

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-335	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/17/2018
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NAME OF PROVIDER OR SUPPLIER MOUNTAIN HEALTH SOLUTIONS - ASHEVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 2 MCDOWELL STREET, UNIT A ASHEVILLE, NC 28801
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 5/17/18. The complaint was substantiated. (intake #NC 00137608). Deficiencies were cited. The census at the time of survey completion was 186.</p> <p>This facility is licensed for the following service category 10A NCAC 27G .3600 Outpatient Opioid Treatment Program.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p>	V 105		

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V 105	<p>Continued From page 1</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges:</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>facility failed to implement policies for the adoption of standards that ensure operational and programmatic performance meeting applicable standards of practice effecting 1 of 12 sampled clients (Client #9.) The findings are:</p> <p>Review on 5/17/18 of 10A North Carolina Administrative Code 26 E Section .0300-Prescriptions.0306, Supplying of Methadone in Treatment Programs by RN, Amended Effective August 1, 2002. 10A NCAC 26 E .0306 reads as follows:</p> <p>"The program's medical director shall countersign or sign in the medical record of the program all orders for methadone or other medications approved for use in narcotic addiction treatment by the Food and Drug Administration and under the North Carolina Controlled Substances Act within 72 hours of the initiation of the order."</p> <p>Review on 5/17/18 of the record for Client #9 revealed: Client admitted on 11/29/16 with a diagnosis of Opioid Use Disorder, Bi-Polar Disorder, Anxiety, Depression and Post Traumatic Stress Disorder. Physician Assistant (PA) Verbal Order for Methadone increase dated 3/6/18 was signed by the Physician Assistant dated 3/12/18. PA Verbal Order for Methadone increase dated 4/21/18 was signed in Case Notes by the Physician Assistant and dated 5/4/18.</p> <p>Review of the facility Policy 5.4.2 "Medication Management: Verbal Orders" revealed the following statement: "8. It is the responsibility of the nurse to document the CTC Physician's verbal order in the patient's medical record, which the physician will sign within 5 days."</p>	V 105		

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V 105	Continued From page 3 Interview with the Clinical Supervisor on 5/18/18 revealed that the PA had been off duty the week immediately following the order. The PA signed the order as soon as she returned to duty.	V 105		
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. This Rule is not met as evidenced by:	V 112		

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V 112	<p>Continued From page 4</p> <p>Based on interviews and client record reviews, the facility failed to develop and implement a treatment plan within 30 days of admission for 1 of 12 sampled clients (#10), failed to review treatment plans at least annually for 2 of 11 sampled clients (#6 and #11), and failed to secure written consent to the treatment plan by the client for 1 of 11 sampled clients (Client #5). The findings are:</p> <p>Review on 5/17/18 of the client record for Client #10 revealed: Client #10 was admitted on 8/15/17 with a diagnosis of Opioid Use Disorder and Attention Deficient Hyperactivity Disorder (ADHD). The record did not contain a written consent by the client or guardian to the Plan.</p> <p>During the course of interviews with the Clinical Supervisor on 5/17/18, the Clinical Supervisor was asked for assistance in locating and providing documentation of a written Plan for Client #10. She reported the counselor was unable to provide the required documentation.</p> <p>Review on 5/17/18 of the client record for Client #6 revealed: Client #6 was admitted on 2/27/15 and was diagnosed with Opioid Use Disorder. The client record contained a Plan dated 4/13/16 and was signed by the client on 4/14/16. The record did not contain evidence that this Plan had been updated annually as required by rule.</p> <p>During the course of interviews with the Clinical Supervisor on 5/17/18, the Clinical Supervisor was asked for assistance in locating and providing documentation of an updated Plan for Client #6. She reported the counselor was unable to provide the required documentation.</p>	V 112		

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V 112	<p>Continued From page 5</p> <p>Review on 5/17/18 of the client record for Client #11 revealed: Client #11 was admitted on 4/12/14 and was diagnosed with Opioid Use Disorder. The client record contained a Plan dated 10/21/15. The record did not contain evidence that this Plan had been updated annually as required by rule.</p> <p>During the course of interviews with the Clinical Supervisor on 5/17/18, the Clinical Supervisor was asked for assistance in locating and providing documentation of an updated Plan for Client #11. She reported the counselor was unable to provide the required documentation.</p> <p>Review on 5/17/18 of the client record for Client #5 revealed: Client #11 was admitted on 7/6/11 and was diagnosed with Opioid Use Disorder and ADHD. The client record contained a current Plan dated 8/15/17. The record did not contain evidence that the client had provided written consent to this Plan as required by rule. Consent was to be documented by the client signing their Plan.</p> <p>During the course of interviews with the Clinical Supervisor on 5/17/18, the Clinical Supervisor was asked for assistance in locating and providing documentation of another signed Plan for Client #5. She reported the counselor was unable to provide the required documentation.</p>	V 112		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL</p>	V 131		

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V 131	<p>Continued From page 6</p> <p>REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to access the North Carolina Health Care Personnel Registry (HCPR) prior to hire in order to ensure each staff member had no substantiated findings of abuse or neglect listed on the HCPR for 1 of 3 sampled staff (Counselor #2). The findings are:</p> <p>Review on 5/16/18 of the Personnel Records for Counselor #2 revealed that she was hired on 4/9/18 and that there was no copy of the hire HCPR being maintained in the facility records.</p> <p>During the course of interviews with the Program Director on 5/16/18 and 5/17/18, the Program Director was asked for assistance in locating and providing documentation of a HCPR check done prior to hiring Counselor #2. The Program Director was unable to provide the required documentation.</p>	V 131		
V 235	<p>27G .3603 (A-C) Outpt. Opiod Tx. - Staff</p> <p>10A NCAC 27G .3603 STAFF (a) A minimum of one certified drug abuse counselor or certified substance abuse counselor</p>	V 235		

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V 235	<p>Continued From page 7</p> <p>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> <p>This Rule is not met as evidenced by: Based upon record review and interview the facility failed to assure that the prescribed ratio of a minimum of one certified staff to each 50 clients was maintained for 2 of 3 counselor caseloads: The findings are:</p> <p>Review on 5/16/18 of the staff caseload documents revealed: Caseload documents for Counselor #1 revealed he had a caseload of 56 clients. This was 6 more clients over the number allowed by rule. Caseload documents for Counselor #2 revealed</p>	V 235		

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V 235	<p>Continued From page 8</p> <p>she had a caseload of 60 clients. This was 10 more clients over the number allowed by rule.</p> <p>Separate interviews on 5/16/18 with Counselor #1 and Counselor #2 revealed: Counselor #1 confirmed the number of Clients on his caseload as 56. Counselor #2 confirmed the number of Clients on her caseload as 60.</p> <p>Interview on 5/17/18 with the Clinical Supervisor confirmed she was aware of the caseloads being over the number allowed by rule. She stated that the facility had had a counselor leave within the last month and that the position was in the hiring process. She stated that filling the vacancy would bring caseload size into compliance.</p>	V 235		