

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411286	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2024
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NAME OF PROVIDER OR SUPPLIER INTEGRATED HEALTHCARE SOLUTIONS OF NC	STREET ADDRESS, CITY, STATE, ZIP CODE 2408-Q RANDLEMAN ROAD GREENSBORO, NC 27406
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on August 20, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .1200 Psychosocial Rehabilitation Program for Individuals with Severe and Persistent Mental Illness and 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program.</p> <p>This facility has a current census of 18. The .1200 Psychosocial Rehabilitation Program (PSR) has a current census of 15 and the .4400 Substance Abuse Intensive Outpatient Program (SACOT) has a current census of 1. The survey sample consisted of audits of 3 current PSR clients and 1 current SAIOP client</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as 	V 111		

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

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V 111	<p>Continued From page 1</p> <p>psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to complete an assessment prior to the delivery of services for 2 audited Psychosocial Rehabilitation Program (PSR) clients (Clients #3 and #4). The findings are:</p> <p>Review on 8/16/24 of Client #3's record revealed: -Admission date of 7/2/24. -Diagnosis of Schizophrenia. -No admission assessment to current program.</p> <p>Review on 8/16/24 of Client #4's record revealed: -Admission date of 7/2/24. -Diagnosis of Schizophrenia. -No admission assessment to current program.</p> <p>Interview on 8/16/24 with the Owner/Chief Executive Officer/Executive Director revealed: -Clients #3 and #4 were being served with PSR services at a sister facility prior to 7/2/24.</p>	V 111		

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V 111	Continued From page 2 -No admission assessment was completed for Clients #3 and #4's 7/2/24 admission to the current facility.	V 111		
V 267	27G .4402 Sub. Abuse Intensive Outpt- Staff 10A NCAC 27G .4402 STAFF (a) Each SAIOP shall be under the direction of a Licensed Clinical Addictions Specialist or a Certified Clinical Supervisor who is on site a minimum of 50% of the hours the program is in operation. (b) When a SAIOP serves adult clients 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 12 or fewer adult clients. (c) When a SAIOP serves adolescent clients 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 6 or fewer adolescent clients. (d) Each SAIOP 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. (e) 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; (4) family therapy; (5) relapse prevention; and (6) other treatment methodologies. (f) When a SAIOP serves adolescent clients	V 267		

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V 267	<p>Continued From page 3</p> <p>each direct care staff shall receive training that includes the following:</p> <p>(1) adolescent development; and</p> <p>(2) therapeutic techniques for adolescents.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure direct care staff received required training for 1 of 1 audited staff (Staff #3). The findings are:</p> <p>Reviews on 8/16/24 and 8/19/24 of Staff #3's personnel record revealed: -Date of Hire: 6/24/24. -Met criteria for Qualified Professional. -No documentation of required training in alcohol and other drug withdrawal symptoms and symptoms of secondary complications due to alcoholism and drug addiction. -No documentation of required continuing education.</p> <p>Interview on 8/15/24 with Staff #3 revealed: -She facilitated the Substance Abuse Intensive Outpatient Program -The Owner/Chief Executive Officer/Executive Director (O/CEO/ED) provided her with substance abuse trainings after her hire date.</p> <p>Interview on 8/16/24 with the O/CEO/ED revealed: -He provided Staff #3 with substance abuse</p>	V 267		

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V 267	Continued From page 4 training. -He did not create the training certificates for Staff #3's personnel file. -He would ensure all SAIOP staff completed required training and he would have their training certificates placed in their personnel files.	V 267		