

Division of Health Service Regulation


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/22/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
--	---

(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 and complaint survey was completed on April 22, 2024. The complaint was substantiated (Intake #NC00215704). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.</p> <p>The facility is licensed for 15 and currently has a census of 10. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were</p>	V 114	<p><i>SEE ATTACHED</i></p> <p>RECEIVED MAY 13 2024 DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	EXECUTIVE DIRECTOR	5/8/2024

STATE FORM 6899 IF3211 If continuation sheet 1 of 24

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
--	---

(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 114	<p>Continued From page 1</p> <p>conducted quarterly, on each shift and simulated real emergencies. The findings are:</p> <p>Review on 4/18/24 of the facility's fire and disaster drill log revealed:</p> <ul style="list-style-type: none"> - Fire and disaster drills documented as being completed monthly from 1/23/23 to 3/26/24 on each shift - Staff #2, #3, & #4 signed the fire and disaster drill log indicating they conducted the fire and disaster drills <p>Interview on 4/12/24 client #1 reported:</p> <ul style="list-style-type: none"> - Been in the facility for "45 days" - The facility hadn't conducted a fire or disaster drill "since I been here" - Wasn't sure which exit to use during a fire, but he knew to get away from the windows during a tornado <p>Interview on 4/12/24 client #2 reported:</p> <ul style="list-style-type: none"> - Lived in the facility since December 6, 2023 - No fire or disaster drills conducted in the facility - Knew to get to the exit during a fire and get away from the windows during a tornado <p>Interview on 4/12/24 client #3 reported:</p> <ul style="list-style-type: none"> - Lived in the facility for 10 months - "No fire or disaster drills in 10 months" - Knew to "get out of the building" during a fire and to "lay low" during a tornado <p>Interview on 4/12/24 client #4 reported:</p> <ul style="list-style-type: none"> - Been in the facility for "30 days" - The facility hadn't conducted a fire or disaster drill - Knew to "hit the exit" during a fire and "stay inside" during a tornado 	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
--	---

(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 114	<p>Continued From page 2</p> <p>Interview on 4/12/24 client #5 reported:</p> <ul style="list-style-type: none"> - Lived in the facility since February 19, 2024 - "No drills (fire and disaster) done since I been here" - Knew to go outside during a fire and get in the hallway during a tornado <p>Interview on 4/12/24 client #6 reported:</p> <ul style="list-style-type: none"> - Lived in the facility since December 6, 2023 - Only participated in 1 fire drill, but he could not recall when - The facility hadn't conducted a disaster drill since he's been there - Knew to go outside during a fire, but he didn't know what to do during a tornado <p>Interview on 4/12/24 client #7 reported:</p> <ul style="list-style-type: none"> - Been in the facility for 6 months - No fire and disaster drills conducted in the facility - Knew to get out of the building during a fire and to stay away from the windows during a tornado <p>Interview on 4/12/24 client #8 reported:</p> <ul style="list-style-type: none"> - Lived in the facility for "over 6 months" - No fire and disaster drills conducted in the facility - "Fire alarm went off when something was burning," but could not recall when - Went outside during the fire alarm - Knew to get in the hallway during a tornado <p>Interview on 4/17/24 staff #1 reported:</p> <ul style="list-style-type: none"> - Started working in the facility last year - Was the supervisor of the facility - Was trained by staff #3 on his job duties - Staff #3 was currently on medical leave - Was responsible for ensuring that fire and disaster drills were conducted monthly, but didn't 	V 114		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
--	---

(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 114	<p>Continued From page 3</p> <p>do it</p> <ul style="list-style-type: none"> - "8 months I worked there I didn't see it (fire and disaster drills)" - "There was a lot of stuff that she (staff #3) told me I had to do, but I never saw her do it" - Was instructed by staff #3 to "fill out the form (fire and disaster drill) and sign it", but he and staff #3 didn't conduct the drills <p>Interview on 4/19/24 staff #2 reported:</p> <ul style="list-style-type: none"> - Started working in the facility on July 5, 2021 - Worked 2nd shift from 3pm-11pm - Haven't seen or conducted any fire or disaster drills in the facility since 2021 - Signed the fire and disaster drill indicating that he did conduct the drills, but he "never did the drill (fire and disaster)" - He signed the fire and disaster drill log because he was informed by staff #3 to sign his name next to her name <p>Attempted interview on 4/12/24 with staff #3 was unsuccessful because staff #3 was not available for an interview due to being on medical leave.</p> <p>Interview on 4/12/24 staff #4 reported:</p> <ul style="list-style-type: none"> - 1st shift was 7am-3pm, 2nd shift was 3pm-11pm & 3rd shift was 11pm-7am - Worked 1st shift - He conducted fire and disaster drills "once a month" - They went outside during a fire and went into the hallway during a tornado - Documented the fire and disaster drills on the fire and disaster drill log - Wasn't sure why clients said they didn't practice fire and disaster drills <p>Interview on 4/12/24 and 4/22/24 the Clinical Director reported:</p>	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
--	---

