Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
			A. BOILDING			
		MHL0601379	B. WING		06/2	6/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
HARMON	RECOVERY CENTER, I	LLC	TH TRYON ST TE, NC 28262	REET		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)		COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	on 6/26/24. The comp	aint survey was completed plaint was unsubstantiated B). Deficiencies were cited.				
	categories: 10A NCA Detoxification for Sub 27G .4400 Substance Program (SAIOP), 10 Substance Abuse Co Treatment (SACOT),	d for the following service C 27G .3300 Outpatient stance Abuse, 10A NCAC Abuse Intensive Outpatient A NCAC 27G .4500 Imprehensive Outpatient 10A NCAC 27G .1100 In for Individuals who are				
	.4400 Substance Abu Program (SAIOP) has .4500 Substance Abu Outpatient Treatment current census of 18 a Hospitalization for Inc Mentally III has a curr survey sample consis SAIOP client, 3 curre	Program (SACOT) has a and the .1100 Partial lividuals who are acutely ent census of 46. The sted of audits of 1 current nt SACOT clients and 2 alization for Individuals who				
V 108	27G .0202 (F-I) Perso	onnel Requirements	V 108			
	(g) Employee training provided and, at a min following: (1) general organiza (2) training on client	tion shall be documented. g programs shall be nimum, shall consist of the				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		MUI 0004270	B. WING		0.0	12612024
		MHL0601379			06	3/26/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
HADMON	Y RECOVERY CENTER,	11403 N	ORTH TRYON STR	EET		
HARWON	T RECOVERT CENTER,	CHARLO	OTTE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
	client as specified in the plan; and (4) training in infection bloodborne pathogen (h) Except as permitted. 5602(b) of this Subclimember shall be available times when a client is member shall be training seizure mand to provide cardiopulm trained in the Heimlic techniques such as the American Heart A.	ed under 10a NCAC 27G hapter, at least one staff ilable in the facility at all s present. That staff hed in basic first aid hagement, currently trained honary resuscitation and h maneuver or other first aid hose provided by Red Cross,				
	(i) The governing boo implement policies ar reporting, investigating and communicable disclients. This Rule is not met Based on records revited facility failed to ensure #1) was trained in call (CPR) and First Aid. Review on 6/21/24 of revealed: - Hire date 8/9/23; - No training in CPR/II	dy shall develop and and procedures for identifying, and controlling infectious is eases of personnel and as evidenced by: view and interviews, the e 1 of 6 audited staff (Staff rdiopulmonary resuscitation The findings are:				
	Interview on 6/25/24 - "I need my CPR and					

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` '		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	=TED
			D MAINIC			
		MHL0601379	B. WING		06/2	6/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
HARMON	Y RECOVERY CENTER, I	_LC	TH TRYON ST	REET		
		CHARLOT	TE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 108	Continued From page	2	V 108			
	. •	but I need to renew it, I'm				
	Interview on 6/26/24 v revealed:	with the Executive Director				
		on the list (CPR/First Aid) I to pull her out of training. I nedule."				
V 536	27E .0107 Client Righ Int.	nts - Training on Alt to Rest.	V 536			
	to restrictive intervent (b) Prior to providing disabilities, staff inclu- employees, students demonstrate compete completing training in other strategies for cr which the likelihood o or injury to a person v property damage is p (c) Provider agencies based on state compete compliance and demonstrate (d) The training shall include measurable le measurable testing (v behavior) on those ob methods to determine course. (e) Formal refresher	communication skills and eating an environment in fimminent danger of abuse with disabilities or others or revented. s shall establish training etencies, monitor for internal constrate they acted on data the competency-based, earning objectives, written and by observation of opjectives and measurable size the use of alternatives and size the use of				

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STATE FORM 6899 IXKW11 If continuation sheet 3 of 7

