Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL098-190	A. BUILDING: _____ B. WING _____	R 03/16/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILSON PROFESSIONAL SERVICES TREATMI	3709 NASH STREET NW WILSON, NC 27896

(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 & follow up survey was completed on 3/16/18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment. Client Census was 201.	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	V 112 It has been implemented to have all patients upon admission to Wilson Professional Services Treatment Center, have a treatment plan developed with the counselor and signed by the patient prior to appointment with physician for admission. This new requirement, although it was planned to be implemented on 4/1/2018, was implemented immediately following the exit interview on 3/16/18 The staff is also reviewing each of the current patient's medical records to determine those who may not have a treatment plan completed or reviewed within the last year to ensure compliance In order to prevent this issue in the future, training for new employees will ensure that all team members are aware of the agency requirements related to treatment planning. Also, peer reviews will be conducted quarterly to ensure that team members remain in compliance with the said requirements Also, medical staff with review to ensure that treatment plans are accompanied with all other admission paperwork, prior to seeing admitting physician. This deficiency will be monitored in weekly supervision meetings by clinical director where updates for new admissions are discussed	03/16/18

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

Melissa Hamilton MS, LPC, LCAS Clinical Director 4/6/18

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure five of ten audited clients (#1, #2, #6, #7, #9) either had a treatment plan or a treatment plan had been reviewed at least annually. The findings are: I. The following are examples the facility failed to develop a treatment plan based on an assessment within 30 days of admission A. Review on 3/14/18 of client #1's record revealed: - admission date: 2/28/17 - diagnoses of Diabetes, Panic Attacks and Opioid Use - no evidence of a treatment plan During interview on 3/16/18, Staff #6 reported: - she had not completed a treatment plan for client #1 - she had goals listed for client #1: find a job; parenting and abstinence from substance including alcohol but had not documented the goals in a treatment plan B. Review on 3/15/18 of client #2's record revealed: - admission date: 4/28/17 - diagnoses of Opioid Use Disorder and Cannabis Disorder - no evidence of a treatment plan During interview on 3/16/18 Staff #7 reported: - she had not completed a treatment plan for client #2 - however as of December 2017 treatment	V 112	Monitoring will also be completed by peer reviews quarterly of medical records to ensure compliance. Monitoring will be conducted upon admission by medical staff to ensure all treatment plans accompany all additional medical documentation.	

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V 112	Continued From page 2 plans have to be completed during the intake process to ensure they are completed C. Review on 3/14/18 of client #6's record revealed: - admission date: 2/8/16 - diagnosis which included Opioid Use Disorder - no evidence of a treatment plan Interview on 3/15/18, Staff #6 reported: - served as counselor for client #6 - had been out of work some due to medical issues - had not completed a treatment plan for client #6...did have some notes from when she met with him on 2/20/18 to develop the plan, however, she had not identified goals based on her assessment notes. II. The following is an example the facility failed to schedule a review of the treatment plan at least annually in consultation with the client. A. Review on 3/15/18 of client #7's record revealed: - admission date: 11/15/16 - diagnosis which included Opioid Use Disorder - signature sheet of a treatment plan signed 6/8/17 with notation "re-admitted." No plan noted in the record During interview on 3/15/18, Staff #6 reported: - served as client #7's counselor as of December 1, 2017 when previous counselor left the agency - would not have completed a treatment plan for client #7...had not had a chance to review client #7's record and not aware client #7 was	V 112		

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V 112	Continued From page 3 without a current treatment plan...previous counselor left lots of items that needed to be filed and the treatment plan could have been left in the stack for administrative staff. -*Note between 3/15/18 and 3/16/18, mutiple request for treatment plans were not produced during the survey. B. Review on 3/1/18 of client #9's record revealed: - admission date: 4/30/15 - diagnoses which included Opioid Use Disorder, Diabetes, Anxiety and Attention Deficit Hyperactivity Disorder - treatment plan dated 7/2/15. No updates or reviews noted in the record During interview on 3/15/18, Staff #8 reported: - served as the counselor for client #9 - verified treatment plan in client #9's record was established in 7/2015. - "I don't have an updated one. I think we should update every 3 months. I don't have a good answer of why it was not updated. She's a good patient and meets with me accordingly." During interview on 3/16/18, the Clinical Director reported: - agency recently lost a Counselor in December 2017.... Since transition, the "records had not been up to par. I assume some of the caseload to help also." - prior to December 2017, "typically, I monitored records quarterly using chart reviews and peer reviews. Before all this (transition), we would pull a sample of our census around 10% and review the record entirely every 6 months." - prior to December 2017, agency used a comprehensive treatment plan for non medicaid clients and the Personal Care Plan (PCP) for	V 112		

