

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-298</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/29/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CROSSROADS TREATMENT CENTER OF ASH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6 ROBERTS ROAD, SUITE 103 ASHEVILLE, NC 28803</b>
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(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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on March 29, 2018. A deficiency was cited. The census at the time of the survey was 543.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment</p>	V 000		
V 235	<p>27G .3603 (A-C) Outpt. Opiod Tx. - Staff</p> <p>10A NCAC 27G .3603 STAFF</p> <p>(a) A minimum of one certified drug abuse counselor or certified substance abuse counselor to each 50 clients and increment thereof shall be on the staff of the facility. If the facility falls below this prescribed ratio, and is unable to employ an individual who is certified because of the unavailability of certified persons in the facility's hiring area, then it may employ an uncertified person, provided that this employee meets the certification requirements within a maximum of 26 months from the date of employment.</p> <p>(b) Each facility shall have at least one staff member on duty trained in the following areas:</p> <p>(1) drug abuse withdrawal symptoms; and</p> <p>(2) symptoms of secondary complications to drug addiction.</p> <p>(c) Each direct care staff member shall receive continuing education to include understanding of the following:</p> <p>(1) nature of addiction;</p> <p>(2) the withdrawal syndrome;</p> <p>(3) group and family therapy; and</p> <p>(4) infectious diseases including HIV, sexually transmitted diseases and TB.</p>	V 235		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 235	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to maintain the staffing ratio of one certified counselor to each 50 clients. The findings are:</p> <p>Review on 3/28/18 of the "Patient List by Counselor" revealed:</p> <ul style="list-style-type: none"> <li>-The caseload of the Senior Counselor was 51.</li> <li>-The caseload of the Clinical Director was 52.</li> <li>-The caseload of Counselor #2 was 51.</li> <li>-The caseload of Counselor #4 was 51.</li> <li>-The caseload of Counselor #7 was 53.</li> <li>-The caseload of Counselor #8 was 53.</li> </ul> <p>Interview on 3/29/18 with the Program Director revealed:</p> <ul style="list-style-type: none"> <li>-She acknowledged that Counselors had caseloads that exceeded the requirement of 50 clients.</li> <li>-She indicated that since January 2018 the caseloads had been out of compliance.</li> <li>-There had been some recent turnover in counseling staff.</li> <li>-She did not want to overload the newest counselor with heavy caseloads.</li> <li>-She had one counselor from a sister clinic that was coming up three times per week to assist.</li> <li>-She was in the process of hiring additional counselors.</li> </ul>	V 235		