STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0411287	A. BUILDING: _____ B. WING _____	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INTEGRATED HEALTHCARE SOLUTIONS OF NC, LLC	2804 RANDLEMAN ROAD, UNIT T GREENSBORO, NC 27406

(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	INITIAL COMMENTS An annual and complaint survey was completed on August 20, 2024. The complaint was substantiated (intake #NC00219314). Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program. This facility has a current census of 3. The .1200 Psychosocial Rehabilitation Program (PSR) has a current census of 0 and the .4500 Substance Abuse Comprehensive Outpatient Treatment Program (SACOT) has a current census of 3. The survey sample consisted of audits of 3 current PSR clients, 2 current SACOT clients, and 1 former SACOT client.	V 000		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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: (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;	V 111		

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V 111	Continued From page 1 (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as 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. 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 Substance Abuse Comprehensive Outpatient Treatment Program (SACOT) clients (Clients #1 and #2) and 1 former SACOT client (FC #4). The findings are: Reviews on 8/15/24 and 8/16/24 of Client #1's record revealed: -Admission date of 7/2/24. -Diagnoses of Schizoaffective Disorder, Post-Traumatic Stress Disorder (PTSD), and Substance Use. -No admission assessment to current SACOT program. Review on 8/15/24 of Client #2's record revealed:	V 111		

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V 111	Continued From page 2 -Admission date of 7/2/24. -Diagnoses of Cannabis Use Disorder, Obsessive Compulsive Disorder, PTSD, and Generalized Anxiety Disorder. -No admission assessment to current SACOT program. Review on 8/15/24 of Former Client (FC#4)'s record revealed: -Admission date of 7/2/24. -Diagnoses of Alcohol Dependence, Cannabis Use, Other Psychoactive Substance Dependence, and Schizoaffective Disorder. -No admission assessment to current SACOT program. Interview on 8/16/24 with the Owner/Chief Executive Officer/Executive Director revealed: -Clients #1, #2 and FC #4 were being served with SACOT services at a sister facility prior to 7/2/24. -No admission assessment was completed for Clients #1, #2 and FC #4's 7/2/24 admission.	V 111		
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	V 281		

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V 281	Continued From page 3 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; (4) family therapy; (5) relapse prevention; and (6) other treatment methodologies. 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 #1). The findings are: Reviews on 8/16/24 and 8/19/24 of Staff #1'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. Interview on 8/15/24 with Staff #1 revealed: -She facilitated the Substance Abuse Comprehensive Outpatient Treatment Program (SACOT) program.	V 281		

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V 281	Continued From page 4 -The Owner/Chief Executive Officer/Executive Director (O/CEO/ED) provided her with substance abuse training after her hire date. Interviews on 8/16/24 and 8/20/24 with the O/CEO/ED revealed: -He provided Staff #1 with substance abuse training. -He did not create training certificates for Staff #1's personnel file. -He would ensure all SACOT staff completed required training and he would have their training certificates placed in their personnel files.	V 281		