

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-332	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/13/2023
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NAME OF PROVIDER OR SUPPLIER FREEDOM	STREET ADDRESS, CITY, STATE, ZIP CODE 1089 X RAY DRIVE GASTONIA, NC 28054
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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 and follow up survey was completed on 11-13-23. The complaint was substantiated (#NC00207622). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3100 Nonhospital Medical Detoxification for Individuals Who are Substance Abusers and 10A NCAC 27G 3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders.</p> <p>This facility is Licensed for thirty and currently has a census of twenty-two. The survey sample consisted of audits on one former client.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p>	V 105		

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

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V 105	<p>Continued From page 1</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(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;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges:</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(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;</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record reviews and observation the facility failed to implement their policy regarding the release of confidential information. The findings are:</p> <p>Review on 11-13-23 of Policy entitled "Rights of Persons Served" dated 7-1-20 revealed: - "Confidential client information will not be released unless the client or guardian give prior permission, a medical emergency exists, or state and federal laws dictate the release of information."</p> <p>Review on 11-9-23 of Client #1's record revealed: - No consent to release information to any local hospitals or rehabilitation facilities.</p> <p>Interview on 11-9-23 with Client #1 revealed: - She had gone to the facility because she had been there before and it was close. - She had not given the facility consent to speak to any other facility about her care. - When she went to the hospital, the facility called the local rehabilitation facility that she was going to attend and gave them medical information. - She was then told by the rehabilitation center that she needed to complete a mental health assessment if she still wanted to attend. - She feels that her health care privacy was violated.</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>Interview on 11-9-23 with the Case Manager revealed:</p> <ul style="list-style-type: none"> -Client #1 came to the facility with the plan of going to the local rehabilitation center after she detoxed successfully. -The facility talked with the local rehabilitation center "every day." -The facility did have permission from Client #1 to talk to the local rehabilitation facility. <p>Interview on 11-13-23 with the Executive Director revealed:</p> <ul style="list-style-type: none"> -Client #1 should have signed consent forms when she was admitted. -They could not find any consents forms allowing the facility to share information with the local rehabilitation center. -They would be more careful in the future to make sure all paperwork was filled out before providing services. 	V 105		