

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL091-001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/06/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ADDICTION RECOVERY CENTER FOR MEN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1020 COUNTY HOME ROAD HENDERSON, NC 27536</b>		
(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 survey was completed on 5/6/25. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.  This facility is licensed for 15 and has a current census of 8. The survey sample consisted of audits of 3 current clients.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies  10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's	V 105	See Attached	

RECEIVED

JUN 09 2025

DHSR-MH Licensure Sect

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

59BR11

If continuation sheet 1 of 8

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V 105	Continued From page 1  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	Continued From page 2  This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement their policy for screening and admission for 2 of 3 audited clients (#4 & #7). The findings are:  Review on 5/6/25 of client #4's record revealed: - admitted 4/21/25 - diagnoses: none documented - no evidence of an admission screening or assessment  Review on 5/6/25 of client #7's record revealed: - admitted 5/1/25 - diagnoses: High blood pressure, cancer on neck and lower part of arm - no evidence of an admission screening or assessment  Interview on 5/6/25 the Qualified Professional reported: - they tried to complete the admission assessment prior to the arrival of each client - assessments were completed at their Substance Abuse Intensive Outpatient Program (SAIOP) and sent to the facility - was not sure if client #4's and client #7's assessments had been completed  Interview on 5/6/25 the Director of Substance Abuse and Mental Health Services reported: - she had completed the admission assessment for client #7 - thought client #4's admission assessment had been completed by another staff at the SAIOP	V 105			

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V 105	Continued From page 3  - copies of the assessments were supposed to have been sent over once completed - did not know why the assessments were not in the client charts	V 105			
V 117	27G .0209 (B) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.	V 117			

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V 117	Continued From page 4  This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure prescription medications had the required labeling information for 1 of 3 audited clients (#4). The findings are:  Observation at 10:46AM on 5/6/25 of client #4's medications revealed: - plastic bag with three manufacturer boxes of Vraylar 1.5 milligrams - 1 of the three manufacturer boxes was open with 6 of 7 capsules missing - no pharmacy label on the bag or boxes  Interview on 5/6/25 client #4 reported - he'd been taking Vraylar about a week - it had been prescribed by his doctor at an appointment on 4/30/25  Interview on 5/6/25 the Qualified Professional reported: - was responsible for medications at the facility - thought the Vraylar medication was a sample pack received from the doctor during client #4's visit on 4/30/25	V 117		
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the	V 118		

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V 118	<p>Continued From page 5</p> <p>client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record and interview the facility failed to ensure medications were administered on the written order of a physician for 2 of 3 audited clients (#4 and #7). The findings are:</p> <p>Review on 5/6/25 of Client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 4/21/25</li> <li>- no known diagnoses</li> <li>- doctor's order dated 4/30/25 for Trazodone 50 milligrams (mg) take one to two tablets by mouth at bedtime as needed</li> </ul>	V 118		

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V 118	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- no doctor's order for Vraylar</li> </ul> <p>Review on 5/6/25 of Client #4's May 2025 MAR revealed:</p> <ul style="list-style-type: none"> <li>- Trazodone (sleep) 50mg Take one to two tablets by mouth at bedtime as needed <ul style="list-style-type: none"> <li>- documented as administered daily May 1 through May 5 2025</li> <li>- no documentation of quantity of tablets administered</li> </ul> </li> <li>- Vraylar (mood) 1.5mg Take one tablet by mouth daily <ul style="list-style-type: none"> <li>- documented as administered daily May 1 through May 6 2025</li> </ul> </li> </ul> <p>Review on 5/6/25 of Client #7's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 5/1/25</li> <li>- diagnoses: high blood pressure, cancer on neck and lower part of arm</li> <li>- no doctor's orders for any medications</li> </ul> <p>Review on 5/6/25 of Client #7's May 2025 MAR revealed:</p> <ul style="list-style-type: none"> <li>- Gabapentin (nerve pain) 400 mg capsule Take 1 capsule by mouth three times daily</li> <li>- Rosuvastatin Calcium (cholesterol 20mg tab Take 1 tablet by mouth once daily</li> <li>- Hydroxyzine Pamoate (anxiety) 25mg cap Take 1 capsule by mouth three times daily as needed</li> <li>- Lisinopril (hypertension) 10mg tablet Take 1 tablet by mouth once daily</li> <li>- Bupropion (depression) 100mg Take 1 tablet by mouth once daily</li> <li>- Quetiapine (mood) 200mg Take 1 tablet by mouth once daily</li> <li>- all medications documented as administered daily May 1 through May 6 2025</li> </ul> <p>Interview on 5/6/25 the Qualified Professional</p>	V 118		



