

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL046-042</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/28/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPRING LIFE BEHAVIORAL CARE LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>505 NORTH ACADEMY STREET AHOSKIE, NC 27910</b>
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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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on September 28, 2023. The complaint was unsubstantiated (Intake #NC00206074). Deficiencies were cited.</p> <p>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 .4400 Substance Abuse Intensive Outpatient Program, &amp; 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program.</p> <p>This facility has a current census of 48. The survey sample consisted of audits of 1 former client.</p>	V 000		
V 110	<p><b>27G .0204 Training/Supervision Paraprofessionals</b></p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privilege requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <p>(1) technical knowledge.</p> <p>(2) cultural awareness;</p>	V 110	<p><b>DHSR - Mental Health</b></p> <p><b>OCT 27 2023</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	

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

TITLE

(X6) DATE

STATE FORM

*Florence Ikechiana* (R34G1)  
*PhD, LCAS, LCSW, CCS*  
*Clinical Director*  
*10/24/2023*

If continuation sheet 1 of 8

Division of Health Service Regulation

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V 110	<p>Continued From page 1.</p> <p>(3) analytical skills. (4) decision-making. (5) interpersonal skills. (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on recorded review and interview, the facility failed to ensure 1 of 3 paraprofessional staff (#1) demonstrated the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 9/27/23 of staff #1's record revealed: - Hired 2/20/23</p> <p>Review on 9/27/23 of former client (FC) #1's record revealed: - Admitted 3/24/23 and discharged 9/12/23. - Diagnoses of Stimulant Use Disorder (cocaine) moderate, Tobacco use Disorder (mild), Major Depressive Disorder Moderate, Generalized Anxiety Disorder, Insomnia Disorder, Hypertension, Hyperlipidemia, Stroke, Relationship Changes, Limited Coping Skills, Limited Social Connections, and Financial Strain</p> <p>Attempted interview with FC #1 on 9/27/23 was unsuccessful due to the FC #1's phone number no longer being in service.</p>	V 110		

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10/24/2023

Division of Health Service Regulation

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V 110	Continued From page 2.  During interview on 9/27/23 staff #1 reported: <ul style="list-style-type: none"> <li>- He started working at the facility on 2/20/23.</li> <li>- He was a counselor for the Substance Abuse Comprehensive Outpatient Treatment (SACOT) and Substance Abuse Intensive Outpatient Program (SAIOP)</li> <li>- FC #1 was assigned to his SACOT group.</li> <li>- The SACOT program was held both in person and virtually during the COVID-19 (Coronavirus) pandemic up until May 2023</li> <li>- Clients came to the office "periodically" to "check in" and fill out paperwork.</li> <li>- Clients signed a "signature sheet" to sign up for their group sessions.</li> <li>- Clients that attended sessions virtually had to sign their paperwork when they came into the office to "check in."</li> <li>- FC #1 chose to attend sessions virtually or by phone during the COVID-19 pandemic.</li> <li>- He signed FC #1's sign-in sheet for her because "a lot of times she (FC #1) couldn't come into the office" to check in.</li> <li>- "She (FC #1) asked me (staff #1) to take care of the signature."</li> <li>- "It (signing the sign-in sheet) was something between me (staff #1) and her (FC #1)"</li> <li>- Signing FC #1's sign-in sheet was "not a problem" until she "wasn't in the program (SACOT) anymore."</li> <li>- He signed for FC #1 more than 20 but less than 30 times in approximately two months.</li> <li>- The SACOT Qualified Professional (QP) did not know he was signing the sign-in sheet for FC #1</li> <li>- The facility conducted a urinalysis "every other Thursday" on every client in their programs.</li> <li>- Urine samples were collected at the clients' homes during the COVID-19 pandemic.</li> <li>- He sent a "mentor" to FC #1's home to collect</li> </ul>	V 110		

