

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-391	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/08/2025
NAME OF PROVIDER OR SUPPLIER COMMUNITY CHOICES, INC - CASCADE AT DL		STREET ADDRESS, CITY, STATE, ZIP CODE 2634 CHAPEL HILL BOULEVARD, SUITE 11 DURHAM, NC 27707		
(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 survey was completed on May 8, 2024. The complaint was substantiated (intake #NC00228876), A deficiency was cited.</p> <p>This facility is licensed for the following services: 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program. 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program.</p> <p>This facility has a current census of 6. The .4400 Substance Abuse Intensive Outpatient Program (SAIOP) has a current census of 3 and the .4500 Substance Abuse Comprehensive Outpatient Treatment Program (SACOT) has a current census of 3. The survey sample consisted of audits of 1 current SAIOP client and 2 current SACOT clients.</p>	V 000		
V 281	<p>27G .4502 Sub. Abuse Comp. Outpt. Tx. - Staff</p> <p>10A NCAC 27G .4502 STAFF</p> <p>(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.</p> <p>(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.</p> <p>(c) Each SACOT shall have at least one direct care staff present in the program who is trained in the following areas:</p> <p>(1) alcohol and other drug withdrawal symptoms; and</p> <p>(2) symptoms of secondary complications due to alcoholism and drug addiction.</p> <p>(d) Each direct care staff shall receive continuing</p>	V 281		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-391	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/08/2025
NAME OF PROVIDER OR SUPPLIER COMMUNITY CHOICES, INC - CASCADE AT DL		STREET ADDRESS, CITY, STATE, ZIP CODE 2634 CHAPEL HILL BOULEVARD, SUITE 11 DURHAM, NC 27707		
(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 281	<p>Continued From page 1</p> <p>education that includes the following:</p> <ul style="list-style-type: none"> (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. <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to operate SACOT under the direction of a Licensed Clinical Addiction Specialist (LCAS) or a Certified Clinical Supervisor who is on site a minimum of 90 % of the hours the program is in operation. The findings are:</p> <p>Review on 5/7/25 of the Substance Abuse Counselor's personnel record revealed:</p> <ul style="list-style-type: none"> -He was hired on 11/8/23. -He was hired as a Substance Abuse Counselor. -At the time of hiring, he possessed a State of North Carolina Licensed Clinical Addiction Specialist-Associate (LCAS-A). -The LCAS-A was awarded on 9/1/21 and expired on 12/11/24. -No record of LCAS credential. <p>Review on 5/7/25 of the Treatment Supervisor's personnel record revealed:</p> <ul style="list-style-type: none"> -Hire date of 9/9/19. -She was hired as the Treatment Supervisor. -LCAS certification valid until 8/29/26. 	V 281		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-391	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/08/2025
NAME OF PROVIDER OR SUPPLIER COMMUNITY CHOICES, INC - CASCADE AT DL		STREET ADDRESS, CITY, STATE, ZIP CODE 2634 CHAPEL HILL BOULEVARD, SUITE 11 DURHAM, NC 27707		
(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 281	<p>Continued From page 2</p> <p>Review on 5/7/25 of the former Program Director's personnel record revealed: -Hire date of 7/8/24. -She was hired as the Program Director. -Separation date of 3/21/25.</p> <p>Review on 5/7/25 of the North Carolina Addictions Specialist Professional Practicing Board revealed: -There was no record that the Substance Abuse Counselor had a valid LCAS credential. -Former Program Director had a valid LCAS credential expiring May of 2026.</p> <p>Interview on 5/7/25 with Client #1 revealed: -She started receiving SACOT services in January. -The Program Director used to conduct SACOT, but she resigned in March. -The Substance Abuse Counselor also presented some of the SACOT material. -She felt that there might be a cultural gap between the Substance Abuse Counselor and the clients. -SACOT clients were having difficulty communicating with the Substance Abuse Counselor. -Facility had continued to provide SACOT services after the Program Director left. -Only the Substance Abuse Counselor was presenting the material until staff from Corporate started attending the facility and covering the services. -Things had improved since Corporate staff started coming. -The Treatment Supervisor was present about 2 to 3 days out the four days that SACOT services were presented. -Facility staff had informed the clients that new staff were in the process of being hired; however, no new staff would start.</p>	V 281		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-391	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/08/2025
