

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL077-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/07/2024
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NAME OF PROVIDER OR SUPPLIER SAMARITAN COLONY	STREET ADDRESS, CITY, STATE, ZIP CODE 136 SAMARITAN DRIVE ROCKINGHAM, NC 28379
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(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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on November 7, 2024. The complaint was unsubstantiated (intake #NC00222840). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders and 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders.</p> <p>This facility is licensed for 12. The .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders has a current census of 12 and the .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders has a current census of 12. The survey sample consisted of audits of 2 current clients and 1 former client for the 3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders and the .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <p>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;</p> <p>(2) specifies the duties and responsibilities of the position;</p> <p>(3) is signed by the staff member and the supervisor; and</p>	V 107		

RECEIVED
NOV 25 2024
DHSR-MH Licensure Sect

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Executive Director

(X6) DATE

11/20/2024

Division of Health Service Regulation

STATE FORM

6899

QMOY11

If continuation sheet 1 of 5

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V 107	<p>Continued From page 1</p> <p>(4) is retained in the staff member's file.</p> <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <p>(1) is at least 18 years of age;</p> <p>(2) is able to read, write, understand and follow directions;</p> <p>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</p> <p>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the</p>	V 107		
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V 107	<p>Continued From page 2</p> <p>facility failed to have complete personnel records affecting one of three audited staff (#1). The findings are:</p> <p>Review on 11/8/24 of the personnel record for staff #1 revealed:</p> <p>-Date of hire was 2/26/24.</p> <p>-Hired as a Weekend/Night Manager. -No educational verification.</p> <p>Interview on 11/7/24 with the Operations Officer revealed:</p> <p>-She was responsible for the personnel records. -Staff #1 had no high school diploma or any other type of education.</p> <p>-Staff #1 was working on his Graduate Equivalency Diploma (GED) at the local community college.</p> <p>Interview on 11/7/24 with the Executive Director revealed:</p> <p>-He did not realize staff #1 "needed some type of education to work with the clients."</p> <p>-Staff #1 did not do anything "clinical" with the clients.</p> <p>-"It was his ignorance for not realizing a high school diploma or equivalency was required."</p> <p>-Staff #1 was working towards getting his GED.</p>	V 107	<p>The employee that did not have his GED has now passed and obtained his GED.</p> <p>From now on all potential employees will be required to have high school educations or GED this requirement has been added to all job descriptions and to policy and procedure manual.</p> <p>The operations officer and Executive director will ensure that all employees have high school diploma or GED moving forward daily.</p>	
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p>	V 114		

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<p>V 114</p>	<p>Continued From page 3</p> <p>(b) The plans 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.</p> <p>Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were done quarterly on each shift. The findings are:</p> <p>Review on 11/7/24 of the facility's fire and disaster drill log from (January 2024-May 2024) revealed: -There were no fire or disaster drills conducted for the third quarter (July, August, September) of 2024. -There were no fire or disaster drills conducted by Weekend/Night shift staff for the second quarter (April, May, June) of 2024. -There were no fire or disaster drills conducted by Weekend/Night shift staff for the first quarter (January, February, March) of 2024.</p> <p>Interview on 11/7/24 with client #1 revealed: -They did fire and disaster drills monthly with staff. -They went outside for fire drills.</p>	<p>V 114</p>	<p>Fire and disaster drill instructions as well as policy and procedure manual have been updated to reflect requirement for Weekend/Night staff to perform fire and disaster drills quarterly.</p> <p>Fire and disaster drills will be performed by daytime staff as well as weekend/night staff quarterly from this time forward. For a total of 2 drills per quarter.</p> <p>Weekend/Night staff have performed a fire and disaster drill on 11/19/24.</p> <p>Operations officer and Executive director will be responsible for monitoring and insuring that Fire/Disaster drills are performed by both shifts quarterly.</p>	
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V 114	<p>Continued From page 4</p> <p>-They went into the hallway for disaster drills.</p> <p>Interview on 11/7/24 with client #2 revealed:</p> <p>-Staff did fire and disaster drills with them.</p> <p>-Staff rang the bell for a fire drill and they went out into the parking lot.</p> <p>-They go into the hallway for disaster drills.</p> <p>Interview on 11/7/24 with the Executive Director revealed:</p> <p>-He did the fire and disaster drills at the facility. -He did the fire and disaster drills during 1st shift and sometimes 2nd shift with clients and staff. -He didn't realize staff #1 and staff #2 were supposed to be doing fire and disaster drills during their shift.</p> <p>-He confirmed the facility failed to conduct fire and disaster drills quarterly on each shift.</p>	V 114		
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