*F. Alkech* PhD, LMSW, LSW, CCS.  
10/24/2023

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V 110	<p>Continued From page 3.</p> <p>her urine samples.</p> <ul style="list-style-type: none"> <li>- "Either I (staff #1) or a person (mentor) that's no longer in the program (SACOT) went to collect the urine"</li> <li>- "The person (mentor) was doing it for pro bono (without charge) ...it was mentoring...the person was training for future employment here (Spring Life Behavioral Care, LLC)"</li> <li>- The "mentor" was "working for me...helping me out with my job."</li> <li>- FC #1 was "good friends" with the "mentor."</li> <li>- He only used the "mentor" for "a month and a half."</li> <li>- "I didn't think I was doing anything wrong."</li> </ul> <p>During interview on 9/27/23 the SACOT QP reported:</p> <ul style="list-style-type: none"> <li>- He was staff #1's direct supervisor.</li> <li>- Clients were supposed to come to the office to sign their sign-in sheet.</li> <li>- SACOT counselors were not supposed to sign the sign-in sheet for the clients.</li> <li>- He would be concerned if a counselor was signing the sign-in sheet for clients.</li> <li>- "Counselors are not supposed to sign anything, even if the counselor was given permission" from the client.</li> <li>- He was unaware that staff #1 was signing the sign-in sheet for FC #1</li> <li>- The facility conducted a urinalysis every Thursday on every client in their programs.</li> <li>- "Sometimes they (clients) come to the office, or a counselor will go to the (client's) house."</li> <li>- "If he could not go to the client's house then he would arrange to get it (urine sample) the next day"</li> <li>- He would never send a client or FC to collect urine samples from a client's home.</li> <li>- If a counselor ever came to him and requested to send a "previous or current client" to</li> </ul>	V 110	<p>Spring Life Behavioral Care management unequivocally condemned the action of a staff signing client's signature or sending anyone else to collect urine specimen. The action is against the agency's policy and the agency's established covenant of integrity. On the basis of the violation, the agency has taken the following actions to correct the deficiency:</p> <p>Suspended the staff that violated this agency policy and content of integrity for two weeks effective October 23 through November 3, 2023 (See attached).</p> <p>Upon return, the referenced staff shall receive training through the Clinical Director to cover the following: Corporate Compliance, Urine Specimen Collection Protocol, Medicaid Fraud Prevention, the agency's Covenant of Integrity, Confidentiality, and any other relevant training.</p> <p>The staff's compliance with the proper procedure will continuously be</p>	<p>10/23/2023 through 11/3/2023.</p> <p>11/6/2023 through 11/10/2023</p>

*F. Theek* MHA, LHA, LCBID, CCS.  
10/24/2023

		<p>monitored by the Clinical Director and the Quality Assurance Staff.</p> <p>To prevent the deficiency from re-occurring, the agency will conduct all agency staff trainings to cover the following areas:</p> <ol style="list-style-type: none"> <li>1. Corporate Compliance Program</li> <li>2. Organizational Code of Ethics</li> <li>3. Employee Standards &amp; Conduct</li> <li>4. Confidentiality, Health Insurance Portability &amp; Accountability Act (HIPAA)</li> <li>5. Confidentiality &amp; Control of Patient Records</li> <li>6. Prevention of Fraud &amp; Abuse</li> <li>7. Employee Qualification Requirements</li> <li>8. Drug Testing Procedures</li> <li>9. Abuse, Neglect, &amp; Exploitation</li> <li>10. Service Definitions for each service the agency provides.</li> <li>11. The Agency's Covenant of Integrity,</li> </ol> <p>This training will be conducted by the Clinical Director, the Chief Operating Officer, and the Quality Assurance Personnel. These three personnel will continuously monitor compliance.</p>	<p>11/13/2023 through 12/1/2023</p> <p>December 2023 and ongoing.</p>
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*F. Albeck PhD, LMSW, LSW, CCS.*  
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V 110	<p>Continued From page 4.</p> <p>collect urine samples from a client's home, he would tell the counselor "No"</p> <ul style="list-style-type: none"> <li>- He would be concerned if a counselor sent an FC to collect urine samples because of confidentiality.</li> </ul> <p>During interview on 9/27/23 the Chief Financial Officer reported:</p> <ul style="list-style-type: none"> <li>- Clients were supposed to sign a sign-in sheet for group sessions.</li> <li>- "They (counselors) can do almost anything for clients, but signing the paperwork (sign-in sheet)"</li> <li>- "There's never a time a counselor should sign anything for a client, for any reason."</li> <li>- Urine samples were collected from clients "during group or in the (client's) home."</li> <li>- Any staff, including counselors, can collect urine samples from clients.</li> <li>- He would be concerned if a urine sample was not collected by a staff.</li> <li>- Staff were supposed to "observe to make sure the urine sample is secure...clean...record the temperature of the urine...and make sure the bathroom is clean."</li> <li>- He would have to "retrain" staff if they were not following the protocol to collect urine samples</li> </ul>	V 110		
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*F. Albeck PhD LICAS, LCBW, CCS.*  
10/24/2023