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V 112	Continued From page 4 Medicaid clients as the treatment plan. As a result of a Medicaid audit in December, the agency decided to transition all treatment plans to the PCP model regardless of payment methods. - not aware clients had missing treatment plans and that one treatment plan had not been reviewed since 2015...thought the information may have been misfiled or in an older record for the client. This deficiency is cross referenced into 10A NCAC 27G. 3604 OUTPATIENT OPIOID TREATMENT. OPERATIONS (V238) for a Type B rule violation.	V 112		
V 238	27G .3604 (E-K) Outpt. Opiod - Operations 10A NCAC 27G .3604 OUTPATIENT OPIOD TREATMENT. OPERATIONS. (e) The State Authority shall base program approval on the following criteria: (1) compliance with all state and federal law and regulations; (2) compliance with all applicable standards of practice; (3) program structure for successful service delivery; and (4) impact on the delivery of opioid treatment services in the applicable population. (f) Take-Home Eligibility. Any client in comprehensive maintenance treatment who requests unsupervised or take-home use of methadone or other medications approved for treatment of opioid addiction must meet the specified requirements for time in continuous treatment. The client must also meet all the requirements for continuous program compliance and must demonstrate such compliance during the specified time periods immediately preceding	V 238	V238 To ensure deficiency as it relates to take home eligibility, a formal training was conducted by DON to review the State Statue pertaining to Take Home Eligibility. All counselor's were in attendance for that training. Also, when Take Home Eligibility is determined by counselor, this will be reviewed in weekly supervision. This will also be formally staffed with medical staff as well. To prevent this issue from reoccurring, new staff will be trained formally on Take Home eligibility and will be required to staff with team, clinical director, and medical staff prior to submitting to physician for review. This will be monitored quarterly per peer reviews that will be being conducted by clinical director, medical staff, and counselors. As it relates to counseling session being completed. Counselors, although they had been completing counseling sessions, were not documenting in a timely manner those sessions. Counselors are now required to complete treatment session notes within 7 days of completion of treatment session.	

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V 238	Continued From page 5 any level increase. In addition, during the first year of continuous treatment a patient must attend a minimum of two counseling sessions per month. After the first year and in all subsequent years of continuous treatment a patient must attend a minimum of one counseling session per month. (1) Levels of Eligibility are subject to the following conditions: (A) Level 1. During the first 90 days of continuous treatment, the take-home supply is limited to a single dose each week and the client shall ingest all other doses under supervision at the clinic; (B) Level 2. After a minimum of 90 days of continuous program compliance, a client may be granted for a maximum of three take-home doses and shall ingest all other doses under supervision at the clinic each week; (C) Level 3. After 180 days of continuous treatment and a minimum of 90 days of continuous program compliance at level 2, a client may be granted for a maximum of four take-home doses and shall ingest all other doses under supervision at the clinic each week; (D) Level 4. After 270 days of continuous treatment and a minimum of 90 days of continuous program compliance at level 3, a client may be granted for a maximum of five take-home doses and shall ingest all other doses under supervision at the clinic each week; (E) Level 5. After 364 days of continuous treatment and a minimum of 180 days of continuous program compliance, a client may be granted for a maximum of six take-home doses and shall ingest at least one dose under supervision at the clinic each week; (F) Level 6. After two years of continuous treatment and a minimum of one year of	V 238	There is currently a notification in the system that indicates when treatment session notes are late/ overdue. This is being reviewed and monitored by clinical director, weekly. Also-effective April 1, 2018 patients have to see counselor for scheduled session prior to receiving medication. All current patients and new admissions signed an updated Behavioral Expectations form to ensure that all patients are aware of new expectations If an appointment has to be reschedule, it has to happen within 7 days of the original scheduled appointment.	

