

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/18/2018
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NAME OF PROVIDER OR SUPPLIER MCLEOD ADDICTIVE DISEASE CENTER - MARION	STREET ADDRESS, CITY, STATE, ZIP CODE 117 WEST MEDICAL COURT MARION, NC 28752
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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>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on April 18, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G.3600 Outpatient Opioid Treatment.</p> <p>The census at the time of the survey was 398.</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 4/18/18 of the "Caseload By Attending Practitioner" revealed: -The caseload of the Lead Counselor was 63. -The caseload of Counselor #1 was 64. -The caseload of Counselor #2 was 60. -The caseload of Counselor #3 was 70. -The caseload of Counselor #4 was 71.</p> <p>Interview on 4/18/18 with the Program Manager revealed: -She acknowledged that Counselors had caseloads that exceeded the requirement of 50 clients. -She indicated that between 11/30/17 and 12/15/17 she had five counselors who resigned. -She hired two new counselors and was in the process of hiring two more. -She did not want to overload the newest counselors with heavy caseloads.</p>	V 235		