(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 114	<p>Continued From page 4</p> <ul style="list-style-type: none"> - Was unaware the fire and disaster drills weren't being conducted - Was unaware staff were signing the fire and disaster drill logs without conducting the drills - Staff #1 was the supervisor for the facility and was responsible for ensuring fire and disaster drills were being conducted - Staff #3 was currently out on medical leave and was unavailable for interview <p>Interview on 4/15/24 the Executive Director reported:</p> <ul style="list-style-type: none"> - Staff #1 was in a "supervisory role" in the facility - Staff #1 was filling in for staff #3 while she was on medical leave - Staff #1 was responsible for ensuring the fire and disaster drills were being conducted - Was unaware of the fire and disaster drills weren't being conducted 	V 114		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p>	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
--	---

(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 290	<p>Continued From page 5</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 7 of 10 clients (#2, #3, #6, #7 & #8) were assessed and deemed capable of unsupervised time in the facility. The findings are:</p> <p>Review on 4/16/24 client #2's record revealed:</p>	V 290		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
--	---

(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 290	<p>Continued From page 6</p> <ul style="list-style-type: none"> - Admitted 12/6/23 - Diagnoses of Alcohol Use Disorder Mild, Stimulant Use Disorder Severe Amphetamine, Cocaine Use Disorder Severe & Cannabis Use Disorder Severe - No documentation of client #2 being assessed and approved for unsupervised time in the facility <p>Interviews on 4/16/24 client #2 reported:</p> <ul style="list-style-type: none"> - He graduated from the Substance Abuse Intensive Outpatient (SAIOP) program - Graduates (clients) from the SAIOP program could be left alone at the facility - Staff left the graduates alone in the facility 1-2 days a week for about "15-20 minutes" - "Nothing bad ever happened" when the clients were left alone in the facility <p>Review on 4/16/24 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted 11/6/23 - Diagnoses of Cocaine Use Disorder Severe & Alcohol Use Disorder Severe - No documentation of client #3 being assessed and approved for unsupervised time in the facility <p>Interview on 4/12/24 client #3 reported:</p> <ul style="list-style-type: none"> - He and client #2, #7, #8 could stay in the facility alone after 90 days - "Only the graduates could stay" in the facility alone - "Graduates" were left alone in the facility for "about 20 minutes," but "not often" - Nothing happened when the clients were left alone in the facility <p>Review on 4/16/24 of client #6's record revealed:</p> <ul style="list-style-type: none"> - Admitted 12/7/23 - Diagnoses of Alcohol Use Disorder Severe, 	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
--	---

(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 290	<p>Continued From page 7</p> <p>Stimulant Use Disorder Severe & Tobacco Use Disorder Moderate</p> <ul style="list-style-type: none"> - No documentation of client #6 being assessed and approved for unsupervised time in the facility <p>Interviews on 4/12/24 & 4/16/24 client #6 reported:</p> <ul style="list-style-type: none"> - Was a graduate of the SAIOP program - "Graduates," (clients #2, #3, #7, & #8) were left at the facility alone for "20-30 minutes at the most" - Couldn't recall how often the clients were left in the facility alone - The clients stayed in their room - There weren't any incidents when the clients were alone <p>Review on 4/16/24 client #7's record revealed:</p> <ul style="list-style-type: none"> - Admitted 11/17/23 - Diagnosis of Alcohol Use Disorder Severe - No documentation of client #7 being assessed and approved for unsupervised time in the facility <p>Interview on 4/16/24 client #7 reported:</p> <ul style="list-style-type: none"> - Was a graduate of the SAIOP program - He was left alone in the facility "once a week" for "about an hour" - He was there with "couple of guys (clients)" - "Nothing ever happened" when he and the clients were left alone in the facility <p>Review on 4/16/24 of client #8's record revealed:</p> <ul style="list-style-type: none"> - Admitted 12/1/23 - Diagnoses of Stimulate Use Disorder Severe & Cannabis Use Disorder Severe - No documentation of client #7 being assessed and approved for unsupervised time in the facility 	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
--	---