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V 238	Continued From page 6	V 238		

continuous program compliance at level 5, a client may be granted for a maximum of 13 take-home doses and shall ingest at least one dose under supervision at the clinic every 14 days; and

(G) Level 7. After four years of continuous treatment and a minimum of three years of continuous program compliance, a client may be granted for a maximum of 30 take-home doses and shall ingest at least one dose under supervision at the clinic every month.

(2) Criteria for Reducing, Losing and Reinstatement of Take-Home Eligibility:

(A) A client's take-home eligibility is reduced or suspended for evidence of recent drug abuse. A client who tests positive on two drug screens within a 90-day period shall have an immediate reduction of eligibility by one level of eligibility;

(B) A client who tests positive on three drug screens within the same 90-day period shall have all take-home eligibility suspended; and

(C) The reinstatement of take-home eligibility shall be determined by each Outpatient Opioid Treatment Program.

(3) Exceptions to Take-Home Eligibility:

(A) A client in the first two years of continuous treatment who is unable to conform to the applicable mandatory schedule because of exceptional circumstances such as illness, personal or family crisis, travel or other hardship may be permitted a temporarily reduced schedule by the State authority, provided she or he is also found to be responsible in handling opioid drugs. Except in instances involving a client with a verifiable physical disability, there is a maximum of 13 take-home doses allowable in any two-week period during the first two years of continuous treatment.

(B) A client who is unable to conform to the

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V 238	Continued From page 7	V 238		

applicable mandatory schedule because of a verifiable physical disability may be permitted additional take-home eligibility by the State authority. Clients who are granted additional take-home eligibility due to a verifiable physical disability may be granted up to a maximum 30-day supply of take-home medication and shall make monthly clinic visits.

(4) Take-Home Dosages For Holidays: Take-home dosages of methadone or other medications approved for the treatment of opioid addiction shall be authorized by the facility physician on an individual client basis according to the following:

(A) An additional one-day supply of methadone or other medications approved for the treatment of opioid addiction may be dispensed to each eligible client (regardless of time in treatment) for each state holiday.

(B) No more than a three-day supply of methadone or other medications approved for the treatment of opioid addiction may be dispensed to any eligible client because of holidays. This restriction shall not apply to clients who are receiving take-home medications at Level 4 or above.

(g) Withdrawal From Medications For Use In Opioid Treatment. The risks and benefits of withdrawal from methadone or other medications approved for use in opioid treatment shall be discussed with each client at the initiation of treatment and annually thereafter.

(h) Random Testing. Random testing for alcohol and other drugs shall be conducted on each active opioid treatment client with a minimum of one random drug test each month of continuous treatment. Additionally, in two out of each three-month period of a client's continuous treatment episode, at least one random drug test

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V 238	Continued From page 8 will be observed by program staff. Drug testing is to include at least the following: opioids, methadone, cocaine, barbiturates, amphetamines, THC, benzodiazepines and alcohol. Alcohol testing results can be gathered by either urinalysis, breathalyzer or other alternate scientifically valid method. (i) Client Discharge Restrictions. No client shall be discharged from the facility while physically dependent upon methadone or other medications approved for use in opioid treatment unless the client is provided the opportunity to detoxify from the drug. (j) Dual Enrollment Prevention. All licensed outpatient opioid addiction treatment facilities which dispense Methadone, Levo-Alpha-Acetyl-Methadol (LAAM) or any other pharmacological agent approved by the Food and Drug Administration for the treatment of opioid addiction subsequent to November 1, 1998, are required to participate in a computerized Central Registry or ensure that clients are not dually enrolled by means of direct contact or a list exchange with all opioid treatment programs within at least a 75-mile radius of the admitting program. Programs are also required to participate in a computerized Capacity Management and Waiting List Management System as established by the North Carolina State Authority for Opioid Treatment. (k) Diversion Control Plan. Outpatient Addiction Opioid Treatment Programs in North Carolina are required to establish and maintain a diversion control plan as part of program operations and shall document the plan in their policies and procedures. A diversion control plan shall include the following elements: (1) dual enrollment prevention measures that consist of client consents, and either	V 238		

