

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL094-007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 11/22/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>A PLUS RESULTS INDEPENDENT LIVING INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>102 WEST WATER STREET PLYMOUTH, NC 27962</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on November 22, 2023. The complaint was substantiated (Intake #NC00207797). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program.</p> <p>This facility has a total census of 68. The .4400 Substance Abuse Intensive Outpatient Program (SAIOP) has a current census of 38 and the .4500 Substance Abuse Comprehensive Outpatient Treatment Program (SACOT) has a current census of 30. The survey sample consisted of audits of 2 current SAIOP clients and 1 former SACOT client.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p><b>10A NCAC 27G .0201 GOVERNING BODY POLICIES</b></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>	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>(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 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</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to follow their discharge policy for 1 of 1 former client (FC #8) of the Substance Abuse Comprehensive Outpatient Treatment (SACOT) program. The findings are:</p> <p>Review on 11/8/23 of FC #8's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 1/13/20 to the SACOT program and discharged 5/15/23</li> <li>- Diagnoses of Cannabis Use Disorder, Severe, Alcohol Use Disorder, Mild, and Bipolar I Disorder, Most recent episode Manic, with Psychotic Features, Moderate</li> <li>- No discharge summary from the SACOT program</li> </ul> <p>Review on 11/8/23 of the facility's SACOT discharge/transfer policy revealed:</p> <ul style="list-style-type: none"> <li>- "Upon discharge/Transition a discharge/transition form (discharge summary) will be completed"</li> </ul> <p>Attempted interviews on 11/7/23 and 11/8/23 with FC #8 were unsuccessful because FC #8 did not return phone calls.</p> <p>Interview on 11/8/23 the Program Coordinator</p>	V 105		

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V 105	Continued From page 3  reported: - FC #8 was discharged from the SACOT to the Substance Abuse Intensive Outpatient Program (SAIOP) program on 5/15/23 - Was FC #8's SACOT counselor at the time of FC #8's discharge - Was responsible for completing FC #8's discharge summary from the SACOT program - Discharge summaries were required when a client was discharged or transferred - "It (FC #8's discharge summary) fell through the cracks"	V 105		
V 113	27G .0206 Client Records  10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally	V 113		

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V 113	<p>Continued From page 4</p> <p>responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain a complete record for 1 of 1 former client (FC #8) of the Substance Abuse Comprehensive Outpatient Treatment Program (SACOT) . The findings are:</p> <p>Review on 11/8/23 of FC #8's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 1/13/20</li> <li>- Diagnoses of Cannabis Use Disorder, Severe, Alcohol Use Disorder, Mild, and Bipolar I Disorder, Most recent episode Manic, with Psychotic Features, Moderate</li> <li>- No documentation of progress notes prior to 1/2/23</li> </ul> <p>Attempted interviews on 11/7/23 and 11/8/23 with</p>	V 113		
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V 113	<p>Continued From page 5</p> <p>FC #8 were unsuccessful because FC #8 did not return phone calls.</p> <p>Interview on 11/8/23 the Program Coordinator reported:</p> <ul style="list-style-type: none"> <li>- Was FC #8's SACOT counselor when FC #8 was in the SACOT program</li> <li>- He was responsible for overseeing FC #8's SACOT progress notes</li> <li>- Progress notes were written for FC #8, but they were "filled away"</li> <li>- Looked through the archived files for FC #8's progress notes, but he could not find them</li> </ul> <p>The facility failed to provide FC #8's progress notes prior to the exit of the survey.</p>	V 113		