STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MUU 00 4 000	B. WING		00/05/	10040
		MHL064-089	B. WING		06/05/	2018
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY,	STATE, ZIP CODE		
BOCKA	MOUNT TREATMENT	CENTER 104 ZE	BULON COUR	Т		
ROCKI	WOUNT TREATMENT	ROCKY	MOUNT, NC	27804		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	ΓS	V 000			
	An annual survey w deficiency was cited	vas completed on 6/5/18. A				
		sed for the following service C 27G .3600 Outpatient				
V 238	27G .3604 (E-K) Ou	utpt. Opiod - Operations	V 238			
	TREATMENT. OPE (e) The State Author approval on the following the following and regulations (2) compliant standards of practic (3) program is service delivery; and (4) impact on treatment services (f) Take-Home Elig comprehensive marequests unsupervision methadone or other treatment of opioid specified requirements for coand must demonstrate the specified time pany level increase. Year of continuous attend a minimum of attendariant atte	ority shall base program owing criteria: ce with all state and federal c; ce with all applicable ce; structure for successful d the delivery of opioid in the applicable population.	g er			
	month. (1) Levels of	Eligibility are subject to the				

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

(X6) DATE TITLE

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL064-089	B. WING		06/0	5/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ROCKY	ROCKY MOUNT TREATMENT CENTER 104 ZEBU ROCKY N					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 238	following conditions (A) Level 1. It continuous treatment limited to a single of shall ingest all other the clinic; (B) Level 2. continuous program granted for a maximand shall ingest all at the clinic each w (C) Level 3. treatment and a micontinuous program client may be grant take-home doses a under supervision at (D) Level 4. A treatment and a micontinuous program client may be grant take-home doses a under supervision at (E) Level 5. treatment and a micontinuous program granted for a maximand shall ingest at supervision at the c (F) Level 6. treatment and a micontinuous program client may be grant take-home doses at dose under supervidays; and (G) Level 7. treatment and a micontinuous and a micontinuous program client may be grant take-home doses at dose under supervidays; and (G) Level 7. treatment and a micontinuous and a micontinu	During the first 90 days of ent, the take-home supply is lose each week and the client or doses under supervision at the After a minimum of 90 days of a compliance, a client may be mum of three take-home doses other doses under supervision eek; After 180 days of continuous nimum of 90 days of a compliance at level 2, a ed for a maximum of four and shall ingest all other doses at the clinic each week; After 270 days of continuous nimum of 90 days of a compliance at level 3, a ed for a maximum of five and shall ingest all other doses at the clinic each week; After 364 days of continuous nimum of 180 days of a compliance, a client may be num of six take-home doses east one dose under	V 238			

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. ,	OVIDER/SUPPLIER/CLIA :NTIFICATION NUMBER:	* *	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
N	1HL064-089	B. WING		06/0	5/2018
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ROCKY MOUNT TREATMENT CENTE	R	LON COURT			
		OUNT, NC 2			
(X4) ID SUMMARY STATEMENT PREFIX (EACH DEFICIENCY MUST BI REGULATORY OR LSC IDENT	E PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
or suspended for evidence A client who tests positive within a 90-day period shall reduction of eligibility by or (B) A client who tests screens within the same 90 all take-home eligibility sus (C) The reinstateme eligibility shall be determine Opioid Treatment Program (3) Exceptions to Tal (A) A client in the first continuous treatment who the applicable mandatory sexceptional circumstances personal or family crisis, tramay be permitted a tempor by the State authority, proviound to be responsible in Except in instances involving verifiable physical disability of 13 take-home doses alleperiod during the first two yereatment.	ne dose under ery month. cing, Losing and me Eligibility: me eligibility is reduced of recent drug abuse. on two drug screens Il have an immediate ne level of eligibility; s positive on three drug 0-day period shall have repended; and nt of take-home ed by each Outpatient ne ke-Home Eligibility: t two years of is unable to conform to eschedule because of a such as illness, avel or other hardship rarily reduced schedule rided she or he is also handling opioid drugs. In a client with a refer is a maximum owable in any two-week rears of continuous nable to conform to the edule because of a refer may be permitted of ility by the State granted additional of a verifiable physical of the property of the refer of the property of the property of the refer of the r	V 238	DEFICIENC!)		

