

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-904	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/08/2025
NAME OF PROVIDER OR SUPPLIER CLUB HORIZON		STREET ADDRESS, CITY, STATE, ZIP CODE 319 CHAPANOKE ROAD, SUITE 101 RALEIGH, NC 27603		
(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	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on April 8, 2025. The complaint was unsubstantiated (intake #NC00228851). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness.</p> <p>This facility has a current census of 48. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p>	V 105		

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

TITLE

(X6) DATE

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V 105	Continued From page 1 (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure confidentiality of records. The findings are:</p> <p>Review on 4/8/25 of the facility's records and confidentiality policy revealed:</p> <ul style="list-style-type: none"> - a confidentiality statement for visitors - "I agree to hold all information about people served...confidential and will not divulge any information to unauthorized persons..." - no policy regarding confidentiality signed by the clients <p>Review on 4/8/25 of the facility's member list revealed:</p> <ul style="list-style-type: none"> - the client's name, phone number, address, next of kin, next of kin's phone number <p>During interview on 4/8/25 client #1 reported:</p> <ul style="list-style-type: none"> - clients had access to the facility's member list kept at the front desk - clients called and checked on other members that have missed days - the client's phone number and address were listed - a client had requested not to be contacted when she was not at the program - the day he reached out to her, she was at work <p>During interview on 4/8/25 client #5 reported:</p> <ul style="list-style-type: none"> - if a client missed 2 days, another client would reach out 	V 105		

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V 105	Continued From page 3 - its called "reach out" - he had reached out to other clients to see how they were doing - management requested clients to reach out to other clients that have missed days During interview on 4/8/25 the Vice president of Operations reported: - the clients were known as "members" - any client that did not want their information provided, it would not be listed in the facility's member list book - clients held other clients accountable for their attendance to their program During interview on 4/8/25 the facility's Inspection Control/Accreditation reported: - there was not a policy for clients regarding confidentiality - reached out to their quality assurance and they were not able to locate a plan of correction for the previous citation This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 105		
V 511	27D .0303 Client Rights - Informed Consent 10A NCAC 27D .0303 INFORMED CONSENT (a) Each client, or legally responsible person, shall be informed, in a manner that the client or legally responsible person can understand, about: (1) the alleged benefits, potential risks, and possible alternative methods of treatment/habilitation; and (2) the length of time for which the consent is valid and the procedures that are to be followed if he chooses to withdraw consent. The length of	V 511		

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V 511	<p>Continued From page 4</p> <p>time for a consent for the planned use of a restrictive intervention shall not exceed six months.</p> <p>(b) A consent required in accordance with G.S. 122C-57(f) or for planned interventions specified by the rules in Subchapter 27E, Section .0100, shall be obtained in writing. Other procedures requiring written consent shall include, but are not limited to, the prescription or administration of the following drugs:</p> <p>(1) Antabuse; and</p> <p>(2) Depo-Provera when used for non-FDA approved uses.</p> <p>(c) Each voluntary client or legally responsible person has the right to consent or refuse treatment/habilitation in accordance with G.S. 122C-57(d). A voluntary client's refusal of consent shall not be used as the sole grounds for termination or threat of termination of service unless the procedure is the only viable treatment/habilitation option available at the facility.</p> <p>(d) Documentation of informed consent shall be placed in the client's record.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure documentation of informed consents were placed in 5 of 5 client's (#1 - #5)'s records. The findings are:</p> <p>Review on 4/8/25 of an insert from the club house reach out handbook revealed:</p> <p>- "...reach out is done by phone calls, mail...home and hospital visits, according to need and the expressed preferences of members receiving the reach out contacts..."</p>	V 511			

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V 511	<p>Continued From page 5</p> <ul style="list-style-type: none"> - "...a goal for a clubhouse reach out program is...by implementing our reach out system no member has disappeared from us..." <p>Review on 4/8/25 of the facility's member list revealed:</p> <ul style="list-style-type: none"> - the client's name, phone number, address, next of kin, next of kin's phone number <p>During interview on 4/8/25 client #1 reported:</p> <ul style="list-style-type: none"> - clients hold access to the facility's member list kept at the front desk - clients called and checked on other members that have missed days - the facility's member list had the clients' names, address and phone numbers - a client had requested not to be contacted when she was not at the program - the day he reached out to her, she was at work <p>During interview on 4/8/25 client #5 reported:</p> <ul style="list-style-type: none"> - the management requested clients to reach out to other clients that have missed days <p>During interview on 4/8/25 the Vice president of Operations reported:</p> <ul style="list-style-type: none"> - the clients were known as "members" - any client that did not want their information provided, it would not be listed in the facility's member list book - clients held other clients accountable for their attendance to their program <p>During interview on 4/8/25 the facility's Inspection Control/Accreditation reported:</p> <ul style="list-style-type: none"> - there were no individualized consent forms signed by the clients or guardian that gave permission for other clients to review personal information 	V 511		

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V 511	Continued From page 6 - clients signed the club house hand book that informed them other clients may reach out to them - reached out to their quality assurance and they were not able to locate a plan of correction for the previous citation This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 511		