

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-211	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/22/2023
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NAME OF PROVIDER OR SUPPLIER BRIDGES OF HOPE, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 2303 WELLINGTON DRIVE, SW, SUITE D WILSON, NC 27893
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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 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on August 22, 2023. The complaint was unsubstantiated (intake #NC00205964). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment.</p> <p>This facility has a current census of 63. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 282	<p>27G .4503 Sub. Abuse Comp. Outpt. Tx.- Operations</p> <p>10A NCAC 27G .4503 OPERATIONS</p> <p>(a) A SACOT shall operate in a setting separate from the client's residence.</p> <p>(b) Each SACOT shall provide services a 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>	V 282		

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

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V 282	<p>Continued From page 1</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>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure each SACOT provided services a minimum of 20 hours per week for three of four audited current clients (#2, #3 and #4). The findings are:</p> <p>Review on 08/22/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 65 year old female. - Admission date of 04/06/18. - Diagnoses of Major Depressive Disorder, Cocaine Dependence, Cannabis Dependence, Alcohol Dependence an Hypertension. <p>Review on 08/22/23 of client #2's Person Centered Plan (PCP) dated 09/15/22 revealed:</p> <ul style="list-style-type: none"> - "Service & Frequency I will attend SACOT 6-9 months of service with 5 consecutive days a week for 4 hours a day." <p>Review on 08/22/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 62 year old female. - Admission date of 06/29/22. - Diagnoses of Alcohol Dependence and Cannabis Dependence. <p>Review on 08/22/23 of client #3's PCP dated</p>	V 282		

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V 282	<p>Continued From page 2</p> <p>09/29/22 revealed: - "Service & Frequency I will attend SACOT 6-9 months of service with 5 consecutive days a week for 4 hours a day."</p> <p>Review on 08/22/23 of client #4's record revealed: - 53 year old female. - Admission date of 05/03/22. - Diagnoses of Cannabis Dependence, Alcohol Dependence and Schizophrenia.</p> <p>Review on 08/22/23 of client #4's PCP dated 08/18/22 revealed: - "[Client #4] would benefit from SACOT services for relapse prevention and recovery and maintenance from alcohol and cannabis addiction."</p> <p>Interview on 08/22/23 client #2 stated: - She had received services since June 2022. - The service was good for her. - She drug treatment services 5 days a week. - She was provided services at the sister facility (separate Mental Health License) office on Tuesdays and Wednesdays. - She received the other 3 days of treatment at the Wellington Drive facility.</p> <p>Interview on 08/22/23 client #3 stated: - She had received services for approximately 6 months. - She attended meetings with staff #1 5 days a week from 1pm to 5pm. - She came to the sister office (separate Mental Health License) "2 or 3 days" a week and went to the Wellington Drive facility "2 or 3 days" a week. - She loved her group.</p> <p>Interview on 08/22/23 client #4 stated:</p>	V 282		

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V 282	<p>Continued From page 3</p> <ul style="list-style-type: none"> - She had received services for approximately 1 year and 5 months. - She received services 5 days a week from 1 pm to 4 pm. - She attended meetings at the sister office (separate Mental Health License) Monday and Tuesday. - She attended meetings at the Wellington Drive facility Wednesday and Friday. - The group met at the library as well. <p>Interview on 08/22/23 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - She had worked at the facility for several years. - She provided groups for clients. - She provided groups at the sister facility (separate Mental health License) on Monday and Tuesday. - Wednesdays and Fridays groups were held at the Wellington Drive facility. - The groups were held at a sister facility do to spacing issues and specific things being taught to clients. - Thursdays was a community day. <p>Interview on 08/22/23 the Controller stated:</p> <ul style="list-style-type: none"> - The facility and a sister facility were licensed for "SAIOP and SACOT (Substance Abuse Intensive Outpatient and Substance Abuse Comprehensive Out Patient)" separately. - She understood 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. - Each facility had to provide services based on program specific operations. 	V 282		