(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 290	<p>Continued From page 8</p> <p>Interview on 4/16/24 client #8 reported:</p> <ul style="list-style-type: none"> - Graduated from the SAIOP program - Was left at the facility without staff on 4/10/24 when staff #1 took some clients to the store - Staff was gone for "about an hour" - "We (SAIOP graduates) be here until they (staff) gets back" to the facility - "Nothing bad happens" when staff left the clients in the facility alone <p>Interview on 4/17/24 staff #1 reported:</p> <ul style="list-style-type: none"> - Was responsible for transporting clients to SAIOP meetings and outings in the community - Was told by staff #2, #3, #4 the graduates of the SAIOP program could be left alone in the facility - Thought the clients graduating the SAIOP program was "the assessment (unsupervised time assessment)" - Leaving the "SAIOP graduates" in the facility alone had "always been a rule" - "It was left to their (staff's) discretion on how often they (clients) were left behind (in the facility)" - Graduates of the SAIOP program were left in the facility anywhere from "2 hours" to "10-20 minutes" - Was told by the Qualified Professional (QP) the clients were not to be left in the facility, but he "flipped it" when a group of clients told the QP "they (staff) always done that (leave them alone in the facility)" - There was "no negative outcome" from the clients being alone in the facility <p>Interview on 4/19/24 staff #2 reported:</p> <ul style="list-style-type: none"> - The "graduates can't be home with no staff" - He didn't leave clients alone in the facility, but knew other staff that did 	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
--	---

(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 290	<p>Continued From page 9</p> <ul style="list-style-type: none"> - Could not recall when the clients were left alone in the facility or for how long - The QP knew the clients were being left alone in the facility <p>Attempted interview on 4/12/24 with staff #3 was unsuccessful because staff #3 was not available for interview due to being on medical leave.</p> <p>Interview on 4/12/24 staff #4 reported:</p> <ul style="list-style-type: none"> - "Guys (clients) out of the program (SAIOP) stay in the facility alone" - Clients #2, #3, #6, #7, #8 graduated the SAIOP program and could be left alone in the facility - Clients didn't stay alone "often" - "Maybe 1-2 days a week" for "15-20 minutes" - "Always been like that" <p>Interview on 4/16/24 the QP reported:</p> <ul style="list-style-type: none"> - Visited the facility "almost daily" - Was unaware of clients being left alone in the facility - Always saw staff in the facility with clients - Verified Client #2, #3, #6, & #8 had graduated the SAIOP program - "[Clinical Director (CD)] made it very clear that staff should be here" with clients <p>Interviews on 4/12/24 & 4/22/24 the CD reported:</p> <ul style="list-style-type: none"> - None of the clients had unsupervised time - Clients could request to have unsupervised time in the community after 90 days and showed progress in their treatment - Once a request was made, she would assess the client for unsupervised time in the community - No one had requested to have unsupervised time in the community - No clients were to be left in the facility without staff 	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
--	---

(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 290	<p>Continued From page 10</p> <ul style="list-style-type: none"> - Addressed the issues of clients being left alone in the facility during a staff meeting on 3/11/24 - Was unaware the staff were still leaving the clients alone in the facility <p>Interview on 4/15/24 the Executive Director reported:</p> <ul style="list-style-type: none"> - Knew the CD addressed the issue of staff leaving the clients in the facility before - Was unaware the staff was still leaving the clients alone in the facility - The CD and QP were responsible for completing the clients assessments for unsupervised time 	V 290		
V 512	<p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLIGENCE OR EXPLOITATION</p> <p>(a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.</p> <p>(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.</p> <p>(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.</p> <p>(d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
--	---

