

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/19/2024
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NAME OF PROVIDER OR SUPPLIER NU-IMAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 130 SOUTH MAIN STREET RED SPRINGS, NC 28377
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V 000	<p>INITIAL COMMENTS</p> <p>A follow up survey was completed on January 19, 2024. 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.</p> <p>According to the Chief Executive Officer/Licensee, SAIOP services were not currently offered. There are no SAIOP clients currently being served, it could not be determined if the previously cited deficiencies in rule areas 10A NCAC 27G .4401 Scope (V266) and 10A NCAC 27G .4403 Operations (V268) were corrected.</p> <p>This facility has a current census of 13. The survey sample consisted of audits of 13 current clients.</p>	V 000	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">FEB 21 2024</p> <p style="text-align: center;">DHSR-MH Licensure Sect</p>	
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p>	V 112	<p>All current staff to include: Clinical Director, CEO and Administrative Assistant were retrained and In-Serviced on Instructions of PCP Elements of a PCP. Training was conducted at W&B Healthcare, Inc. on 2/10/24 by [REDACTED]</p> <p>Training is scheduled for all staff to enhance the development of understanding staffing requirements, documentation, and practices, etc. as outlined in service definitions for SACOT- Clinical Coverage Policy 8A and Article 5C North Carolina Substance Abuse Professional Practice Act guidelines.</p> <p>All new hires providing direct care will be orientated with a job description in support of Clinical Coverage Policy 8A and trained on</p>	<p>02/10/24</p> <p>02/16/24</p> <p>ongoing</p>

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

TITLE **CEO**

(X6) DATE
2/16/24

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V 112	<p>Continued From page 1</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to 1.) develop a plan based on assessment for 1 of 13 (#13) and 2.) obtain written consent or agreement by the client or responsible party for 2 of 13 audited clients (#8, #9). The findings are:</p> <p>Finding #1 Review on 1/19/24 of client #8's record revealed: -32 year old female. -Admitted on 12/17/23. -Diagnoses of Cocaine Dependence with cocaine induced anxiety disorder, Cannabis dependence uncomplicated and Nicotine Dependence. -Treatment plan dated 12/17/23 was not signed by client #8.</p> <p>Attempt to interview client #8 on 1/19/24 revealed the facility did not have contact information for client #8.</p>	V 112	<p>PCP elements and Clinical 8A before hire by Clinical Director or designated staff member.</p> <p>An internal self-audit will be conducted in 100% of active SACOT no less than 50% of inactive charts. Results of the audit will be shared with staff to improve quality of care and documentation.</p> <p>Referral, Intake, Admit and Discharge training will be completed by all staff to include CEO, to enhance the development of understanding staffing requirements, dual relationships, exploitation, and abuse practices, etc. as outlined in W&B Healthcare Policy and Procedure Manual and North Carolina Substance Abuse Professional Practice Board Guidelines</p> <p>QA/QI personnel and designated staff will monitor the services policies and procedures at least monthly for compliance based on National Accreditation, DHSR and MCO guidelines.</p>	<p>02/9/24 - ongoing</p> <p>02/12/24 ongoing</p>

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V 112	<p>Continued From page 2</p> <p>Finding #2 Review on 1/19/24 of client #9's record revealed: -45 year old male. -Unknown admission date. -Diagnoses of Cocaine Dependence with cocaine-induced anxiety disorder, Cannabis dependence, Opioid Dependence and Nicotine Dependence. -Undated treatment plan was not signed by client #9.</p> <p>Attempt to interview client #9 on 1/19/24 revealed the facility did not have contact information for client #9.</p> <p>Finding #3 Review on 1/19/24 of client #13's record revealed: -44 year old male. -Admitted on 11/29/23. -Treatment plan signature page dated 11/29/23. -No evidence of a treatment plan for client #13.</p> <p>Attempted interview on 1/19/24 with client #13 revealed "the number has been changed, disconnected or not a working number."</p> <p>Interview on 1/19/24 the Assistant Administrator stated: -Client #8 and Client #9 did not have a contact phone number.</p> <p>Interview on 1/18/24 the Clinical Director/Group Facilitator stated: -He was responsible for the development of the treatment plans. -Client #8, #9 and #13 had sporadic attendance. -Clients' would often come for services then after the admission/comprehensive clinical</p>	V 112		

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V 112	Continued From page 3 assessment may not return. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <p>(A) name (last, first, middle, maiden);</p> <p>(B) client record number;</p> <p>(C) date of birth;</p> <p>(D) race, gender and marital status;</p> <p>(E) admission date;</p> <p>(F) discharge date;</p> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(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;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p>	V 113	<p>All responsible staff will be supervised and (In-serviced Trained) on the following: policy, rules, and procedures Medical Records</p> <p>W & B Healthcare Inc. is out of compliance as evidenced by a review of Medical Records, monitoring demographic information and changes</p> <p>Immediately = An internal self-audit will be conducted in 100% active and no less than 50% inactive SACOT charts. The results of the audit will be shared with staff to improve the quality of care of medical records and documentation.</p> <p>Immediately = W & B Healthcare Inc. medical records and responsible personnel will maintain verification of required client information for all clients, which will include job descriptions and training specific to all levels of employment, personnel checklist of referral, training, intake, admit and discharge information.</p> <p>All staff and including the CEO will be trained on Documentation Training on Clinical Coverage Policy, Contents of Service Note, RM&DM Service Notes, General Documentation Procedures</p>	<p>03/424</p> <p>03/424</p> <p>03/4/24</p> <p>03/4/24</p>