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V 238	Continued From page 9 program contacts, participation in the central registry or list exchanges; (2) call-in's for bottle checks, bottle returns or solid dosage form call-in's; (3) call-in's for drug testing; (4) drug testing results that include a review of the levels of methadone or other medications approved for the treatment of opioid addiction; (5) client attendance minimums; and (6) procedures to ensure that clients properly ingest medication. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure five of ten audited clients (#1, #2, #6, #7, #10) met the minimum required counseling sessions per month; the facility failed to ensure one of ten audited clients (#9) met take home eligibility requirements for time in continuous treatment; the facility also failed to ensure three of ten audited clients (#1, #6, #10) were not dually enrolled within a 75 miles radius and failed to establish a diversion control plan that included procedures that ensured clients properly ingested medications for one of ten audited clients (#2). The findings are: Review on 3/14/18 of client #1's record revealed: - admission date: 2/28/17 - diagnoses of Diabetes, Panic Attacks and Opioid Use Review on 3/15/18 of client #2's record revealed: - admission date: 4/28/17	V 238		

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V 238	Continued From page 10 - diagnoses of Opioid Use Disorder and Cannabis Disorder Review on 3/14/18 of client #6's record revealed: - admission Date: 2/8/16 - diagnosis which included Opioid Use Disorder Review on 3/15/18 of client #7's record revealed: - admission Date: 11/15/16 - diagnosis which included Opioid Use Disorder Review on 3/15/18 of client #9's record revealed: -admission Date: 4/30/15 -diagnoses which included Opioid Use Disorder, Diabetes, Anxiety and Attention Deficit Hyperactivity Disorder (ADHD) Review on 3/15/18 of client #10's record revealed: - admission Date: 1/8/18 - diagnoses which included Opioid Use Disorder, Anxiety and ADHD I. Cross reference: 10A NCAN 27G.3604 OUTPATIENT OPIOID TREATMENT. OPERATIONS. (V238) Based on record review and interview, the facility failed to assure five of ten audited clients (#1, #2, #6, #7, #9) either had a treatment plan or a treatment plan had been reviewed at least annually. II. The following are examples of how the facility failed to assure clients were seen by their counselor a minimum of two counseling sessions per month during the first year of continuous treatment and at least once a month, after each subsequent year of continuous treatment.	V 238		

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V 238	Continued From page 11 A. Review on 3/14/18 of client #1's record revealed: - since admission drug screens had been positive for alcohol - no evidence of two counseling sessions per month During interview on 3/14/18, client #1 reported: - he met with his counselor every Monday - he currently does not have any take homes - for the last 2 1/2 months he has been tapered down from the methadone - he has not experienced any withdrawal symptoms while being tapered off the methadone - with his diabetes and blood pressure medications he thought it would be best to no longer take the methadone - the methadone monthly was also costly - he does drink alcohol socially or with his meals During interview on 3/16/18, Staff #6 reported: - she had sessions with client #1 but was not able to locate the documentation for the counseling sessions - she was aware of client #1's alcohol use however based on the drug screens his amount of use had decreased B. Review on 3/15/18 of client #2's record revealed: - since admission drug screens had been as follows: 4/27/17-10/3/17 (positive for cocaine use) and 4/27/17-2/28/18 (positive for tetrahydrocannabinol (THC) and amphetamines - has been on 8mg buprenorphine since admission...dose daily - no evidence of two counseling sessions per month	V 238		

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V 238	Continued From page 12 During interview on 3/15/18, Staff #7 reported: - she did not have documentation of the counseling sessions for client #2 - she was not aware if a client did not show for their counseling sessions she needed to document "no show" - client #2 could not meet with her due to court dates for her for her son and would always reschedule - she was aware of client #2's positive urine drug screens and made the clinical director and physician aware - she was informed to continue to provide services (counseling sessions) During interview on 3/15/18 the Director of Nursing reported: - if a client's drug screen was negative for opiates their methadone/buprenorphine dose would not be reduced - it would be the physician's decision to reduce a client's dosage C. Review on 3/14/18 of client #6's record revealed: - no evidence of counselor notes in his record -*note: per admission date, two monthly counseling sessions were required During interview on 3/15/18, Staff #6 reported: - served in role as counselor -met with clients between once or twice a month... had a "standing appointment" day and time established for new clients their first few weeks in the program. - met with client #6 at least three times but had not had time to complete the notes in his record - used a hand written fill in calendar on her work desk to document the sessions...she placed	V 238		

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	MHL098-190	A. BUILDING: _____ B. WING _____	R 03/16/2018