(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 512	<p>Continued From page 11</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, 1 of 3 audited paraprofessionals (#1) neglected 3 of 10 clients (#1, #4 & #9). The findings are:</p> <p>Review on 4/16/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted 3/7/24 - Diagnoses of Stimulant Use Disorder Severe-Cocaine, Alcohol Use Disorder Severe & Tobacco Use Disorder Severe - No documentation of client #1 being assessed and approved for unsupervised time in the community <p>Review on 4/16/24 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 3/14/24 - Diagnoses of Stimulant Use Disorder Severe & Alcohol Use Disorder Severe - No documentation of client #4 being assessed and approved for unsupervised time in the community <p>Review on 4/12/24 of client #9's record revealed:</p> <ul style="list-style-type: none"> - Admitted 2/22/24 - Diagnoses of Cocaine Use Disorder & Major Depressive Disorder recurrent - No documentation of client #9 being assessed and approved for unsupervised time in the community <p>Review on 4/15/24 & 4/17/24 of staff #1's personnel record revealed:</p>	V 512		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
--	---

(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 512	<p>Continued From page 12</p> <ul style="list-style-type: none"> - Hired 12/6/23 and terminated 4/15/24 - Abuse & Neglect training certificate dated 12/6/23 <p>Review on 4/15/24 of the facility's Client Handbook revealed:</p> <ul style="list-style-type: none"> - "During the 45 day orientation/probationary period the client will be accompanied by a staff person when they leave the Center, unless special permission is granted by the Program Director or Facility Manager." - "Clients are NOT to leave staff sight while on outings at any time or for any reason, clients are NOT to purchase items (i.e, food/beverages) without staff permission..." <p>Review on 4/16/23 of the facility's investigation report dated 4/10/24-4/15/24 revealed:</p> <ul style="list-style-type: none"> - "Around approximately 8:45pm on Wednesday April 10, 2024, a client (client #9) from ARC-Men (Addiction Recovery Center For Men), [Client #9], was found sitting on the floor in his bedroom 'not looking right in the face' and with unclear speech, as described by the incident report from the staff on duty. Staff member [staff #2] called EMS (Emergency Medical Services)...and transported [client #9] to [local hospital]...where he was hospitalized...the physical evidence found in his room indicates that he ingested a large amount of [Kratom] ("a tree native to Southeast Asia with stimulant and opioid-like effects") while at the Addiction Recovery Center for Men resulting in a medical emergency and hospitalization." - "[Staff #2] went through [client #9's] room when EMS came and found a bag of [Kratom pills], distributed by a legitimate manufacturer named [manufacturer's name]. The bag indicated a quantity of 150, but [staff #2] counted 115 left in the bag. [Staff #1] was not working on 	V 512		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
--	---

(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 512	<p>Continued From page 13</p> <p>4/12/2024 but agreed to text his statement about what happened on his shift on 4/10/2024. A phone interview with [staff #1] indicated that he took the clients to...[tobacco store] located at [the tobacco store's address]. [Staff #1] stated he did not go inside the smoke shop on 4/10/2024, he stated that he, 'was not in the store, but was at the door, and did not witness [client #9] purchase pills'."</p> <p>Review on 4/18/24 of client #9's EMS run sheet dated 4/10/24 revealed:</p> <ul style="list-style-type: none"> - "[EMS] dispatched to above location (1020 County Home Rd. (road), Henderson NC 27536) reference a possible overdose. Upon arrival the male (client #9) was found inside the residence in the care of law enforcement. Male was found responsive to painful stimuli. A worker (staff #2) at the recovery center stated that the patient purchased a 150 pack of Kratom at the local tobacco shop earlier that day. He also stated that he counted them and there was only 115 left. Patient was given 2mg (milligram) of Narcan to see if any change was noted. Pupils dilated. None was noted. Patient initial sats (oxygen saturation) were in the low 90's. Patient was moved to the stretcher and loaded into the ambulance...Patient was transported to [local hospital] emergency traffic with no change in responsiveness." <p>Review on 4/15/24 of client #9's ICU medical notes dated 4/11/24 revealed:</p> <ul style="list-style-type: none"> - "[Client #9]...presented to the ED (Emergency Department) for unresponsiveness. EMS was called out patient becoming unresponsive after taking 35 Kratom pills, 150mg each. incident occurred reportedly at a recovery house...On ED arrival, patient...was actively vomiting copious amounts and unable to clear vomit from his mouth/throat so the decision was made to 	V 512		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
--	---