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V 118	Continued From page 7  reported: - no orders had been sent for medications for Client #7 - "the orders for (client #4) are in the MAR book" - would ensure they had doctor orders for all medications and the orders were in the chart	V 118			





626 S. Garnett Street  
P.O. Box 88  
Henderson, NC 27536  
252-438-6700 Office  
252-438-6720 Fax

May 30, 2025

Mental Health Licensure and Certification Section

NC Department of Health and Human Services

Division of Health Service Regulation

2718 Mail Service Center

Raleigh, NC 27699-2718

Dear Sir/Madam,

Please find enclosed the plan of correction for the standard level deficiencies cited at the Addiction Recovery Center for Men, Located at 1020 County Home Road, Henderson, NC 27536. This is in conjunction with MHL #: 091-001.

You shall find upon return that the deficiencies cited have been addressed globally and the correction has been made prior to the correction date of **July 5, 2025**. Should you have any questions or concerns, please do not hesitate to contact me at the number provided. We thank you for your feedback and welcome your return.

Sincerely,

A handwritten signature in black ink, appearing to read "Jacinta Johnson", written over a horizontal line.

Jacinta Johnson

Executive Director



# Plan of Correction – ARC-Men

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*Date of Correction: July 5, 2025*

**Deficiency Cited:** V105: 10A NCAC 27G.0201. Governing Body Policies. The agency failed to implement the policy for screening and admission for 2 of the 3 clients in the home.

**Provider's Plan of Correction:** Legacy Human Services, Inc. will ensure that each client has an intake assessment completed PRIOR to admission as outlined in Legacy Policy 2.16 "Screening and Admission for Mental Health and Substance Abuse Services". The Program Director will complete an admissions assessment / intake and document the PCP, CCA, and assessment of diagnosis. The administrative assistant will be responsible for completing a paper chart or notebook with all the pertinent information about the client, and staff will document their knowledge of this information, via signature, prior to working with the client. The Clinical Director will train management and auxiliary staff and supervise to ensure this process is followed as outlined in the policy. Staff will have access to information about clients prior to working with them.

**Responsible Parties:** Program Director, Administrative Assistance, Clinical Director and Executive Director

**Correction Date:** 7/5/2025

**Deficiency Cited:** V117: 10A NCAC 27G.0209 Medication Requirements. The agency failed to ensure medications were properly labeled prior to administering medication to client.

**Provider's Plan of Correction:** Legacy Human Services, Inc. will ensure that each client receives their medications as prescribed and that the medications are checked regularly by the Director of Programing and RN to match up to the standard requirements. If a client brings a medication that does not have a label, over the counter, or sample, the Director of Programing or designated staff will contact the doctor or pharmacist and request a label with A-F requirements and label the product properly prior to administering said medication. The RN will check behind the staff member checking in medications to assure no errors and initial the MAR as checked.

**Responsible Parties:** Director or Program and RN.

**Correction Date:** 7/5/2025

**Deficiency Cited:** V118: 10A NCAC 27G.0209. Medication Requirements. The agency failed to ensure medications were administered on the written order of a physician.

**Provider's Plan of Correction:** Legacy Human Services, Inc. will ensure that medication orders are received during the intake process and that no admissions will be made until those orders are received. The Program Director will ensure that the intake assessment process is completed by policy, and that all items, such as doctor's orders, are in place prior to giving the final OK for admission. This multi-step intake and then admission process will be overseen by the Clinical Director and will be managed by a check-off sheet listing all the elements, including intake assessment/CCA, PCP, Authorization and enrollment from MCO, medication orders, MAR, chart completion access by staff and will sign off that all elements are in place prior to admission. Once the Program Director and Administrative Assistant have checked all boxes, then the Clinical Director will "sign off" that the client may be admitted.

**Responsible Parties:** Program Director/QP, Administrative Assistant, all staff and Clinical Director

**Correction Date:** 7/5/2025

**Provider Signature:** \_\_\_\_\_

A handwritten signature in black ink, appearing to read "Janet", is written over a horizontal line.

Legacy Human Services, Inc.	Policy No: 2-16 Page 1 of 5
Subject: Screening and Admission for Mental Health Services and Substance Abuse Services	Effective Date: 1/1/2021 Revised:

## POLICY

Legacy Human Services, Inc. (the Company) screens and admits individuals to ensure that the Company can meet the person's needs.