# Spring Life Behavioral Care, LLC.

200 Becker Drive Roanoke Rapids, NC 27870

## [-Employee Warning Notice

### Employee Information

Employee Name: [REDACTED] Date: 10/18/2023  
Employee ID: [REDACTED] Job Title: Group Facilitator  
Supervisor: CCS. Department: SUD

### Type of Warning

First Warning (Written)       Second Warning       Final Warning

### Type of Offense

Insubordination       Absenteeism       Violation of Company Policies  
 Substandard Work       Violation of Safety Rules       Violation of Confidentiality  
 Other: Divulging Confidential Information

### Details

**Description of Infraction:** [REDACTED] has been working at the Spring Life Behavioral Care for well about seven months; it is expected that he is familiar with the agency policies and procedures, Medicaid Fraud, Confidentiality as well as HIPAA regulations, among others.

[REDACTED] signed the Covent of Integrity which is to "Prevent fraud, waste, abuse, and other improper activity by creating a culture of compliance within SLBC." At the time of employment, he made a commitment in his offer letter agreeing to comply with the agency policies and state regulations.

[REDACTED] has also received a series of training courses on Prevention of Medicaid Fraud, confidentiality, corporate compliance, among others.

1. On September 28, 2023, during a State Audit, it was noted that [REDACTED] engaged in a fraudulent act through his admission to the auditor that he signed a client's signature and also allowed someone to go to client's urine from his home and collect client's signature. His actions were against the "Spring Life Covenant of Integrity."
2. It has been noted that [REDACTED] initiated and peddled rumors. These issues were extensively addressed in a meeting held on October 9, 2023, between the Clinical Director and [REDACTED]. During the meeting, [REDACTED] apologized and made a commitment not to peddle rumors or violate staff or client's confidentiality.
3. On Friday October 13, 2023, [REDACTED] initiated a rumor that a newly hired staff contacted his

clients and queried them about the last time he [REDACTED] provided services to them. While [REDACTED] [REDACTED] was on phone with the Lead Office Manager, [REDACTED] was heard telling another staff that he was not ready to have a staff that would be querying his clients as one of the staff (name withheld for confidentiality) queried his clients in the past.

4. [REDACTED] declined to hold a scheduled meeting with a new PSS staff to update staff about the status of each client on his caseload on the premise that there was another staff he expected to work with the client. Consequently, prompt services were denied to the relevant clients from October 9 through today October 18, 2023.

[REDACTED] actions and conduct are unacceptable. Medicaid Fraud, Peddling rumors/gossips, or lack of respect to staff and client's confidentiality violate the agency policy. His actions and behaviors did not only rob the clients from receiving prompt services but also make the new staff vulnerable and his fraudulent act puts the agency's integrity at a jeopardy. Therefore, necessary action is warranted to deter further occurrence.