(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 512	<p>Continued From page 14</p> <p>intubate for airway protection...He was afebrile, tachycardic, and severely hypertensive on arrival satting (oxygen saturation) 95% on 6 L (liters) NC (nasal cannula)...CXR (chest x-ray) suggest possible aspiration pneumonia."</p> <ul style="list-style-type: none"> - "This is a critically ill patient with acute respiratory failure." <p>Observation at 12:01pm on 4/12/24 at the facility revealed:</p> <ul style="list-style-type: none"> - The Executive Director retrieved a package out of the facility's office - The package was identified as an 150-count of Kratom - Each pill was 150mg - The package had the following front label description: <ul style="list-style-type: none"> - "Directions: Take 2 capsules with water or juice. Do not consume more than 2 servings in 24 hours." - The back label of the Kratom packaging had the following description: <ul style="list-style-type: none"> - "WARNING: This product contains Mitragyna Speciosa Leaf. Only for use as a botanical specimen. Mitragyna Speciosa is an unapproved dietary ingredient. The manufacturers / re-sellers of this product, therefore, can not advise on its use. Ingesting Mitragyna Speciosa can be dangerous. Consult your physician about potential interactions, other possible complications, and precautionary measures before considering this product. By opening this package you accept full responsibility for the use of the product including, but not limited to any adverse events or health complications. Inform your physician of the alkaloid content labeled on the package. Manufacturers / re-sellers assume no responsibility for the use or misuse of this product..." - "DIRECTIONS: Consult your healthcare 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
--	---

(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 512	<p>Continued From page 15</p> <p>professional to determine if this product is right for you, and if so, how to use it safely."</p> <ul style="list-style-type: none"> - 115 Kratom pills were left inside the package <p>Observation at 12:15pm on 4/12/24 in the facility revealed:</p> <ul style="list-style-type: none"> - The Executive Director called staff #1 to receive a verbal statement of what occurred on 4/10/24 <p>Interview at 12:37pm on 4/12/24 the Executive Director reported:</p> <ul style="list-style-type: none"> - She called the tobacco store and verified Kratom was sold at their location - Kratom was a legal product - Learned Kratom "mimics opiates" and was a "stimulant" after conducting an internet search - Staff #1 stated the following during their phone conversation: <ul style="list-style-type: none"> - He transported the clients to the local tobacco store to purchase cigarettes - The tobacco store was located behind a fast food restaurant and beside a nail spa - He didn't go inside of the tobacco store with the clients because the store was a "small place...everyone couldn't fit (inside of the store)" - He stood outside of the van and "watched him (client #9) make the purchase" - He saw client #9 purchased cigarettes and a soda <p>Observation at 11:20am on 4/15/24 at the local tobacco store revealed:</p> <ul style="list-style-type: none"> - The tobacco store was located at the address provided by the Executive Director - The tobacco store was also located behind a fast food restaurant and beside a nail spa - The tobacco store's front entrance door and windows were covered with advertisement posters that varied in sizes, which blocked the 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
--	---

(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 512	<p>Continued From page 16</p> <p>view of the inside of the tobacco store from the parking lot</p> <ul style="list-style-type: none"> - The inside of the tobacco store had a large open space and could fit approximately (approx.) 20-30 customers - The inside of the tobacco store had glass countertops along the right, left & back perimeter of the store - The cash register was located at the back of the tobacco store behind the glass countertop - Kratom packages were hanging behind the glass countertop approx. 10 feet to the left of the cash register <p>Interview on 4/12/24 client #1 reported:</p> <ul style="list-style-type: none"> - Staff #1 took him and the clients to the store on 4/10/24 - "They (clients) went in the store (tobacco store)," but he went to a barber shop located next to the tobacco store to get an "edge up (hair cut)" - Staff #1 didn't go with him inside of the barber shop - Don't know if staff #1 went in the store with client #9 - When he "came back everyone (staff & clients) was in the van" - "Sometimes staff goes in (the location), sometimes they don't" - "[Client #9] looked normal when we got back" - "At the 7pm meeting (Substance Abuse Intensive Outpatient (SAIOP)) he (client #9) was acting weird" - Client #9 "was slurring" his speech - He went to get staff #2 and staff #2 "asked client #9 to wake up" - Staff #2 took client #9 back to the van to monitor him - Heard client #9 "took too many pills" - He "didn't know anything until EMS showed up" 	V 512		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
--	---

