Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		7. 50,25,110.					
		MHL054-165		B. WING		07/3	31/2023
NAME OF F	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
I DIXON SOCIAL INTERACTIVE SERVICES INC				SEX STREET , NC 28504	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENC / MUST BE PRECEDED SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMEN	гѕ		V 000			
	A complaint survey was completed on July 31, 2023. The complaint was unsubstantiated (intake #NC00203544). A deficiency was 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 1400 Day Treatment for Children and						
	Adolescents with Emotional or Behavioral Disturbances; 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program; and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program.						
	This facility has a c survey sample con- clients.	urrent census of 3	7. The				
V 105	27G .0201 (A) (1-7)) Governing Body F	Policies	V 105			
	10A NCAC 27G .02 POLICIES	201 GOVERNING I	BODY				
	(a) The governing to facility or service sh written policies for t	nall develop and im					
	(1) delegation of maoperation of the faction(2) criteria for admi(3) criteria for disch	sility and services; ssion;	ty for the				
	(4) admission asse(A) who will perforn(B) time frames for	ssments, including n the assessment; completing assess	and sment.				
	(5) client record ma(A) persons authori(B) transporting record	zed to document; cords;					
	(C) safeguard of re defacement or use (D) assurance of re	by unauthorized po	ersons;				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	E CONSTRUCTION	(X3) DATE SURVE COMPLETED				
MIII 074 407		B. WING						
	MHL054-165	D. WING		07/31/202	:3			
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE					
DIVON SOCIAL INTERACTIV	DIXON SOCIAL INTERACTIVE SERVICES, INC 658 SUSSEX STREET							
DIXON SOCIAL INTERACTIV	E SERVICES, INC KINSTON	, NC 28504						
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COM	X5) PLETE ATE			
V 105 Continued From p	age 1	V 105						
authorized users a (E) assurance of o (6) screenings, wh (A) an assessmen problem or need; (B) an assessmen can provide service needs; and (C) the disposition recommendations (7) quality assuran activities, including (A) composition ar assurance and quality and approp including delineative utilization of service (D) professional of a requirement that professionals and shall be supervise that area of service (E) strategies for in (F) review of staff determination mad treatment/habilitati (G) review of all fa were being served residential program (H) adoption of sta and programmatic applicable standar purpose, "applicate means a level of or reference to the pi	It all times; and onfidentiality of records. ich shall include: tof the individual's presenting of the individual's presenting of the individual's presenting of the individual's eston address the individual's present individual's including referrals and is ce and quality improvement committee; assurance and quality improvement committee; assurance and quality improvement committee; assurance and quality including and evaluating the riateness of client care, on of client outcomes and es; and client outcomes and es; and client client services do by a qualified professional in e; and proving client care; qualifications and a let to grant							

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Division of Health Service Regulation STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		MHL054-165		B. WING		07/	31/2023
DIXON SOCIAL INTERACTIVE SERVICES, INC. 658 SUS				DRESS, CITY, SEX STREET, NC 28504	STATE, ZIP CODE	_	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 105	'	ge 2 other practitioners in	the field;	V 105			
	facility failed to imp Substance Abuse II (SAIOP) and Subst	et as evidenced by: views and interviews lement written policy ntensive Outpatient I ance Abuse Compre ent (SACOT) services	for Program heensive				
	Abuse Intensive Outpolicy revealed: - " SAIOP can be roups of beneficiari women and their checo-occurring mental disorders; individual immunodeficiency similar cognitive lev	virus (HIV); or individually vels of functioning. Operation of the provided each day S	ervice" ogenous omen, and ith ice use luals with Group				
	Abuse Comprehens Services" policy rev - " SACOT progr homogenous group a. beneficiaries beir basis; b. beneficiari	of the Licensee's "So sive Outpatient Treat realed: rams can be designed os of beneficiaries, in ng detoxed on an ou es with chronic relap women, and women	tment ed for ncluding: tpatient ose				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
JEHN IS HEINELLE			A. BUILDING:				
		MHL054-165		B. WING		07/3	31/2023
NAME OF I	PROVIDER OR SUPPLIER	STF	REET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DIXON SOCIAL INTERACTIVE SERVICES INC				EX STREET , NC 28504			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 105	Continued From pa	ge 3		V 105			
	children; d. benefici health and substan- beneficiaries with H	iaries with co-occurring note abuse disorders; e. IIV; or f. beneficiaries with yels of functioning "					
	Review on 7/07/23 of client #3's record revealed: - 57 year old female admitted 1/01/19 Diagnoses included Alcohol Use Disorder; and Opioid Use Disorder.						
	#3 stated: - Clients had brough sessions One client brough day." - "Now another girl	n 7/10/23 and 7/11/23 cli ht their children into grou t her baby to group "ever brings her baby on Frida	ıp ry y.				
	You can't get treatment in that environment." Review on 7/07/23 of the Associate Professional's (AP) personnel record revealed a hire date of 12/01/21.						
	 2 clients had brou Fridays. The other clients v be brought to the pi 	7/06/23 the AP stated: ght their children to grouwere aware the children vogram and "Enjoy it. Mos family; they know one	would				
		of the Qualified Profession ord revealed a hire date					
	- Parents were allow	7/06/23 the QP stated: wed to bring their children be approved by the Clirmilies."					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		(X1) PROVIDER/SUPPLIEF		1` '			(X3) DATE SURVEY COMPLETED	
AND FLAN OF CONNECTION IDENTIFY		IDENTIFICATION NOW	ADEIX.	A. BUILDING:				
		MHL054-165		B. WING		07/3	1/2023	
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
DIXON SOCIAL INTERACTIVE SERVICES INC				EX STREET , NC 28504				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
V 105	Continued From pa	ge 4		V 105				
	Review on 7/07/23 personnel record re-Hired 4/04/22 Licensed Clinical Clinical Supervisor, Alcohol & Drug Coudenical Supervisor - She was contracted - It was her responsoperations of the Scale - "We don't have a - One client had a behomeless and I did from her baby." - Another client broothe client had an opperation of the Scale - The client "didn't her to bring her child years old and "only - "The child has to be time." - "As per the service accommodations for - The service definiting group sessions All clients were awfor children to be broonversations will be "The group is pregonversations will be "We make accommodations will be "We will	of the Clinical Superveyealed: Addictions Specialist; and Internationally Cunselor. n 7/06/23 and 7/31/23 stated: ed by the Licensee. sibility to oversee day AIOP and SACOT proved to bring their child lot of kids that are broaby "last year; she wan't want her to be sepught her daughter to goen reunification case all Services. In ave a babysitter so I d to group;" the child came once." De with its parent the ele definition we can made or women with children to ware of permission be rought to group session ared for the child so cared for the ch	Certified ertified 3 the to day ograms. ren to ought in." as arated group; with the allowed was 9 entire ake n." to attend ing given ons. their sary as					
		ild attended a group s was recreation, leisur						

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	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:			COMPLETED	
		MHL054-165	B. WING		07/3	31/2023	
	PROVIDER OR SUPPLIER	SERVICES INC 658 SUSS	DRESS, CITY, SEX STREET	STATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODE DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
V 105	exercise day." - No clients had ever concerns about chil sessions. - "Most of the client the community with much live on [local each other's children buring interview on Assurance/Quality IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	er expressed or shared any ldren being brought to group is are related, they are out in one another. They pretty street]; they pretty much raise en." 7/31/23 the Quality improvement Director stated: d be attending SAIOP or sions. ensee's policy for the Clinical permission for clients to bring up sessions.	V 105				

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