STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI, IDENTIFICATION NUMBER MHL032-390		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R-C 09/13/2023	
		MHL032-390				
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
OMMU	NITY CHOICES, INC -		LLIAMSBURG	ROAD, APARTMENT F		
(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 ACTI CROSS-REFERENCED TO T DEFICIENC ^Y	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	rs	V 000			
	on September 13, 2 substantiated (Intal #NC00206696). Do	low up survey was completed 2023. The complaints were ke #NC00205527 and eficiencies were cited.				
	category: 10A NCA Recovery Programs Substance Abuse D	sed for the following service C 27G. 4100 Residential s for Individuals with Disorders and their Children.				
		sed for 18 and currently has a ne survey sample consisted of clients.				
V 110	27G .0204 Training Paraprofessionals	/Supervision	V 110			
	SUPERVISION OF (a) There shall be paraprofessionals. (b) Paraprofession associate profession professional as spe	204 COMPETENCIES AND PARAPROFESSIONALS no privileging requirements for als shall be supervised by an onal or by a qualified ecified in Rule .0104 of this	-			
	knowledge, skills at population served. (d) At such time as	als shall demonstrate nd abilities required by the a competency-based n is established by rulemaking	,			
	then qualified profe professionals shall (e) Competence sl exhibiting core skill (1) technical know	ssionals and associate demonstrate competence. nall be demonstrated by s including: ledge;				
	(2) cultural awaren(3) analytical skills(4) decision-makin(5) interpersonal s	; g;				

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	N NUMBER: A. BUILDING:		- (X3) DATE SURVEY COMPLETED R-C 09/13/2023	
		MHL032-390				
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
сомми	NITY CHOICES, INC -	CASCADE AT DI	LLIAMSBURG	ROAD, APARTMENT F		
		DURHAI	M, NC 27707			
(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 ACTI CROSS-REFERENCED TO T DEFICIENC [\]	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From pa	ge 1	V 110			
	develop and implem for the initiation of t	e skills; and body for each facility shall nent policies and procedures he individualized supervision ch paraprofessional.				
	three audited staff (the knowledge, skil population served.	view and interviews, one of (staff #2) failed to demonstrate Is and abilities required for the The findings are: f client #1's record revealed:				
		aine Use Disorder- Severe				
	-Admission date of -Diagnoses of Stim	ulant Use Disorder- cohol Use Disorder- Mild and				
	-There was a verba member. -The staff member	3 with client #1 revealed: Il situation with a staff used profanity towards her.				
	towards one anothe -A meeting was hel management and the moved past the situ	d with her, the other staff and hey apologized, and she has				

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			A. BUILDING:		F	₹-C
		B. WING			13/2023	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
OMMUN	NITY CHOICES, INC -		LLIAMSBURG	ROAD, APARTMENT F		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y 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) COMPLET DATE
V 110	Continued From pa	ige 2	V 110			
	-She has witnessed other clients. -Staff has not used -Staff she felt was of professional. -The counselor she treated clients unfa -She expressed he Director. Interview on 9/13/2 -Stated she had no any clients in the pr -Had stated to Client slamming my door? -She informed the fi conversation but lat her language.	r concerns to the Program 3 with staff #2 revealed: t used any profanity towards rogram. ht #1 "Why the h*ll you				
	-Client #1 was not f response to staff w -Client #1 and staff profanity towards e -Client #1 and the s apologized and had -Client #2 disrespect Director. -Client #2 had mad during groups -Client #2 would ins program.	staff had a meeting, both				
	revealed:	ssed any staff speak				

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			A. BUILDING:			
		MHL032-390	B. WING			R-C 13/2023
AME OF PROVIDER	OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	DICES INC -			ROAD, APARTMENT F		
		DURHAI	M, NC 27707			
	CH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 110 Continu	ied From pa	ige 3	V 110			
-Staff s profess prograr -She w using ir -Client	poke firmly ional workir n. as informed appropriate #1 filed a gr	ards any clients. towards clients but remained ag with the clients in the by other clients of clients language towards staff. ievance against staff #2 but d staff had not cursed.				
V 290 27G .5	602 Supervi	sed Living - Staff	V 290			
 (a) Stature (a) Stature (b) An (c) An (c) Stature (c) Statur	s specified Rule shall be staff to resp ninimum of o at all times es, except w tion plan do e of remainin supervision ded but not l nt continues ne or comm d periods o ff shall be p g client-staf adolescent children o disorders sh staff present. He during slee ency back-u erning body children o	bs above the minimum in Paragraphs (b), (c) and (d) e determined by the facility to cond to individualized client one staff member shall be when any adult client is on the when the client's treatment or cuments that the client is ng in the home or community . The plan shall be reviewed ess than annually to ensure to be capable of remaining in unity without supervision for f time. resent in a facility in the f ratios when more than one client is present: or adolescents with substance all be served with a minimum t for every five or fewer minor pwever, only one staff need be ping hours if specified by the p procedures determined by				

TATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
MHL032-390			A. BUILDING:		R-C	
		B. WING			09/13/2023	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
омми	NITY CHOICES, INC -		LLIAMSBURG M, NC 27707	ROAD, APARTMENT F		
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V 290	Continued From pa	age 4	V 290			
	present and two sta more clients present need be present du specified by the em determined by the em diagnosis is substa (1) at least of duty shall be traine withdrawal sympton secondary complica drug addiction; and (2) the service	ch serve clients whose primary ince abuse dependency: ne staff member who is on d in alcohol and other drug ms and symptoms of ations to alcohol and other d ces of a certified substance nall be available on an	/			
	Based on record re failed to ensure the were available to re affecting 2 of 2 clie are:	et as evidenced by: eview and interview, the facility e minimum number of staff espond to the clients needs nts (#1 and #2). The findings of client #1's record revealed:				
	-Diagnoses of Coc	aine Use Disorder- Severe of client #2's record revealed:				
	-Admission date of -Diagnoses of Stim	3/9/23. Julant Use Disorder- Icohol Use Disorder- Mild and				
		3 with client #1 revealed: and chose to keep her child				

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		MHL032-390	B. WING			13/2023
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OMMUN	NITY CHOICES, INC -		LIAMSBURG	ROAD, APARTMENT F		
X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
RÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 290	Continued From pa	ge 5	V 290			
	childcare services p -Other client's child due to not having c Interview on 9/6/23 -There was no child while in group. -Children were in g -Was hard to focus present. Interview on 9/6/23 revealed: -Childcare was pro- working for the age -Staff on campus w appointments or oth	the program, she had not seen provided. ren were in the group meeting hildcare. with client #2 revealed: dcare provided for children roup with them the entire time. on group when children were with the Program Director vided but the person stopped ncy. vould assist if did not have her errands. Idcare was not provided when				