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DIVISION	n nealth Service Negu	ialion				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MUU 0004070	B. WING		00/00/0004	
		MHL0601379	1 =		06/26/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
	/ DEGG//ED// GENTED	11403 NO	RTH TRYON ST	REET		
HARMON	Y RECOVERY CENTER, I	CHARLO1	TE, NC 28262			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON (X5)	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	D BE COMPLETE	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE DATE	
				DEFICIENCY)		
V 536	Continued From page	e 3	V 536			
	. •					
	annually).					
	(f) Content of the trai					
		nploy must be approved by				
	the Division of MH/DI	•				
	Paragraph (g) of this					
		strate competence in the				
	following core areas:	and understanding of the				
	(1) knowledge a people being served;	and understanding of the				
		and interpreting human				
	behavior;	and interpreting numan				
	,	the effect of internal and				
		at may affect people with				
	disabilities;	it may affect people with				
	,	or building positive				
	relationships with per	- -				
		cultural, environmental and				
		that may affect people with				
	disabilities;	that may ancot people with				
	•	the importance of and				
	` '	n's involvement in making				
	decisions about their					
		essing individual risk for				
	escalating behavior;	3				
	,	tion strategies for defusing				
		tentially dangerous behavior;				
	and	,				
	(9) positive beh	navioral supports (providing				
		h disabilities to choose				
	activities which direct	ly oppose or replace				
	behaviors which are u	unsafe).				
	(h) Service providers	s shall maintain				
	documentation of initi	al and refresher training for				
	at least three years.					
	() =	tion shall include:				
	(A) who particip	ated in the training and the				
	outcomes (pass/fail);					
		vhere they attended; and				
	(C) instructor's	name;				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLE	ΓED	
		MHL0601379	B. WING		06/26	/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		11403 NOF	TH TRYON ST	REET		
HARMON	Y RECOVERY CENTER,	LLC CHARLOT	TE, NC 28262			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ı.	PROVIDER'S PLAN OF CORRECTIO	N	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 536	Continued From page	e 4	V 536			
	(2) The Division	n of MLI/DD/CAC may				
	• ,	n of MH/DD/SAS may ocumentation at any time.				
	(i) Instructor Qualification	-				
	Requirements:	alions and Training				
	•	all demonstrate competence				
		esting in a training program				
		reducing and eliminating the				
	need for restrictive in					
		all demonstrate competence				
	` '	grade on testing in an				
	instructor training pro					
	(3) The training	•				
	` '	nclude measurable learning				
		le testing (written and by				
		ior) on those objectives and				
	measurable methods	to determine passing or				
	failing the course.					
	(4) The content	t of the instructor training the				
	service provider plans					
		sion of MH/DD/SAS pursuant				
	to Subparagraph (i)(5					
		instructor training programs				
		not limited to presentation of:				
		ng the adult learner;				
	, ,	r teaching content of the				
	course;					
	(C) methods fo performance; and	r evaluating trainee				
	•	ion procedures				
		ion procedures.				
	• •	all have coached experience				
		ogram aimed at preventing, ting the need for restrictive				
	_	one time, with positive				
	review by the coach.	one time, with positive				
	-	all teach a training program				
		reducing and eliminating the				
		terventions at least once				
	annually.	to volitions at loast office				
		all complete a refresher				
	(8) Trainers shall complete a refresher		1			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION (X3) DATE COMP		
		MHL0601379	B. WING		06/2	6/2024
HARMONY RECOVERY CENTER, LLC 11403 NOR			RESS, CITY, STA TH TRYON ST TE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 536	training for at least the (1) Docume (A) who particip outcomes (pass/fail); (B) when and w (C) instructor's (2) The Division request and review th (k) Qualifications of (1) Coaches sh requirements as a tra (2) Coaches sh the course which is be (3) Coaches sh competence by comp train-the-trainer instru	east every two years. shall maintain al and refresher instructor ree years. entation shall include: ated in the training and the where attended; and name. n of MH/DD/SAS may is documentation any time. Coaches: all meet all preparation iner. all teach at least three times eing coached. all demonstrate letion of coaching or	V 536			
	facility failed to ensure Manager) received in restrictive intervention and 1 of 6 audited sta received refresher tra	ews and interviews, the e 1 of 6 audited staff (Case tital training on alternative to n prior to providing services ff (Group Facilitator)				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		MHL0601379	B. WING		0	6/26/2024
	ROVIDER OR SUPPLIER Y RECOVERY CENTER, I	11403 N	ADDRESS, CITY, STATE ORTH TRYON STRE DTTE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 536	Review on 6/21/24 of personnel record reverse - Hire date 3/11/24; - No documentation of alternative to restrictive. Review on 6/21/24 of personnel record reverse - Hire date 5/30/23; - Training in National (NCI+) Prevention ex - No documentation of alternative to restrictive. Interview on 6/25/24 revealed: - Was up to date on a linterview on 6/25/24 revealed: - Unaware training ex - "We had someone in (trainings), that is no linterview on 6/26/24 revealed: - "We will contact the	if the Case Manager's ealed: of the initial training in we interventions. The Group Facilitator's ealed: Crisis Intervention Plus pired on 5/31/24; of annual refresher training in we interventions. with the Case Manager with the Group Facilitator spired; nere who organized that stuff	V 536			

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