

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-C 07/25/2024
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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 complaint and follow up survey was completed on July 25, 2024. The complaint was substantiated (intake #NC00218318). 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.</p> <p>This facility has a current census of 8. The survey sample consisted of audits of 3 current clients, 1 former client.</p>	V 000		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which</p>	V 113		

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

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V 113	<p>Continued From page 1</p> <p>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> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(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> </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 (#1, #2, #3). The findings are:</p> <p> </p> <p>Review on 7/23/24 of client #1's record revealed: -32 year old male. -Admitted on 7/10/24. -Diagnoses of Cannabis Use Disorder moderate, Cocaine Use Disorder Moderate, Alcohol Use</p>	V 113		

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V 113	<p>Continued From page 2</p> <p>Disorder Moderate and Major Depressive Disorder Recurrent. -No documentation of progress towards goals.</p> <p>Review on 7/23/24 of client #2's record revealed: -51 year old male. -Admitted on 7/10/24. -Alcohol Use Disorder Moderate, Cannabis Use Disorder, Major Depressive Disorder Recurrent Moderate and Cocaine Use Disorder. -No documentation of progress towards goals.</p> <p>Review on 7/23/24 of client #3's record revealed: -52 year old male. -Admitted on 4/23/24. -Diagnoses of Alcohol Use Disorder Moderate, Cannabis Use Disorder Moderate, Major Depressive Disorder Recurrent Moderate, Cocaine Use Disorder Moderate, and Generalized Anxiety Disorder. -No evidence of treatment plan in client's record. -No documentation of progress towards goals.</p> <p>Interview on 7/23/24 the SACOT Group Facilitator stated: -He completed progress notes daily for each client. -He provided his progress notes to the Clinical Director daily for review.</p> <p>Interview on 7/23/24 the Clinical Director stated: -All progress notes completed prior to last week should be in the client's record or the electronic system. -Last week, the Licensee had a policy for all progress notes to go through her first. -The SACOT Group Facilitator should send the progress notes to the Licensee.</p> <p>Interview on 7/23/24 the Licensee stated:</p>	V 113		

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V 113	Continued From page 3 -The Clinical Director had the progress notes and would not provide them to her. -She was unsure why client #3's treatment plan was not in his client record. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 113		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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 the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to notify the Division of Health Service	V 114		

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V 114	<p>Continued From page 4</p> <p>Regulation (DHSR) of emergency relocation and the new location's written fire and disaster plans. The findings are:</p> <p>Review on 7/22/24 of DHSR system revealed no documented notice of emergency relocation for the facility.</p> <p>Review on 7/22/24 at 11:05 pm of a text message sent to surveyor stated "[Licensee] will be at [local] Library tomorrow and Wednesday."</p> <p>Interview on 7/22/24 client #1 stated: -The air conditioner (AC) "messed up on Monday or Thursday" and it was hot. -They had Substance Abuse Comprehensive Outpatient Treatment (SACOT) at the library (local). -They were at the library "2 or 3 days."</p> <p>Interview on 7/22/24 client #2 stated: -He believed the AC went out on Friday and they went to the library. -The Substance Abuse Comprehensive Outpatient Treatment (SACOT) Group Facilitator was at the library.</p> <p>Interview on 7/23/24 the SACOT Group Facilitator: -The AC "broke down" and it was "too hot" at the facility. -They went to the library for SACOT but he was unsure what day it was. -On 7/22/24 (Monday) SACOT group was held at the local library but it was not the "full time."</p> <p>Interview on 7/23/24 the Clinical Director stated: -He was not present because he was sent a text message saying the SACOT would be at the library.</p>	V 114		

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V 114	Continued From page 5 Interview on 7/22/24 the Licensee stated: -The facility was open, operating and serving clients on Friday (7/19/24). -The facility began having issues with the "computers were blacking out and coming back on," and with the "electricity and air conditioner." -The facility served clients in the community on 7/22/24. -The facility had not requested an emergency relocation for the clients. -The facility had not served clients at the library on Friday.	V 114		
V 281	27G .4502 Sub. Abuse Comp. Outpt. Tx. - Staff 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. (c) Each SACOT shall have at least one direct care staff present in the program who is trained in the following areas: (1) alcohol and other drug withdrawal symptoms; and (2) symptoms of secondary complications due to alcoholism and drug addiction. (d) Each direct care staff shall receive continuing education that includes the following: (1) understanding of the nature of addiction; (2) the withdrawal syndrome; (3) group therapy;	V 281		