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V 238	Continued From page 13 the client's number on her calendar and put a check mark when they attended. No other documentation noted on the calendar...based on this calendar, she met with client #6 on 2/20/18 and 2/28/18. - due to medical issues, had been out of work and had not had a chance to catch up on the documentation D. Review on 3/14/18 of client #7's record revealed: -physician's note dated 1/31/18 indicated an increase to Level 2 "Three take homes per week as of 2/2/18" -nursing notes dated 2/6-27/18 indicated financial detoxification no dose changes...notation to have positive pregnancy test verified. -urine drug screen dated 2/21/18 positive for THC -physician's note dated 3/13/18...pregnant 7 months due 5/21/18 confirmed by ultrasound, just sought prenatal care. "Discussed earning back take homes." - no evidence of any counseling sessions or notes - note: per admission date, two counseling sessions per month required During interview on 3/15/18, Staff #6 reported: - served as counselor for client #7... inherited client #7 from previous counselor that left the agency in December 2017. - doctor discontinued client #7's take homes due to initially financial issues and then low dose of THC in system...dispensing record shows take homes up until 2/13/18. -"I've met with her but I am behind in writing notes for her. I have my handwritten schedule of when I meet with folks. Just beginning to use the electronic calendar. It's hard to get her to sit down	V 238		

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V 238	Continued From page 14 as she's always later coming in to get dosed and the boyfriend has to go to work." E. Review on 3/15/18 of client #10's record revealed: - urine drug screens for the past three months as: - 1/9/18 & 1/10/18- positive for Benzodiazepine (Benzo), THC and Opiates (OPI) - 2/8/18-positive for Fentanyl (Fent), OPI, THC - 3/2/18-positive for Fent, OPI, THC - no evidence of any counseling sessions or notes - *note: per admission date, two counseling sessions per month required During interview on 3/16/18, Staff #8 reported: - served as counselor for client #10...spoke with clients if their urine drug screens were positive... the counseling sessions "maybe done at the prescheduled appointment"opposed to within a few days after the urine drug screen. - "I met with her. I didn't thing about there were no notes for her in the record. We talked about the positive drug screens. It was early this week or last week." The specific date would be downstairs on the desk calendar. - client #10 transferred from another facility, where she was not required to pay for services while pregnant...once she delivered, she was placed on a financial detoxification. She started using drugs again. -not sure of specific date she met with client #10...during their conversation, client #10 reportedly had not used drugs within the last three days. III. The following is an example the facility failed to assure a client met all the requirements for	V 238		

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V 238	Continued From page 15 continuous program compliance and demonstrated such compliance during the specified time periods. Review on 3/15/18 of client #9's record revealed: -nursing note dated 4/11/17 revealed Level 1 take home taken away -take home staffing form dated 11/1/17 listed approvals for Level 1 "90 days (months 1-3 in treatment): one take home doses per week" -take home staffing form last dated 12/12/17 listed approvals for Level 2 "90 days (months 3-6 in treatment): two take home doses per week" - take home staffing form last dated 1/13/18 listed approvals for Level 2 "90 days (months 3-6 in treatment): Three take home doses per week" -take home staffing form last dated 2/9/18 listed approvals for Level 3 "90 days (months 6-9 in treatment): Four take home doses per week" -note: approval on the take home staffing form were signed and dated by Counselor, Director of Nursing and Clinical Director During interviews on 3/15/18 and 3/16/18, Staff #8 reported: - served as client #9's counselor - client #9 had been at Level I (one take home per week) since 2015. She had never exceeded take home eligibility above Level I. -client #9's urine drug screens showed no evidence of prescribed Amphetamine medication in her system for March & April 2017. Client #9's 4/11/17 urine drug screen was positive for OPI. She started using illicit drugs at that time. Due to these changes, her take home eligibility was revoked effective 4/11/17. -between April-November 2017, client #9's urine drug screens were appropriate, she remained compliant with program criteria. November 1, 2017, client #9 was reinstated back	V 238		

