

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-298	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/29/2018
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NAME OF PROVIDER OR SUPPLIER
CROSSROADS TREATMENT CENTER OF ASH

STREET ADDRESS, CITY, STATE, ZIP CODE
**6 ROBERTS ROAD, SUITE 103
ASHEVILLE, NC 28803**

(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
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V 000

INITIAL COMMENTS

An annual survey was completed on March 29, 2018. A deficiency was cited. The census at the time of the survey was 543.

V 000

MAY 17 2018
Measures put in place to correct the deficient area of practice:

04/20/18

V 235

27G .3603 (A-C) Outpt. Opioid Tx. -Staff

10A NCAC 27G .3603 STAFF
(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.
(b) Each facility shall have at least one staff member on duty trained in the following areas:
(1) drug abuse withdrawal symptoms; and
(2) symptoms of secondary complications to drug addiction.
(c) Each direct care staff member shall receive continuing education to include understanding of the following:
(1) nature of addiction;
(2) the withdrawal syndrome;
(3) group and family therapy; and
(4) infectious diseases including HIV, sexually transmitted diseases and TB.

V 235

1. A Full Time Counselor has been hired to ensure that counselors' caseloads do not exceed the maximum of 50 patients per counselor.
2. Staff will continue to interview qualified candidates to ensure that Crossroads Treatment Center of Asheville have an adequate number of counseling staff for the number of patients in treatment.

Measures put in place to prevent the problem from occurring again:

1. Weekly, the Program Director will review the census and ensure that the center has adequate staffing to meet regulatory and state requirements for staff to patient ratios.
2. The Program Director will continue to advertise for and interview qualified candidates for the counselor position.

Who will monitor the situation to ensure it will not occur again:

1. The Clinical Director, Program Director, and Human Resources will all monitor census and staffing needs.
2. The Chief Quality Officer will monitor the census and staffing needs to ensure compliance monthly

How often the monitoring will take place:

1. Monitoring will take place weekly.

Division of Health Service Regulation

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Division of Health Service Regulation

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

Susan Harding, RN

TITLE

Program Director

(X6) DATE

5-2-18

STATE FORM

6899

RQID11

If continuation sheet 1 of 2

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER CROSSROADS TREATMENT CENTER OF ASH	STREET ADDRESS, CITY, STATE, ZIP CODE 6 ROBERTS ROAD, SUITE 103 ASHEVILLE, NC 28803
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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 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"> -The caseload of the Senior Counselor was 51. -The caseload of the Clinical Director was 52. -The caseload of Counselor #2 was 51. -The caseload of Counselor #4 was 51. -The caseload of Counselor #7 was 53. -The caseload of Counselor #8 was 53. <p>Interview on 3/29/18 with the Program Director revealed:</p> <ul style="list-style-type: none"> -She acknowledged that Counselors had caseloads that exceeded the requirement of 50 clients. -She indicated that since January 2018 the caseloads had been out of compliance. -There had been some recent turnover in counseling staff. -She did not want to overload the newest counselor with heavy caseloads. -She had one counselor from a sister clinic that was coming up three times per week to assist. -She was in the process of hiring additional counselors. 	V 235		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Service Regulation

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director

April 20, 2018

Susan Harding, Regional Director
Crossroads Treatment Center of Asheville, PC
55 Beattie Place Suite 810
Greenville, SC 29601

Re: Annual Survey completed March 29, 2018
Crossroads Treatment Center of Asheville, PC, 6 Roberts Road, Suite 103, Asheville, NC 28803
MHL # 011-298
E-mail Address: sharding@crossroadstreatmentcenters.com

Dear Ms. Harding:

Thank you for the cooperation and courtesy extended during the annual survey completed March 29, 2018.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is May 28, 2018.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
MENTAL HEALTH LICENSURE AND CERTIFICATION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lisa Niemas-Holmes at 828-686-0750.

Sincerely,



Kem Roberts
Facility Survey Consultant I
Mental Health Licensure & Certification Section

Cc: Brian Ingraham, Director, Vaya Health LME/MCO
Patty Wilson, Quality Management Director, Vaya Health LME/MCO
Smith Worth, SOTA Director
File