(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 512	<p>Continued From page 17</p> <p>Interviews on 4/12/24 & 4/16/24 client #2 reported:</p> <ul style="list-style-type: none"> - Staff #1 transported the clients to a tobacco store on 4/10/24 - "Most of the times we (clients) go into the store by ourselves" - He was sitting in the front seat of the van beside staff #1 - Staff #1 remained in the van while client #4 & #9 went in the tobacco store - Client #1 went to the barber shop next to the tobacco store to get "a hair cut" - "[Staff #1] didn't see it (client #9 purchase the Kratom pills)" - Later that day, staff #2 transported the clients to their SAIOP meeting - During the SAIOP meeting, client #9 appeared "foggy...sluggish" - Client #1 "went to the van" to get staff #2 and "said something's wrong with [client #9]" - Staff #2 took the clients back to the facility after the SAIOP meeting - Staff #2 administered the clients' medications and afterwards client #9 went to his bedroom - Staff #2 went to client #9's bedroom to "check on him" and found him laying on the floor - Staff #2 immediately called 911 - He "never saw him (client #9) with pills (Kratom) before" <p>Interview on 4/12/24 client #4 reported:</p> <ul style="list-style-type: none"> - Staff #1 took him and the clients to the tobacco store on 4/10/24 - "Not everybody went in (the tobacco store)" - Knew that staff was supposed to be in "close proximately overall" - He and client #9 went inside of the tobacco store while staff #1 "stayed in the van" - It (store purchase) was "real quick...less than 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
--	---

(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 512	<p>Continued From page 18</p> <p>5 minutes"</p> <ul style="list-style-type: none"> - He didn't see client #9 purchase the Kratom pills - He thought client #9 "just purchased cigarettes" - Saw client #9 "dozing off" later that day but he didn't find out what happened to client #9 "until later (next day)" <p>Interview on 4/12/24 client #5 reported:</p> <ul style="list-style-type: none"> - On 4/10/24, staff #1 took him and his peers to a tobacco store - Client #9 went in the tobacco store with client #4 - Staff #1 remained in the van when the clients went in the store - He overheard client #9 talking to client #10 about the Kratom pills - He saw client #9 show client #10 the Kratom pills - Client #9 purchased the Kratom pills "over the counter" - Thought the Kratom pills were "energy pills" - "He (client #9) knew he wont supposed to buy them" <p>Interview on 4/12/24 client #7 reported:</p> <ul style="list-style-type: none"> - Couldn't remember if staff #1 or staff #2 took him and the clients to the store on 4/10/24 - He remembered client #9 going into the tobacco store - The staff didn't go in the store with client #9 - He didn't see client #9 with the Kratom pills - Client #9 was "trying to hide it (Kratom pills) from staff" - Client #9 was "acting very strange...he could barely get out of the van...acted like he was sick" during their SAIOP meeting - He didn't see what else happened to client #9 that night 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
--	---

(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 512	<p>Continued From page 19</p> <p>Interview on 4/12/24 client #10 reported:</p> <ul style="list-style-type: none"> - He was admitted into the facility on 4/10/24 - Asked staff #1 to take him to a store to purchase clothing and to a cell phone store - Afterwards they went to a tobacco store - He remained in the van with staff #1 - Knew "staff supposed to be in monitoring distance" of clients when out in the community - He "didn't know what was going on" with client #9 when they returned to the facility <p>Interview on 4/15/24 client #9's case worker at the local hospital reported:</p> <ul style="list-style-type: none"> - Client #9 overdosed after consuming 35 Kratom pills - Kratom was a "stimulus" pill - "The serving dose is 2 pills, but if you take a bunch it acts as a stimulant" - Client #9 came into the ED vomiting and unresponsive - Client #9 was "put on a ventilator" - An attempt to remove the ventilator on 4/13/24 was unsuccessful - Client #9 remained sedated and intubated in the Intensive Care Unit (ICU) and was unable to be interviewed <p>Interview on 4/17/24 staff #1 reported:</p> <ul style="list-style-type: none"> - Was responsible for transporting clients to SAIOP meetings and outings in the community - Took the some clients to the tobacco store to purchase cigarettes - 1 or 2 clients stayed behind at the facility alone - Couldn't recall who remained at the facility alone, but thought it was client #6 - "[Client #1] went to get an edge up" at the barber shop next to the tobacco store - "Didn't go into the store" so he could "keep an 	V 512		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
--	---