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V 281	<p>Continued From page 6</p> <p>(4) family therapy; (5) relapse prevention; and (6) other treatment methodologies.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to 1.)operate SACOT under the direction of a Licensed Clinical Addition Specialist or a Certified Clinical Supervisor who is on site a minimum of 90 % of the hours the program is in operation for 1 of 3 audited staff (Clinical Director) and 2.) failed to complete required trainings for each direct care staff for 1 of 3 audited staff (Group Facilitator (GF)). The findings are:</p> <p>Finding #1 Review on 7/24/24 of a "Memo" provided by the Clinical Director revealed: -"I, [Clinical Director], hereby submit my resignation as LCAS (Licensed Cincial Addiction Specialist), Therapist, Clinical Director, effective - Immediately 24-July-2024. My decision to resign is based on my professional judgement and integrity. Due to lack of proper and professional protocol - it my modus operandi, not to directly or indirectly, participate in unprofessional, unproductive or unethical practices while offering services to consumers, etc..."</p> <p>Interview on 7/23/24 the Clinical Director stated: -He was the supervisor for the SACOT program.</p> <p>Finding #3 Review on 7/23/24 of the GF's personnel record</p>	V 281		

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V 281	<p>Continued From page 7</p> <p>revealed:</p> <ul style="list-style-type: none"> -No Hire date. -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>Interview on 7/23/24 the GF stated:</p> <ul style="list-style-type: none"> -He worked as the GF. -She worked at the facility since 6/1/24. -The Clinical Director was training him on identified trainings. <p>Interview on 7/23/24 the Licensee stated:</p> <ul style="list-style-type: none"> -The GF previously worked at the facility. -The GF had previously completed trainings when he worked at the facility prior. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 281		
V 282	<p>27G .4503 Sub. Abuse Comp. Outpt. Tx.- Operations</p> <p>10A NCAC 27G .4503 OPERATIONS</p> <ul style="list-style-type: none"> (a) A SACOT shall operate in a setting separate from the client's residence. (b) Each SACOT shall provide services a minimum of 20 hours per week. (c) Each SACOT shall operate at least four hours per day, at least five days per week with a maximum of two days between offered services. (d) Each SACOT shall provide a structured program of services in the amounts, frequencies and intensities specified in each client's treatment plan. 	V 282		

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V 282	<p>Continued From page 8</p> <p>(e) Group counseling shall be provided each day program services are offered.</p> <p>(f) Each SACOT shall develop and implement written policies to carry out crisis response for their clients on a face to face and telephonic basis 24 hours a day, seven days a week, which shall include at a minimum the capacity for face to face emergency response within two hours.</p> <p>(g) Psychiatric consultation shall be available as needed.</p> <p>(h) Before discharge, the program shall complete a discharge plan and refer each client who has completed services to the level of treatment or rehabilitation as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on record review, the facility failed to ensure a discharge plan was completed for each client prior to being discharged from the program, including a referral to the level of treatment specified in the discharge plan for 1 of 1 audited Former Client (FC) #9 . The findings are:</p> <p>Review on 7/23/24 of FC #9's record revealed: -Admitted on 6/26/23. -Alcohol Use Disorder, Cannabis Use Disorder, Bipolar Disorder with psychotic features and Cocaine Use Disorder.</p> <p>Review on 7/24/24 of a unsigned Discharge Summary for FC #9 dated 6/7/24 revealed: -Date Admitted: 06/26/23, Date Discharged: 06/07/24 -Discharged from Services: SACOT</p>	V 282		

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V 282	<p>Continued From page 9</p> <p>-Reason Discharged: Other/Comments: Consumer asked to be discharged by phone. -No "Narrative Discharge Summary"</p> <p>Interview on 7/23/24 the Clinical Director stated: -He "instructed" the Licensee to complete the discharge summary for FC #9. -FC # and the Licensee got into a "confrontation" and the Licensee wanted FC #9 discharged from the program. -He linked FC #9 to another SACOT program. -FC # discharge was no "therapeutically correct."</p> <p>Interview on 7/23/24 the Licensee stated: -FC asked to be discharged from the SACOT program. -The Clinical Director was responsible for the discharge. -The Clinical Director said he would not provide the discharge documentation to her until he "signs off on it."</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 282		