## PROCEDURES

### A. Access

1. The Company hires staff that are bi-lingual, primarily English and Spanish speaking. Upon learning that a potential or current consumer's primary language is not English, the individual is referred to appropriate staff that are proficient in his/her language. If the Company does not have staff proficient, the supervisor assists in identifying an interpreter via Language Line Solutions or referral to an appropriate agency.
2. The following availability appointment requirements must be met by the Person served primary assigned staff:
  - a. Emergency: Face to face emergency services within 2 hours after request for emergency care received from the MCO or directly from an enrollee; or for life threatening emergencies.
  - b. Urgent Care: Initial face to face assessment and/or treatment within 48 hours after the date and time a request for urgent care is received.
  - c. Routine need: Initial face to face assessment and/or treatment within 14 calendar days of the date a request for routine care is received from MCO or enrollee. (The Company strives to conduct a face to face assessment within five work days of referral.)

### B. Screening

1. Individuals are interviewed by the Program Director or designated clinician for an assessment of their presenting problem or needs, and a determination made as to the appropriateness of services for the potential client and if the Company can provide the services to address the needs.
2. If the services are not appropriate, the individual will be referred to a more appropriate resource, with the consent of the individual. The person is informed as to the reason he/she is not appropriate and documentation is maintained of these actions.

<b>Legacy Human Services, Inc.</b>	<b>Policy No: 2-16</b>
<b>Subject:</b>	<b>Page 2 of 5</b>
<b>Screening and Admission for Mental Health Services and Substance Abuse Services</b>	<b>Effective Date: 1/1/2021</b>
	<b>Revised:</b>

3. Potential clients deemed appropriate for admission are admitted to the program.
4. Disposition of the screening, including referrals and recommendations are documented.

### **C. Admissions**

1. Any adult regardless of race, sex, national origin, religion, sexual orientation, age, living situation (i.e. homeless) or ability to pay who is in need of the services offered by the Company may be admitted provided that he/she expresses and demonstrates a desire to receive services offered.
2. The Director of the Program conducts the admission interview and makes the decision to accept or deny admission. A Comprehensive Clinical Assessment will be completed, as appropriate, and the Director of the Program will review the information to ensure that it is current within five working days of admission. The assessment identifies the strengths, needs, abilities, and preferences of the person served. Information is obtained from the person served, family members/legal guardian, when applicable or permitted, and others as appropriate.
3. Persons admitted must meet the Admission Criteria defined in the DMH/DD/SAS approved service definition and be authorized by either the LME/MCO of state vendor for the service. (Exclusionary or ineligibility criteria is that a person does not meet the service definition criteria)
4. The applicant seeking admission must:
  - a. Accept services, including the requirement for employment in the Halfway House unless disabled or already employed.
  - b. Abide by all rules.
  - c. Participate in treatment provided.
  - d. Attend and participate in recovery programs, such as AA or NA wherever appropriate.
  - e. Submit to chest X-ray, communicable disease screening, and physical examination whenever appropriate.
  - f. Assume responsibility for any cost incurred as a result of appropriate examination, treatment, or medical procedure.
  - g. Sign an application for admission.



<b>Legacy Human Services, Inc.</b>	<b>Policy No: 2-16</b> <b>Page 3 of 5</b>
<b>Subject:</b> <b>Screening and Admission for Mental Health Services and Substance Abuse Services</b>	<b>Effective Date: 1/1/2021</b>
	<b>Revised:</b>

5. The assessment is completed prior to the delivery of services and includes at a minimum:
  - a. person's presenting problem;
  - b. individualized needs and urgent needs (including urgent such as suicide risk);
  - c. personal strengths, abilities and/or interests, and preferences;
  - d. a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission and co-occurring disabilities and/or disorders;
  - e. mental status;
  - f. current level of functioning;
  - g. previous behavioral health services, including diagnostic information, treatment information, and efficacy of current or previously used medications;
  - h. a pertinent medical and physical history, including current medical needs;
  - i. pertinent current and historical life situation information, including his/her age, gender, employment history, legal involvement, family history, history of abuse, neglect, violence and relationships, including natural supports;
  - j. issues important to the person served, such as cultural background, spiritual beliefs, and sexual orientation;
  - k. use of alcohol, tobacco, and/or other drugs;
  - l. need for, and availability of, social supports;
  - m. need for assistive technology in the provision of services;
  - n. risk-taking behaviors;
  - o. level of educational functioning;
  - p. advance directives, when applicable;
  - q. medication use profile and medication allergies or adverse reactions to medications;
  - r. adjustment to disabilities and/or disorders; and
  - s. other evaluations or assessments, such as psychiatric, substance abuse, and vocational, as appropriate to the needs.
  
6. Either the primary assessment or Comprehensive Clinical Assessment for new persons in service is completed. The assessments result in an interpretive summary that is based on the assessment data, used in the development of the Person Centered Plan, and identifies any co-occurring disabilities and/or disorders and how they will be addressed in the development of the Person Centered Plan.

<b>Legacy Human Services, Inc.</b>	<b>Policy No: 2-16</b> <b>Page 4 of 5</b>
<b>Subject:</b> <b>Screening and Admission for Mental Health Services and Substance Abuse Services</b>	<b>Effective Date: 1/1/2021</b>
	<b>Revised:</b>

7. The person admitted to services receives an orientation appropriate to his/her needs and the service provided. The orientation is provided in a manner that the person comprehends and includes:
  - a. An explanation of the Human Rights and responsibilities;
  - b. Grievance and appeal procedures;
  - c. Ways input is given regarding quality of care, achievement of outcomes and satisfaction;
  - d. Explanation of the Company's services and activities, expectations, hours of operations, access to after-hour services, Code of Ethics; confidentiality; requirements for follow-up;
  - e. Policies regarding use of restrictive interventions, smoking, illicit or licit drugs brought into the program; and weapons brought into the program;
  - f. Identification of the person responsible for service coordination;
  - g. A copy of the program rules that identifies any restriction the program may place on the person, events, behaviors or attitudes that may lead to the loss of rights or privileges, means by which the person may regain rights or privileges that have been restricted;
  - h. Education regarding advance directives, if appropriate;
  - i. Identification of the purpose and process of the assessment;
  - j. A description of how the Person Centered Plan is developed;
  - k. Information regarding transition criteria and procedures; and
  - l. When applicable, an explanation of the Company's services and activities to include the expectations for consistent court appearances and identification of therapeutic interventions, including, sanctions, interventions, incentives, and administrative discharge criteria.

#### **D. Ongoing Assessments**

1. The Company continuously conducts assessments or obtains assessment information for each person served. The assessments focus on the person's specific needs and identifies the expectations of the person. It is responsive to the changing needs of the person and includes provisions for communicating the results of the assessment to personnel, the person served or his/her legal guardian and others, as appropriate. The ongoing assessments may provide legally required notifications such as child protective services or commitments.
2. Reassessments are conducted at least quarterly and more often if required through utilization criteria, and following significant life or status changes.



<b>Legacy Human Services, Inc.</b>	<b>Policy No: 2-16</b> <b>Page 5 of 5</b>
<b>Subject:</b> <b>Screening and Admission for Mental Health Services and Substance Abuse Services</b>	<b>Effective Date: 1/1/2021</b>
	<b>Revised:</b>

#### **E. Exclusions**

1. Persons who are intoxicated or persons who are suffering from significant withdrawal will not be admitted to the Halfway House. However, they will be referred to an appropriate resource.
2. Persons for whom the services of the Company are not appropriate as determined by the staff designated to admit. Anyone considered to be inappropriate for services will be referred to an appropriate resource.
3. Persons who are deemed unable to self-administer prescribed medications may be denied admission to the Halfway House.

#### **F. Aftercare**

Persons completing services at the Halfway House will be referred to on-going programs that support an alcohol and drug free lifestyle. Others are referred for aftercare as appropriate to their specific needs, e.g. persons receiving ACTT, SAIOP or PSR services.

**Division of Health Service Regulation  
Mental Health Licensure and Certification Section  
Rule Violation and Client/Staff Identifier List**

Facility Name: Addiction Recovery Services for Men MHL Number: 091-001  
Exit Date: 5/6/25 Surveyors: [REDACTED]

**EXIT PARTICIPANTS:** [REDACTED] Executive Director

**COVID NOTIFICATION:** In the event a COVID positive case is identified within 48 hours of a DHSR survey – the provider or DHSR should notify the other entity to prevent possible continued exposures.

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0201 Governing Body Policies (V105) (standard)

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0209 Medication Requirements (V117) (standard)

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0209 Medication Requirements (V118) (standard)

**Client & Staff Identifier List  
(Indicate staff title or number beside each name)**

Client #1  
Client #2  
Client #3  
Client #5  
Client #5  
Client #6  
Client #7  
Client #8



Qualified Professional:  
Clinical Director: [REDACTED]  
Staff #1 [REDACTED]

**CITATION LEVEL:** Number of days from survey exit for citation correction

**Standard** = 60 days      **Recite – standard** = 30 days      **Type A** = 23 days      **Type B** = 45 days  
**Uncorrected Type A or Type B Imposed** = provider should provide written notification of intended correction date