This level of offense is considered severe, more so that there was a meeting on a similar issue a few days before the current incident, therefore [REDACTED] is given a two-week suspension.

**Plan of Correction:**

1. [REDACTED] is given a two-week suspension effective Monday October 23 through November 3, 2023. During these weeks of suspensions [REDACTED] is not allowed to provide a service to any client.
2. Upon return to service, [REDACTED] will engage in training through the Clinical Director to cover the following: Corporate Compliance, Medicaid Fraud Prevention, the agency Covenant of Integrity and any other relevant training.
3. [REDACTED] will cease from divulging confidential information, engaging in fraudulent act or initiating/peddling rumors.

**Consequences for Further Infractions:**

Acknowledgement: By signing this write up, I confirm that I understand the content and I am signing it without being coerced or being under duress.

[REDACTED] 10/18/2023  
[REDACTED] 10/18/2023



# Spring Life Behavioral Care, LLC

## Covenant to Integrity

Spring Life Behavioral Care, LLC (SLBC) is committed to operating not only with the strict requirements of the law, but also in a manner that is consistent with high ethical and professional standards.

This contract is designed to promote SLBC's compliance with all applicable federal, state, and local laws and regulations; government contracts and conditions of participation in Medicaid/Medicare programs; and SLBC's policies and procedures. The primary goals of this contract are to:

- Prevent fraud, waste, abuse, and other improper activity by creating a culture of compliance within SLBC;
- Detect any misconduct at an early stage before it creates a substantial risk of civil or criminal liability for SLBC and
- Respond quickly to compliance problems through appropriate disciplinary and corrective action.

This contract does not replace any of the more specific policies, procedures, or practices of the agency as outlined in the agency's policy and procedure. Rather, it is intended to support our mission to provide the highest quality services to all we serve and to promote a culture of honesty and integrity.

Maintaining integrity and high ethical and legal standards requires hard work, courage, and difficult choices. Each employee/contractor must accept responsibility for compliance with this contract. Commitment to these standards should never be compromised for personal, financial, professional, or other business purposes. Every employee/contractor or agency representative is expected to carry out his or her daily tasks in a legal and ethical manner that can withstand the scrutiny of others, including outside regulatory agencies.

All employees/contractors are expected to abide by the rules, regulations, and policies that govern their job and Medicaid/Medicare services. Please note that in addition to carrying out your work duties in a compliant and ethical manner, every employee or agency representative is also expected to bring forth any suspected compliance issues to their supervisor or to the agency CEO/Clinical Director.

# Spring Life Behavioral Care, LLC

**Every employee or agency representative must comply with the following:**

1. Must be truthful and avoid misrepresentation
2. Must strive to meet high performance standards at the highest possible level
3. Must refuse to engage in or tolerate any fraud, misuse, abuse, or waste of Medicaid/Medicare resources, and report such violations to management
4. Must maintain accurate documentation, billing, coding, and reporting procedures and practices.
5. Must never bill for services a consumer did not receive
6. Must never duplicate service notes
7. Must never falsify records/attendance sheets including signatures and dates.
8. Must have each consumer/his/her guardian acknowledge receipt of service by signing the service log after each service.
9. Must document the service note no later than 24 hours from the time of service delivery.

**SLBC considers the violations of any of the above as very grave and will take the necessary disciplinary action against any employee/contractor or agency representative who knowingly violates any of the outlined guidelines. The disciplinary measures will take the form of any of the following:**

1. Suspension without pay
2. Dismissal
3. Legal action

I, [REDACTED] the undersigned employee/contractor have read and understand the terms of this contract and my obligation to comply if I decide to engage in business with SLBC. I made the

[REDACTED]  
[REDACTED]  
(Employee Name, Signature, and Date)

9/7/2022

[REDACTED]  
[REDACTED]  
(CEO/Clinical Director Signature and Date)

LAJ, LUSW, CCS 9/7/2022

2 of 2