NAME OF PROVIDER OR SUPPLIER COMMUNITY CHOICES, INC - CASCADE AT DL			STREET ADDRESS, CITY, STATE, ZIP CODE 2634 CHAPEL HILL BOULEVARD, SUITE 11 DURHAM, NC 27707		
(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 281	<p>Continued From page 3</p> <p>Interview on 5/7/25 with the Substance Abuse Counselor revealed:</p> <ul style="list-style-type: none"> -He had been working at the facility since about a year and ½. -He liked what he did. -Came from Africa and was in refugee camps. It was his way of feeling that he would be helping others by doing this type of work. -Moved to the area from California in 2023. -He was fully licensed in California; however, North Carolina did not accept license from California it as it was not transferable. -He had to start his LCAS-A from beginning. -He was in the renewal process from his LCAS-A. He had let it lapse. -He was not able to take the test to become fully licensed before the LCAS-A expired. -The State board closed his credentials when the time period expired. This was back in November 2024. -He was informed that the renewal period may take up to a year. -He expected his LCAS-A certification to be back by end of the month. -He was planning to take the LCAS test this year to become fully certified. -He worked mostly with the SACOT program; however, he also did some SAIOP. -He had been doing this type of work for 15-16 years. <p>Interview on 5/7/25 with the Treatment Supervisor revealed:</p> <ul style="list-style-type: none"> -She had LCAS credentials. -She worked at the facility located in Charlotte, but had to come here to help with the SACOT program. -She worked at this facility 3 days out of the week. 	V 281			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-391	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/08/2025
NAME OF PROVIDER OR SUPPLIER COMMUNITY CHOICES, INC - CASCADE AT DL		STREET ADDRESS, CITY, STATE, ZIP CODE 2634 CHAPEL HILL BOULEVARD, SUITE 11 DURHAM, NC 27707		
(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 281	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Started coming here about a month ago. -She thought the Substance Abuse Counselor was also licensed. -He worked at the facility 5 days a week. -She believed he had LCAS-A credentials and just needed to take the licensing board examination to have his LCAS credential. -Facility was aware that they did not have a staff with LCAS credentials 90% of the operating time. -Agency was actively working in finding a new staff to fill in the position. -The former Director was fully LCAS credentialed, but she left in March of this year. -She was running the SACOT program in Durham. -She was just coming here temporarily until a new staff was hired to run the program. <p>Interview on 5/7/25 with the Quality and Training Specialist revealed:</p> <ul style="list-style-type: none"> -SACOT services operated from Mondays through Fridays from 9:00 am to 1:00 pm. -The Treatment Supervisor was coming 2-3 days a week to cover the SACOT program. -The Treatment Supervisor normally worked at another of their facilities and was just coming here to cover temporarily. -Former Program Director resigned in March of 2025 and facility had been actively searching for a new staff. -New Program Director would need to have LCAS credentials. -She thought the Substance Abuse counselor had his LCAS-A credential. -The Substance Abuse counselor worked mainly with the SAIOP clients. -The plan was for the Treatment Supervisor to continue working at the SACOT program until a new Program Director was hired. -She acknowledged the current LCAS 	V 281		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-391	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/08/2025
NAME OF PROVIDER OR SUPPLIER COMMUNITY CHOICES, INC - CASCADE AT DL			STREET ADDRESS, CITY, STATE, ZIP CODE 2634 CHAPEL HILL BOULEVARD, SUITE 11 DURHAM, NC 27707		
(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 281	Continued From page 5 credentialed staff was only at the premises 3 days out of the 4 days and hence, only 75% of the hours the program was in operation. Interview on 5/8/25 with the Vice President of Quality and Integration revealed: -Former Program Director resigned in March and they were searching for a replacement. -The new program Director would have to have LCAS credentials. -She was under the impression that if a staff with LCAS credentials was at the program 3 out of the 4 days the program ran, it would have been sufficient. -She acknowledged staff with LCAS credentials failed to be on site a minimum of 90 % of the hours the program is in operation	V 281			