalization	oral Health Partial				
		with dates ranging from			į	
	5/24/23 to 5/30/23 v	vith PHP listed as the service				
	provided					
	Review on 7/12/23 (- Admitted 6/25/2	of client #4's record revealed:				
	uncomplicated	ocaine Dependence,				
	- Letters from a N	Medicaid company with dates				
	ranging from 4/21/2 services for Behavio	3 to 5/12/23 approving				
	Hospitalization	oral Frediti Fartial			:	
	•	7/40/00 -111 //0	į			
During interview on 7/13/23 client #2 reported: - She been at the facility for "a couple of years"						
	- She suffered from	om memory loss				
	 She received P 	HP services at the facility				:
	 Her counselor s 	poke with her about "drugs				1
į	and drinking problem learning coping med	ms, helping one another,]
	(counselors) give ac	Jvice"				
						į
		s with clients #1, #3, and #4 and voicemail and text				
ivision of He	were unsuccessful a	and voicemail and text	1			

Division of Health Service Regulation							
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• /	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
					R	-C	
		MHL033-111	B. WING		07/	19/2023	
NAME OF F	PROVIDER OR SUPPLIER			TATE, ZIP CODE			
POSITIV	E GENERATION IN C	4RIST	IT ANDREW D, NC 27886	STREET, SUITE 15			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
V 280	Continued From particles were left During interview or and Drug Counseld reported: - She came backago - She was told "I - She did not know considered PHP or Comprehensive Or programs - She was only find program in the facility state or the facility state or the facility was provided in the facility was provided in the facility was provided in the facility was provided in the facility was provided in the facility was provided in the facility was provided in the proprovided in the p	ige 3 it. 7/13/23 the Certified Alcohol or-Registrant (CADC-R) #2 ix to work in the facility 3 weeks priefly" about the PHP program ow if her groups were Substance Abuse atpatient Treatment (SACOT) familiar with the SACOT lity 7/12/23 the Intake Director atted doing PHP this year intract with an insurance	V 280		nc. It is swill lans. In the rence ans cy is e	10/14/23 Clinical Director and/or Executive Director	
	reported: - He worked at - He provided g under the PHP pro	the facility for 5 years roup and individual counseling		employees will be thoroughly informed of the services provid the agency and their responsibilities.	led by		
	and Drug Counsel	n 7/13/23 the Certified Alcohol or (CADC) reported: the facility for 3 years					

Division of Health Service Regulation STATE FORM

U1Q211

Division of	of Health Service Re	egulation				
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	'	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		1		R-C		
		MHL033-111	B. WING		07/19/2023	
NAME OF F	RÖVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
POSITIVE	E GENERATION IN C	HRIST	NT ANDREW : O, NC 27886	STREET, SUITE 15		
(X4) ID PRÉFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPROPRICENCY)	ULD BE COMPLETE	
V 280	Continued From pa	nge 4	V 280			
	Intensive Outpatier SACOT programs - He was a facili	vided Substance Abuse at Program (SAIOP) and stator for the SACOT program a 7/13/23 the Clinical orted:				
	- He started in August 2022 - "The PHP is the only treatment that is provided" in the facility - Admission to the PHP consisted of screening clients, determining if clients met the criteria for PHP, intake, admissions to the PHP program,					
	and assigning clier					
	reported: - She started the because "the clien - "COVID allowe" - She had a con company to provide	ed us to do other programs" tract with her insurance				
V 281	10A NCAC 27G .4 (a) The SACOT s Licensed Clinical A Certified Clinical S minimum of 90% of operation. (b) For each SAC	buse Comp. Outpt. Tx Staff 502 STAFF hall be under the direction of a Addictions Specialist or a Supervisor who is on site a of the hours the program is in OT there shall be at least one the meets the requirements of a				
	Qualified Profession	no meets the requirements of a onal as set forth in 10A NCAC r every 10 or fewer clients.				

Division of Health Service Regulation STATE FORM

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Division of Health Service Re	egulation				
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPU	E CONSTRUCTION	(X3) DATE 5	
AND PLAN OF CORRECTION !DENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
				R-0	c l
	MHL033-111	B. WING		1	9/2023
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE		
POSITIVE GENERATION IN CI	ARIS I), NC 27886	STREET, SUITE 15		
(X4) ID SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON ;	(X5)
PREFIX (EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
TAG REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	TENANCE	
1/00/ O U I =	_	1/004		i	
V 281 Continued From pa	ige 5	V 281		Ì	
	hall have at least one direct				
	n the program who is trained in			•	
the following areas					
(1) alcohol are symptoms; and	nd other drug withdrawal				
	s of secondary complications		ī	1	
due to alcoholism a				İ	
	e staff shall receive continuing			;	
education that inclu				!	
	nding of the nature of	, !		1	
addiction; (2) the withdrawal syndrome; (3) group therapy;			•		
		·			!
(4) family the				į	!
	revention; and				
	atment methodologies.				
	· ·				:
					:
					į
i		j 			
		! 			
İ			i		
This Rule is not m	et as evidenced by:	-	; jPGIQ.inc. failed to have a QP fo):F	08/04/23
	eview and interview, the facility	!	every10 or fewer clients after the		لا ــــــــــــــــــــــــــــــــــــ
	alified Professional (QP) for	İ	of the pandemic. The Clinical Di		Clinical
	adult clients. The findings are:		will be responsible for ensuring		Director
1			groups are composed of no mo-	re than	
	of the Substance Abuse		10 clients and will not sign off o		
	utpatient Treatment (SACOT)		sheet with more than 10 clients.		
, -	1 4/1/23 to 7/10/23 revealed:		transition/discharge of clients w	iii de	1
	with Certified Alcohol and Drug ant (CADC-R) #1's initials had	J	overseen by the		•
13 clients and was	signed off by the Clinical		Clinical Director.		
Director		ì			
- Sign-in sheet i	with CADC-R #2's initials had				
11 clients and was	signed off by the Clinical				
Director					
	with Licensed Clinical				
; Addictions Special	ist-Associate (LCAS-A) #1's	1	1		1

Division of Health Service Regulation

Division of Health Service Regulation						
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL033-111	B. WING		R-C 07/19/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, S	STATE, ZIP CODE		
POSITIV	E GENERATION IN CI	11431	NT ANDREW O, NC 27886	STREET, SUITE 15		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	DIBE COMPLETE	
V 281	Continued From pa	ge 6	V 281			
: •		is and was signed off by the				
	reported: - She started 3 w	7/13/23 the CADC-R reeks ago sessions and there were 12				
	He started 3 yeClass sizes varclients"Too many varia"	7/14/23 the CADC reported: ars ago ied and averaged around 9-12 ables" such as COVID, that umbers to "fluctuate"				
	reported: - He worked at the provided grade He had 12 cliented LCAS-A#2 "probut "no more than the second second second second second second second second second second second second second second second second second sec	7/12/23 the LCAS-A#1 ne facility for 5 years oup and individual therapy its on his caseload obably* had about 12 clients hat* ne never over 12 clients		All groups have downsized to to clients. Positive Generation In will provide service that we are licensed. Positive Generation Christ will not provide Partial hospitalization until the service added to the license.	Christ 08/10/23	
	reported: - There were 6 C	7/12/23 the Licensee qualified Professionals (QP) caseload of "around" 12				
tvision of He	ealth Service Regulation	·		·		