(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 512	<p>Continued From page 20</p> <p>eye on both things (clients in the store and clients in the van)"</p> <ul style="list-style-type: none"> - "I could have did better" - He "didn't stay in the van" - He stood "in between the van and the store" and "was able to see inside of the door" - Saw client #9 purchase cigarettes and a soda from the tobacco store - "He (client #9) was in and out (of the tobacco store)" - Didn't see client #9 with the Kratom pills - Staff #2 relieved him of his shift at 4pm - Didn't find out about client #9 until next day (4/11/24) - He saw the Kratom pills in the facility's office the next day - He'd "never" seen the pills before - He's "never seen anyone authorize (give permission) a purchase before" - "If I knew he (client #9) purchased the pills (Kratom), then it would have been a random search (in the facility) and the pills would have been taken away" <p>Interview on 4/19/24 staff #2 reported:</p> <ul style="list-style-type: none"> - Was responsible for transporting clients to SAIOP meetings and outings in the community - Worked 2nd shift on 4/10/24, which was 3pm-11pm - When he arrived to the facility on 4/10/24, client #9 was "normal" - Transported the clients to their 7pm SAIOP meeting and "knew something was off" with client #9 - Client #9 had "his head bowed down" and he "asked him if he was okay and he said 'yeah'" - He and client #9 went back to the van and client #9 "kept dozing off and waking back up" - When he and the clients returned back to the facility, the clients "helped client #9 because he 	V 512		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2024
NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536		
(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 512	Continued From page 21 seemed unsteady...off balanced" - He gave the clients their medication which took "5-10 minutes at the most" - After he administered the clients' medications, he went to check on client #9 and found him on the floor - He called 911 because "something was wrong with him (client #9)" - Client #9 had "moments of alertness" but he "kept nodding off" - "I wondered if he (client #9) had any drugs so I started checking the room (bedroom) and found the Kratom (pills)" - Counted the Kratom pills "to see how many he took and it was only 115 in the bag" - Didn't see any Kratom pills on the floor of client #9's bedroom - The clients told him that staff #1 was in the van when client #9 purchased the Kratom pills - He heard that staff would let clients go in the store by themselves - Staff "supposed to watch everything that goes on the counter" when the clients are shopping - "If [staff #1] had been in the store, he (client #9) knew he won't supposed to buy them (Kratom pills) period....they (clients) can't buy energy drinks!" Interviews on 4/12/24 & 4/15/24 the Clinical Director reported: - Client #9 didn't have unsupervised time in the community - Staff were to supervise clients while out in the community unless they were assessed after 90 days - Client #9 took 35 Kratom pills that were purchased at a tobacco store on 4/10/24 - "I felt like staff couldn't have gone in with him (client #9), because how does that happen"	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
--	---

(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 512	<p>Continued From page 22</p> <p>Interview on 4/15/24 & 4/17/24 the Executive Director reported:</p> <ul style="list-style-type: none"> - The Qualified Professional trained staff #1 on the client and program handbook during his orientation - Client #9 didn't have unsupervised time in the community - Staff #1 "accompanied" the clients to the store as instructed in the facility's Client Handbook - Was unaware staff #1 remained in the van while client #4 and client #9 went inside of the tobacco store - Was unaware staff #1 didn't supervise client #9's purchase of Kratom pills - Spoke with staff #1 and he "maintained his story" that he stood outside of the tobacco store and witnessed client #9's purchase, but didn't see client #9's purchase the Kratom pills - Although Kratom pills were legal, they were not permitted in the facility - Staff #1 was terminated on 4/15/24 due to lack of supervision of the clients <p>Review on 4/15/24 of the Plan of Protection written on 4/15/24 by the Executive Director revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Effective today (4/15/24), staff will receive training to explain that "accompanying" clients into the community is defined as being directly with the client and, and not within eyesight view.</p> <p>Describe your plans to make sure the above happens. [Qualified Professional], the LCAS-A (Licensed Clinical Addiction Specialist-Associate) will provide inservice training on this date to the remaining employees of the home that they understand this definition of supervision."</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/22/2024
NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN			STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536		
(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 512	Continued From page 23 Client #1, #4 & #9's diagnoses were Alcohole Use Disorder Severe, Tobacco Use Disorder Severe, Stimulant Use Disorder Severe, Cocaine Use Disorder & Major Depressive Disorder. Staff #1 transported clients to a tobacco store on 4/10/24. Client #1 went to get a hair cut at a barber shop that was located next to the tobacco store, while client #4 and #9 went into the tobacco store. Staff #1 did not supervise clients #1, #4, & #9 as required. While in the tobacco store, client #9 purchased a 150-count pack of Kratom pills. Client #9 consumed 35 Kratom pills that were 150mg each and was found unresponsive due to an overdose. EMS was called and client #9 was transported to the hospital. Client #9 was sedated, intubated and admitted into ICU for aspiration pneumonia & acute respiratory failure. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 512			



