

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-262</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/17/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>ANOTHER CHANCE TREATMENT CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>236 NORTH MEBANE STREET, SUITE 106 &amp; 230 BURLINGTON, NC 27217</b>		
(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 131	Continued From page 1  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for 3 of 8 audited staff (Day Program Supervisor, Former Staff #6 and Former Staff #8). The findings are:  Review on 4/17/24 of Day Program Supervisor personnel record revealed: -Hired date of 4/8/24. -HCPR check was completed 4/17/24. -There was no evidence of the HCPR prior to employment.  Review on 4/15/24 of Former Staff #6 personnel record revealed: -Hired date of 3/15/23. -Separation date was 12/29/23. -HCPR check was completed on 7/1/23. -There was no evidence of the HCPR prior to employment.  Review on 4/15/24 of Former Staff #8 personnel record revealed: -Hired date of 11/24/20. -Separation date was 1/25/24. -HCPR check was completed on 7/1/23. -There was no evidence of the HCPR prior to employment.  Interview on 4/17/24 with Qualified Professional/QA revealed: -She was hired in May 2023. -There was no evidence of HCPR in some of the personnel records, so she completed them. -She was responsible for completing HCPR for all new staff prior to employment.	V 131		

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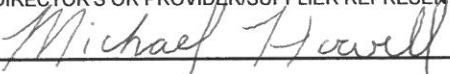
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on April 17, 2024. The complaints were unsubstantiated. Deficiencies were cited.</p> <p>The facility is licensed for the following service categories: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with severe and persistent mental illness, 10A NCAC 27G .1400 Day Treatment for Children and Adolescents with emotional or behavioral disturbance, 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program (SAIOP) and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment (SACOT).</p> <p>This facility has a total census of 16. The .1400 Day Treatment for children and Adolescents with emotional or behavioral disturbances has a current census of 10 and the .4400 Substance Abuse Intensive Outpatient Program (SAIOP) has a current census of 6. The survey sample consisted of audits of 2 current Day Treatment clients and 1 current SAIOP client.</p>	V 000		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p>	V 131		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Owner	(X6) DATE 05/07/2024
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**Another Chance  
Treatment Center**

To: [REDACTED] and [REDACTED] (Department of Health and Human Services)

On behalf of Another Chance Treatment Center, I would like to express our sincere appreciation for the thoroughness, patience, and professionalism exhibited by your team during the recent investigation regarding the allegations and complaints brought upon our agency.

At Another Chance Treatment Center, we are dedicated to upholding the highest standards of care outlined by DHHS. We strive to provide our clients with exceptional treatment and service, and your support in reviewing the allegations and documentation during the complaint survey is deeply valued.

We are pleased that all complaints investigated were found to be unsubstantiated. This outcome underscores our commitment to excellence and affirms our ongoing efforts to ensure the well-being and satisfaction of our clients.

However, we recognize that there are always areas for improvement, and we are fully committed to addressing any deficiencies identified during the investigation. Our agency will continue to strive for excellence in every aspect of our operations, going above and beyond to exceed expectations.

To that end, we have developed a comprehensive plan of correction to rectify the noted deficiency and prevent similar issues from arising in the future. We humbly request that you review and accept our plan, which outlines the proactive steps we will take moving forward to strengthen our practices and uphold the highest standards of care.

Once again, we extend our sincerest gratitude for your diligence and assistance throughout this process. We value our partnership with DHHS and remain committed to working collaboratively to ensure the well-being and safety of our clients.

Should you require any further information or clarification, please do not hesitate to contact me directly at [anotherchance357@gmail.com](mailto:anotherchance357@gmail.com).

Thank you for your continued support and guidance.

Sincerely,

Michael Howell (CEO) Another Chance Treatment Center

## **Another Chance Treatment Center Plan of Correction:**

Deficiency: G.S. 131E-256 (D2) HCPR - Prior Employment Verification

Background: According to G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2), before hiring health care personnel into a health care facility or service, every employer at a health care facility is required to access the Health Care Personnel Registry (HCPR) and note each incident of access in the appropriate business files. Our organization failed to consistently verify prior employment through the HCPR before hiring health care personnel, resulting in a deficiency.

### Corrective Actions:

1. HCPR Check During Application Process:
  - The HCPR check will be integrated into our standard application process. Before any candidate is offered employment, their information will be checked against the HCPR to verify prior employment history.
  - No candidate will be extended an employment offer until the HCPR check has been completed and documented.
2. Monitoring by QA/QI Director:
  - Our Quality Assurance/Quality Improvement (QA/QI) Director, who oversees the onboarding process, will be responsible for conducting and monitoring the HCPR checks.
  - The QA/QI Director will ensure that no candidate can start the onboarding process without a printed and filed HCPR report, along with their application for potential hire.
3. Rolling Monitoring Process:
  - The monitoring process will be ongoing and conducted on a rolling basis for each new hire.
  - The QA/QI Director will ensure that all new hires have undergone the HCPR check before commencing their employment.
4. Internal HCPR Checks Only:
  - We will not accept previous HCPR checks from previous employers. Instead, we will conduct our own HCPR checks internally for all potential hires. This ensures that we have accurate and up-to-date information on each candidate's employment history.
5. Policy and Procedures Update:
  - Our policy and procedures will be updated to clearly state that all employees will undergo HCPR checks prior to their start date.
  - The results of the HCPR check will be contingent upon the candidate's hire, and no employee will be allowed to start work without a satisfactory HCPR report on file.



6. Quarterly Reassessment of HCPR:

- The HCPR checks will be revisited quarterly to ensure that there are no new findings or updates related to the employment history of existing employees.
- Any new information discovered during the reassessment will be promptly addressed and documented as necessary.

Preventive Measures:

- Regular training sessions will be conducted for future HR personnel and hiring managers to ensure awareness and compliance with the updated policy and procedures.
- Quarterly audits will be conducted to review HCPR documentation and ensure adherence to the new protocol.

Completion Date: The updated policy and procedures, along with staff training, will be implemented within 30 days of the issuance of this Plan of Correction.

Responsible Party: The QA/QI Director will oversee the implementation of the HCPR check process and monitor compliance with the new policy and procedures.

This Plan of Correction will be reviewed annually to ensure continued compliance with G.S. 131E-256 (D2) HCPR requirements and may be updated as necessary.