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V 113	<p>Continued From page 4</p> <p>(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 records review and interview, the facility failed to ensure records were complete for three of three audited clients (#8, #9, #13). The findings are:</p> <p>Finding #1 Review on 1/19/24 of client #8's record revealed: -32 year old female. -Admitted on 12/17/23. -Diagnoses of Cocaine Dependence with cocaine induced anxiety disorder, Cannabis dependence uncomplicated and Nicotine Dependence. -No documentation of progress towards goals.</p> <p>Attempt to interview client #8 on 1/19/24 revealed the facility did not have contact information for client #8.</p> <p>Finding #2 Review on 1/19/24 of client #9's record revealed: -45 year old male. -Unknown admission date. -Diagnoses of Cocaine Dependence with cocaine-induced anxiety disorder, Cannabis</p>	V 113	<p>Staff have secured a provider for members who receive state benefits to receive free cellphones. This information will be collected during intakes and as needed for members who present with no phone for contact purposes.</p> <p>QA/QI personnel and designated staff will monitor the services policies and procedures for compliance at least monthly based on National Accreditation, DHSR and MCO guidelines.</p>	02/14/24

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V 113	<p>Continued From page 5</p> <p>dependence, Opioid Dependence and Nicotine Dependence. -No documentation of progress towards goals.</p> <p>Attempt to interview client #9 on 1/19/24 revealed the facility did not have contact information for client #9.</p> <p>Finding #3 Review on 1/19/24 of client #13's record revealed: -44 year old male. -Admitted on 11/29/23. -No documentation of progress towards goals.</p> <p>Attempted interview on 1/19/24 with client #13 revealed "the number has been changed, disconnected or not a working number."</p> <p>Interview on 1/18/24 the Clinical Director/Group Facilitator stated: -He would completed progress notes for the clients who had been authorized to receive services. -He did not have any progress notes for client #8, client #9 and client #13.</p>	V 113		
V 281	<p>27G .4502 Sub. Abuse Comp. Outpt. Tx. - Staff</p> <p>10A NCAC 27G .4502 STAFF (a) The SACOT shall be under the direction of a Licensed Clinical Addictions Specialist or a Certified Clinical Supervisor who is on site a minimum of 90% of the hours the program is in operation. (b) For each SACOT there shall be at least one direct care staff who meets the requirements of a Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 10 or fewer clients.</p>	V 281	<p>WB Healthcare will continue to actively seek employment for qualified staff and maintain a record of application via (i.e.. Indeed, Zip Recruiter and employment search methods) until the positions are filled.</p> <p>Clinical Coverage Policy 8A (SACOT) 10A NCAC 27G .0104, .0202; Staff Definitions, Personnel Requirements will be reviewed</p>	<p>02/09/24 ongoing</p> <p>02/09/24</p>

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V 281	<p>Continued From page 6</p> <p>(c) Each SACOT shall have at least one direct care staff present in the program who is trained in the following areas:</p> <p>(1) alcohol and other drug withdrawal symptoms; and</p> <p>(2) symptoms of secondary complications due to alcoholism and drug addiction.</p> <p>(d) Each direct care staff shall receive continuing education that includes the following:</p> <p>(1) understanding of the nature of addiction;</p> <p>(2) the withdrawal syndrome;</p> <p>(3) group therapy;</p> <p>(4) family therapy;</p> <p>(5) relapse prevention; and</p> <p>(6) other treatment methodologies.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to complete required trainings for each direct care staff for 2 of 3 audited staff (Assistant Administrator and Clinical Director/Group Facilitator (CD/GF)). The findings are:</p> <p>Finding #1 Review on 1/17/24 of the Assistant Administrator's personnel record revealed: -Hire date 4/25/23. -No evidence of trainings for alcohol and other drug withdrawal symptoms; symptoms of secondary complications due to alcoholism and drug addiction; understanding of the nature of addiction; the withdrawal syndrome; group</p>	V 281	<p>Immediately, Administrative Assistant will not provide direct clinical SACOT interventions (presenting handouts) until receiving the agency approved training Evidenced-Based Prevention Intervention Training.</p> <p>Immediately = W & B Healthcare Inc. Human Resources personnel will maintain verification of required applicants and potential employee information for all employees.</p> <p>All current direct staff have completed Evidenced-Based Prevention Intervention Training.</p> <p>All new direct care staff will receive Evidence Based Training prior to starting work</p> <p>QA/QI personnel and designated staff will monitor the services policies and procedures for compliance at least monthly based on National Accreditation, DHSR and MCO guidelines.</p>	<p>02/09/24</p> <p>02/09/24</p> <p>01/19/24</p> <p>ongoing</p>

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V 281	<p>Continued From page 7</p> <p>therapy; family therapy; relapse prevention; and other treatment methodologies as required.</p> <p>Interview on 1/18/24 the Assistant Administrator stated: -She interacted with the SACOT clients and may provide handouts. -She had not been trained in alcohol and other drug withdrawal symptoms; symptoms of secondary complications due to alcoholism and drug addiction; understanding of the nature of addiction; the withdrawal syndrome; group therapy; family therapy; relapse prevention; and other treatment methodologies as required.</p> <p>Finding #2 Review on 1/17/24 of the CD/GF personnel record revealed: -Hire date 5/1/23. -No evidence of trainings for alcohol and other drug withdrawal symptoms; symptoms of secondary complications due to alcoholism and drug addiction; understanding of the nature of addiction; the withdrawal syndrome; group therapy; family therapy; relapse prevention; and other treatment methodologies as required.</p> <p>Interview on 1/18/24 the CD/GF stated: -He was the group facilitator for the SACOT group. -The Assistant Administrator would "step in" if he has to "step out" for any reason. -He had not been trained in alcohol and other drug withdrawal symptoms; symptoms of secondary complications due to alcoholism and drug addiction; understanding of the nature of addiction; the withdrawal syndrome; group therapy; family therapy; relapse prevention; and other treatment methodologies as required.</p>	V 281		