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V 238	Continued From page 16 at level 1 (one take home). At the time of the 4/11/17 revocation, client #9 was close to eligibility for Level 2. For that reason, "on December 12, 2017, client #9 was moved to Level 2 (two take homes per week). You can earn up to three take homes per week on Level 2. So on 1/12/18, she remained at Level 2 with an increase to three take homes per week. So on 2/8/18, she moved to Level 3 (four take homes per week). The Grid sheet provided by the state regarding the take homes was not clear compared to their staffing form." -prior to interview, not aware of issue with take home eligibility for client #9 During interview on 03/16/18, the Clinical Director reported: - there had been some confusion regarding the guideline sheet provided for take home eligibility. - guideline sheet "was resent and reviewed in January during the director's meeting for Opioid programs. The main point of confusion was regarding if the client had to be on each level for the 90 days." IV. The following are examples of how the facility failed to ensure clients were not dually enrolled by means of direct contact or a list exchange with all Opioid treatment programs within at least a 75-mile radius of the admitting program. A. Review on 3/14/18 of client #1's record revealed: - no evidence of a dual enrollment preventive method B. Review on 3/14/18 of client #6's record revealed: - no evidence of dual enrollment preventive	V 238	V238 Dual Enrollment Verifications shall be faxed by the Nurse performing Intake. Confirmation of transmittal via fax will be filed with the Dual Enrollment Verification. A Read and Sign training was conducted by DON. Monitoring will also be completed by peer reviews quarterly of medical records to ensure compliance.	3/19/2018

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V 238	Continued From page 17 method During interview on 3/14/18, client #6 reported: - recently relocated to the area from another state. - estimated he had been enrolled in this program a few weeks. C. Review on 3/15/18 of client #10's record revealed: - a prepared dual enrollment form not dated... no evidence the dual enrollment packet had been sent to other Opioid Treatment Centers within a 75- mile radius. During interviews on 3/14/18 and 3/16/18, the Clinical Director reported: - dual enrollment forms should be faxed to other Opioid Treatment Centers within the 75-mile area. This agency maintained a copy of the confirmation sheet of the request and responses from the outside agencies. The confirmation sheet and response sheets were maintained in two separate binders. - beginning early 2018, agency had changed process regarding dual enrollment...in addition, there had been some staffing changes for support staff regarding filing and faxing off the dual enrollment form...recently, the agency changed back to its original process of faxing the requests to other Opioid Treatment Centers during the initial intake with the Nurses or Counselors. -dual enrollment forms for clients must have been impacted by the transition process and overlooked. V. The following is an example of how the facility failed to ensure their diversion plan included procedures to ensure that clients properly	V 238	V. Policy and Manual revision of Diversion Plan: To ensure that patients properly ingest medication and to prevent diversionof medications administered by the facility -Dosing Nurse to Patient ratio will be 1:2 -Patients ingesting Methadone Liquid must speak prior to exiting the Dosing Room -Patients ingesting Buprenorphine will be visually monitored while dissolving the sublingual tablets. The patient must also present directly in front of the nurse to allow visual inspection of the oral cavity prior to exiting the Dosing Room. Implemented 3/26/2018 following individual training of nurses by DON	3/26/18

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V 238	Continued From page 18 ingested medication. Review on 3/15/18 of the facility's Diversion Control policy revealed it did not address procedures to ensure that clients properly ingest medication...further review on 3/16/18 of the client's handbook revealed: "I must swallow my entire dose in front of the nurse and will speak to the nurse before leaving the room..." Observation on 3/14/18 of clients dosing between the hours of 10:37am and 10:58am revealed the following: - RN#1 (registered nurse) was in the dosing area. Client #2 enter the dosing area and drank a cup of water. The RN placed buprenorphine in a cup...client #2 placed the medication in his mouth...RN#1 asked client #2 to step to the side while the buprenorphine dissolved....she called another buprenorphine client...the same process was requested of this buprenorphine client...meanwhile another client entered the dosing area that was dosed for methadone...after approximately 5-7 minutes client #2 held up her hand and stated "I'm good"...at this time client #2 was observed with a small white residue mixed with saliva that streamed from the upper portion of her mouth. Client #2 did not walk back in direct contact with the RN but stood to the side as she spoke with the RN. The RN observed her as she opened her mouth and client #2 left the dosing area. During interview on 3/14/18, RN#1 reported: - she had been with the facility for 3 years - she mostly worked alone on the weekend shift...dosing hours were from 7am - 9am - she dosed between 100 - 150 clients on the weekend - she had worked alone today but there were	V 238		

