

Appendix 1-B: Plan of Correction Form

Plan of Correction

Please complete all requested information and email completed Plan of Correction form to:

Plans.Of.Correction@dhhs.nc.gov

Provider Name:	Dixon Social Interactive Services, INC	Phone:	252-353-0100
Provider Contact Person for follow-up:	Derria Dixon	Fax:	252-364-8117
		Email:	Derria.Dixon@dixonsocial.com
Address:	658 Sussex Street Kinston, NC 28504		
	Provider # MH054-165		

Finding	Corrective Action Steps	Responsible Party	Time Line
<p>INITIAL COMMENTS 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 current census of 37. The survey sample consisted of audits of 4 current clients. 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</p>	<ol style="list-style-type: none"> 1.) Dixon Social Interactive Services modified our SA policy to clearly define who can be in the facility with special emphasis on making sure that the interpretation of service definition is clear and concise. 2.) Dixon Social Interactive Services will train all sites regarding the group attendance policy and have the staff sign off on their understanding. This training will allow for open discussion on interpretations of service definition as it relates to the following section.....“programs can be designed for homogenous groups of beneficiaries, including: a. beneficiaries being detoxed on an outpatient basis; b. beneficiaries with chronic relapse issues; c. pregnant women, and women and their children; d. beneficiaries with co-occurring mental health and substance abuse disorders; e. beneficiaries with HIV; or f. beneficiaries with similar cognitive levels of functioning”. After which all staff will sign off on their understanding and Dixon Social Interactive Services expectations. Staff will sign for attendance and will be given a post test for their understanding. We expected a 90% of higher score on this matter and individuals who do not test above 90%, will have to go back through the training. Certificates of successful completion will be placed in staff records 	<ol style="list-style-type: none"> 1.) [Redacted] Quality Director ; [Redacted] Clinical Director 2.) [Redacted] Quality Director ; [Redacted] Clinical Director; Clincial Supervisors for SA Facility based services. 	<p>Implementation Date:</p> <ol style="list-style-type: none"> 1.) 08/3/2023 2.) 09/08/2023 <p>Projected Completion Date:</p> <ol style="list-style-type: none"> 1.) Ongoing 2.) 09/08/2023

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 (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

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<p>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; This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to implement written policy for Substance Abuse Intensive Outpatient Program (SAIOP) and Substance Abuse Comprehensive Outpatient Treatment (SACOT) services. The findings are: Review on 7/31/23 of the Licensee's "Substance Abuse Intensive Outpatient Program Service" policy revealed: - ". . . SAIOP can be designed for homogenous groups of beneficiaries e.g., pregnant women, and women and their children; individuals with co-occurring mental health and substance use disorders; individuals with human immunodeficiency virus (HIV); or individuals with similar cognitive levels of functioning. Group counseling shall be provided each day SAIOP services are offered . . ." Review on 7/31/23 of the Licensee's "Substance Abuse Comprehensive Outpatient Treatment Services" policy revealed: - ". . . SACOT programs can be designed for homogenous groups of beneficiaries, including: a. beneficiaries being detoxed on an outpatient basis; b. beneficiaries with chronic relapse issues; c. pregnant women, and women and their children;</p>			
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<p>d. beneficiaries with co-occurring mental health and substance abuse disorders; e. beneficiaries with HIV; or f. beneficiaries with similar cognitive levels 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. During interviews on 7/10/23 and 7/11/23 client #3 stated: - Clients had brought their children into group sessions. - One client brought her baby to group "every day." - "Now another girl brings her baby on Friday. 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. During interview on 7/06/23 the AP stated: - 2 clients had brought their children to group on Fridays. - The other clients were aware the children would be brought to the program and "Enjoy it. Most everyone out here is family; they know one another." Review on 7/07/23 of the Qualified Professional's (QP) personnel record revealed a hire date of 11/30/21. During interview on 7/06/23 the QP stated: - Parents were allowed to bring their children to groups, but it had to be approved by the Clinical Supervisor. - "It's a place for families." Review on 7/07/23 of the Clinical Supervisor's personnel record revealed: - Hired 4/04/22. - Licensed Clinical Addictions Specialist; Certified Clinical Supervisor, and Internationally Certified Alcohol & Drug Counselor. During interviews on 7/06/23 and 7/31/23 the Clinical Supervisor stated: - She was contracted by the Licensee. - It was her responsibility to oversee day to day</p>			
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<p>operations of the SAIOP and SACOT programs. - Clients were allowed to bring their children to groups. - "We don't have a lot of kids that are brought in." - One client had a baby "last year; she was homeless and I didn't want her to be separated from her baby." - Another client brought her daughter to group; the client had an open reunification case with the Department of Social Services. - The client "didn't have a babysitter so I allowed her to bring her child to group;" the child was 9 years old and "only came once." - "The child has to be with its parent the entire time." - "As per the service definition we can make accommodations for women with children." - The service definition allowed children to attend group sessions. - All clients were aware of permission being given for children to be brought to group sessions. - "The group is prepared for the child so their conversations will be appropriate." - "We make accommodations as necessary as long as it's safe for the client, the child and the group." - The last time a child attended a group session was on a Friday, "it was recreation, leisure, exercise day." - No clients had ever expressed or shared any concerns about children being brought to group sessions. - "Most of the clients are related, they are out in the community with one another. They pretty much live on [local street]; they pretty much raise each other's children." During interview on 7/31/23 the Quality Assurance/Quality Improvement Director stated: - No children should be attending SAIOP or SACOT group sessions. - It was not the Licensee's policy for the Clinical Supervisor to grant permission for clients</p>			
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to bring their children to group sessions. - "There are sex offenders there."			
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