

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/05/2024
NAME OF PROVIDER OR SUPPLIER DIXON SOCIAL INTERACTIVE SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1812-A GLENDALE DRIVE, SW WILSON, NC 27894		
(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 A complaint survey was completed on December 5, 2024. The complaint was substantiated (intake #NC00223414. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment. This facility has a current census of 29. The survey sample consisted of audits of 3 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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

TITLE

(X6) DATE

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement goals and strategies to meet the individual needs of 1 of 3 clients (#1). The findings are:</p> <p>Review on 12/5/24 of client #1's record revealed: - Date of admission: 10/17/24. - Diagnoses of Alcohol Use Disorder-Severe; Cannabis Use Disorder-Severe; Major Depressive Disorder; Hypertension; High Cholesterol, Stroke; Moderate Paralysis Right Side.</p> <p>Review on 12/5/24 of client #1's Person-Centered Profile (PCP) dated 10/17/24 revealed: - "Goal: "stop smoking and drinking" -[Client #1] will work to develop coping skills and decrease his substance use...Update on: 11/18/24: [Client #1] is not making progress towards this goal...has not submitted a UDS (urine drug screen) since June 2024. Interventions-Provider (s): staff will...conduct breathalyzer/biochemical essays to identify recent drug/alcohol use. - Diagnostic Assessment dated - No strategies to address client #1 not submitting UDS. - No evidence of UDS.</p> <p>Interview on 12/5/24 client #1 stated: - He had attended the program off/on for 2 years</p>	V 112		

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V 112	Continued From page 2 to obtain help with alcohol. - He had not taken a UDS since he was re-admitted back into the program. - He could not remember if he ever did a UDS. - He knew if he would not do a UDS he could get discharged from the program. Interview on 12/5/25 the Clinical Site Manager stated: - UDS were random and completed by an external source once weekly. - Client #1 had a history of treatment non-compliance with with UDS resulting in a discharge on 8/26/24. - Client #1 had been assessed to determine where he was in the stages of changes for his treatment and they will determine if he would need a higher level of care.	V 112		