626 S. Garnett Street
P.O. Box 88
Henderson, NC 27536
252-438-6700 Office
252-438-6720 Fax

May 8, 2024

Mental Health Licensure and Certification Section

NC Department of Health and Human Services

Division of Health Service Regulation

2718 Mail Service Center

Raleigh, NC 27699-2718

Dear Sir/Madam,

Please find enclosed the plan of correction for the Type A1 Administrative Penalty and the standard level deficiencies cited at Addiction Recovery Center for Men, Located at 1020 County Home Road, Henderson, N.C 27536. This is in conjunction with MHL #: 091-001.

You shall find upon return that all deficiencies cited have been addressed globally and the correction has been made prior to the correction date of May 23, 2024. Should you have any questions or concerns, please do not hesitate to contact me at the number provided. We thank you for your feedback and welcome your return.

Sincerely,

A handwritten signature in black ink, appearing to read "Jacinta Johnson", written over a horizontal line.

Jacinta Johnson

Executive Director



Plan of Correction – ARC-Men

Date of Correction: May 23, 2024

Deficiency Cited: V114: 27G.0207 Emergency Plans and Supplies. Based on record review and interview, the facility failed to ensure fire and disaster drills were conducted quarterly, on each shift and simulated real emergencies.

Provider's Plan of Correction: Legacy Human Services, Inc. will ensure that fire and disaster drills are conducted quarterly, on each shift and simulated real emergencies. The Executive Director will provide a schedule of required monthly drills and a log with which to document them. All staff will receive training on how and when to complete the drills from the Program Manager and Clinical Director. Clients will be trained how to properly respond to the drills.

Responsible Parties: Substance Abuse Technician and Aides, Facility Manager, Program Manager / LCAS / QP, Clinical Director, and Executive Director

Correction Date: 5/23/2024 and ongoing

Deficiency Cited: V290: 27G. 5602. Supervised Living – Staff. The facility failed to ensure clients were assessed and deemed capable of unsupervised time in the facility.

Provider's Plan of Correction: Legacy Human Services, Inc. will ensure that the Qualified Professional / Licensed Clinical Addictions Specialist completes an assessment and makes a revision to the Person-Centered Plan **if** a client can be unsupervised while receiving services at ARC-Men. Unless a revision is made by the LCAS, no clients receiving services will be unsupervised while receiving services. All staff will receive Inservice training to this effect, and the penalty for breaching this rule will be terminated.

Clients will also be educated on this rule.

Responsible Parties: All Staff, LCAS/QP, Clinical Director and Executive Director.

Correction Date: 5/23/2024 and ongoing

Deficiency Cited: V512: 10A NCAC 27D .0304. Protection from harm, abuse, neglect, or exploitation. The facility failed to ensure clients were properly supervised in the community.

Provider's Plan of Correction: Legacy Human Services, Inc. will ensure that each client receives supervision closely enough to provide for their safety. All staff of ARC-Men will receive Inservice training clarifying the expectation of supervision in the community beyond "accompanying." The definition is: **being directly with the clients in all buildings, and at all times.** Clients are not allowed to "just be in eyesight view." Staff will go into stores, barber shops, appointments, and anywhere they are transported and watch closely for all purchases and transactions. Failure to provide this level of supervision will result in termination.

Responsible Parties: All Substance Abuse Staff, QP / LCAS, Clinical Director, and Executive Director

Correction Date: 5/23/2024 and ongoing

Provider Signature: