

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-582	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/13/2025
NAME OF PROVIDER OR SUPPLIER TRIANGLE RESIDENTIAL OPTIONS FOR SUBS		STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JAMES STREET 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	INITIAL COMMENTS An annual survey was completed on August 13, 2025. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .4300 Therapeutic Community. This facility is licensed for 275 and currently has a census of 247. The survey sample consisted of audits of 12 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 have a treatment plan with written consent or agreement by the client affecting 1 of 12 clients (#1). The findings are:</p> <p>Review on 8/12/25 of Client #1's record revealed: -Admission date of 8/14/23. -Diagnoses of Cannabis Use Disorder, Mild; Cocaine Use Disorder, Severe. -A preliminary plan signed by the client on August 2023. -There was no current treatment plan.</p> <p>Interview on 8/13/25 with Client #1 revealed: -This was her second time receiving treatment at the facility. -She liked the program and reported that it was "tough, but the rewards were worth it." -She saw her counselor often. -Her counselor always asked her about future goals for when she finished the program. -She did not remember if she had completed a recent treatment plan with her counselor.</p> <p>Interview on 8/13/25 with the Director of Compliance revealed: -This was Client #1's second year in the program. A 24 months plan should have been completed. -Treatment plans were completed by the client's counselors. -He searched for an electronic copy of her 24</p>	V 112		

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V 112	Continued From page 2 months treatment plan, but there was none in her record. -He acknowledged that a treatment plan for Client #1 had not been created for this year.	V 112			