

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-553	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2024
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NAME OF PROVIDER OR SUPPLIER CAPS 4 U, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3925 NORTH DUKE STREET, SUITE 123 DURHAM, NC 27703
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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>An annual survey was attempted on April 9, 2024. According to the Licensee, there are no clients being served at the facility. The facility has never served clients for the licensed service.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3700 Day Treatment for Individuals with Substance Abuse Disorders, 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program (SAIOP).</p> <p>Interview on 4/9/24 with the Program Manager revealed: -They had not done any 3700 services. She was not aware exactly what the 3700 services entailed. She was more familiar with the SAIOP services. -SAIOP services would be three days a week. No more than two days without services in between. -They did not have any SAIOP clients at this time. -Agency Owner did mostly Driving While Influenced (DWI) services. -It was his main program and income source. -Owner had some problems in being able to provide licensed services, because the Local Management Entities would not give him a contract since he was first an independent service. -He needed to become an agency. -They became an agency recently. -Plan was to start providing the SAIOP within the next two months.</p> <p>Interview on 4/9/24 with the Owner revealed: -The LME had never opened the enrollment for the services they were licensed for. -They were approved by the State, but the LME never approved their services.</p>	V 000		

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

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V 000	Continued From page 1 -When they first started out, they applied for everything they were able to be licensed. -They were independent, but in order to provide licensed services, they were told they needed to be an agency. -They had never provided any of the licensed services. -The goal was to serve the SAIOP soon.	V 000		