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V 238	Continued From page 19 nurses available during the weekdays - dosing hours on the weekdays were from 6am - 12 noon - per the agency's policy she could monitor two buprenorphine clients at a time while she administered methadone to a client - there could not be more than 2 buprenorphine dosing at the same time - the process when dosing a client was the following: a client was called by their number to the dosing area.. they gave their date of birth, she briefly spoke with them for a quick assessment...if they were a buprenorphine client...the client would place a pill under their tongue...step to the side and face forward while it dissolved...afterwards she would have them to speak to see if the buprenorphine had dissolved completely under the tongue...she was only required to look under the client's tongue - when a nurse monitored a buprenorphine client it was a quick glance to ensure hands are kept by their sides and they were facing forward...it was not eyes on at all times During interview on 3/15/18, the Director of Nursing (DON) reported: - they did not have a policy on dosing 2 buprenorphine clients at at time - nurses are allowed to dose 2 buprenorphine clients at a time while administering methadone to a client - the nurses must have direct observations if 2 buprenorphine clients were being dosed at one time - direct observation meant within the nurse line of vision...which included their peripheral vision - nurses have to ensure the buprenorphine have dissolved completely under the tongue before a client leaves the dosing area	V 238		

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V 238	Continued From page 20 - buprenorphine clients have to face forward and cannot turn their backs - after further review of their policy manual their diversion policy did not address procedures to ensure clients properly ingest medications During interview on 3/16/18, the Clinical Director reported: - one of her job duties was to oversee day to day operations to ensure everything flowed - during treatment team meetings clients are discussed for recommendations or suggestions...in cases like client #2 not attending counseling sessions...consistent positive drug screens...the physician should have been made aware...she was not sure if the counselor or the treatment team made the physician aware - it had been suspected diversion had occurred during the weekdays...sliding buprenorphine in their pockets, coughing it out, dropping it...management was fully aware there was potential for diversion - however there are cameras in the dosing area and a camera in her office that allowed her to monitor the dosing area - the facility started dosing clients buprenorphine in 2016...however, she thought the medical team agreed to dose 2 buprenorphine clients at a time in 2017...she was in agreeance with 2 buprenorphine being dosed at a time...since she had a camera in her office - the nurses do well observing clients with their peripheral vision - management had spoken with other facilities about their procedures when dosing clients and they were not pleased with their responses (allowed buprenorphine to dissolve in separate rooms, allowed security to observe buprenorphine patients) - there had also been discussion of two	V 238		

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V 238	Continued From page 21 nurses dosing (one for methadone clients and other for buprenorphine)...a decision had not been made at this time Review on 3/16/18 of a Plan of Protection dated 3/16/18 written by the Clinical Director revealed "continue recently implemented procedures of staff assigned to completed dual enrollment, implement immediately all treatment notes to be completed by close of business Friday each week, update policy procedure of diversion control plan to address that patients completely ingest medications before leaving window, adhere to take home eligibility policy/rules and meet with staff to review, dual enrollment responsibilities on admission nurse, treatment notes completion reviewed weekly by clinical director, update policy on diversion to be collaboration effort by Medical Doctor, Director of Nursing, Clinical Director possibly changing nurse/patient ratio and retrain staff, retrain staff and review take home eligibility and all treatment plans are completed on day of admission effective immediately - reviewed every 90 days." Observation on 3/14/18 between the hours of 10:37am and 10:58am revealed RN#1 in the dosing area. Client #2 was administered buprenorphine and was asked to step to the side while the buprenorphine dissolved. Another buprenorphine client entered the dosing area and the same process was asked of this buprenorphine client. RN#1 then called a third client to the dosing area and they were administered methadone. After client #2's buprenorphine dissolved she raised her hand and said "I'm good." It was observed at this time a small white residue mixed with saliva that streamed from the upper portion of client #2's mouth. Review of client #2's record revealed she	V 238		

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V 238	Continued From page 22 was admitted April 2017. Further review revealed no treatment plan or documentation of progress notes since admission for client #2. Client #2's drug screens had been positive for cocaine, THC and amphetamines since admission. The RN reported the facility's policy allowed 2 buprenorphine clients to be dosed at one time while administering methadone to a client. The DON reported their diversion policy did not address procedures to ensure that clients properly ingest medications. The Clinical Director reported there had been concerns of diversion with buprenorphine clients, however management had not made a decision on how to address the concerns at this time. Five of ten audited clients (#1, #2, #6, #7, #9) did not have treatment plans in their records. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of $200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 238		