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL064-089	B. WING		06/0	5/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BUCKA	MOUNT TREATMENT	CENTER 104 ZEBU	LON COUR	г		
RUCKT	MOUNT TREATMENT	ROCKY M	OUNT, NC	27804		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 238	(4) Take-Hon Take-home dosage medications approvaddiction shall be a physician on an ind to the following: (A) An addition methadone or other treatment of opioid to each eligible client treatment) for each (B) No more methadone or other treatment of opioid to any eligible client restriction shall not receiving take-hom above. (g) Withdrawal Fro Opioid Treatment. withdrawal from me approved for use in discussed with each treatment and annum (h) Random Testin and other drugs sha active opioid treatmone random drug to treatment. Addition three-month period treatment episode, will be observed by to include at least the methadone, cocain amphetamines, TH alcohol. Alcohol testing alternate scientifical	ne Dosages For Holidays: s of methadone or other red for the treatment of opioid uthorized by the facility ividual client basis according and one-day supply of medications approved for the addiction may be dispensed in (regardless of time in state holiday. The addiction may be dispensed in the addictions approved for the addiction may be dispensed in the addictions at Level 4 or an interest who are remedications are medications for Use In the risks and benefits of ethadone or other medications opioid treatment shall be in client at the initiation of ally thereafter. In the risks and benefits of ethadone or other medications opioid treatment shall be in client at the initiation of ally thereafter. In the risks and benefits of ethadone or other medications opioid treatment shall be in client at the initiation of ally thereafter. In the risks and benefits of ethadone or other medications of all be conducted on each are all the initiation of all the reafter. In the risks and benefits of ethadone or other medications of all be conducted on each are all the initiation of all the reafter. In the risks and benefits of ethadone or other medications are following: opioids, ethadone or other ethadon	V 238			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL064-089	B. WING		06/0	5/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ROCKY MOUNT TREATMENT CENTER			LON COURTOUNT, NC :			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 238	be discharged from dependent upon me approved for use in client is provided the the drug. (j) Dual Enrollment outpatient opioid ac which dispense Me Levo-Alpha-Acetyl-pharmacological ac Drug Administration addiction subseque required to participa Registry or ensure enrolled by means exchange with all o within at least a 75-program. Program participate in a com Management and W System as establish State Authority for (k) Diversion Control Opioid Treatment Frequired to establish control plan as participate in a control plan	a the facility while physically ethadone or other medications opioid treatment unless the e opportunity to detoxify from a Prevention. All licensed ediction treatment facilities thadone, Methadol (LAAM) or any other gent approved by the Food and a for the treatment of opioid ent to November 1, 1998, are set in a computerized Central that clients are not dually of direct contact or a list pioid treatment programs emile radius of the admitting are also required to injuterized Capacity Vaiting List Management end by the North Carolina Opioid Treatment. Fol Plan. Outpatient Addiction for grams in North Carolina are the and maintain a diversion of program operations and plan in their policies and rision control plan shall include ints: Illiment prevention measures the consents, and either coarticipation in the central anges; or bottle checks, bottle returns	V 238			

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		(X1) PROVIDER IDENTIFICA	/SUPPLIER/CLIA TION NUMBER:	` '	E CONSTRUCTION		E SURVEY PLETED	
		MHL064	I-089	B. WING		06/0	5/2018	
NAME OF	PROVIDER OR SUPPLIER	•	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•		
ROCKY	MOUNT TREATMENT	CENTER		ILON COURTIOUNT, NC				
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC' REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
V 238	Continued From paraddiction; (5) client attered (6) procedure properly ingest med (6) properly ingest	et as evidence ion, record reverse in facility seaddress procest Buprenorphone dosing room istered methal enorphine eparate dosing room istered methal enorphine dosing room istered methal enorphin	ed by: view and blish a diversion ures that medications. diversion control edures to ensure hine. 8 revealed: icensed practical done and the RN g windows (on n) window there feet from the ne nurse that sat onitored areas he dosing area.	V 238				
	and 11:40am revea administration of B - the RN "crushe administering	lled the followi uprenorpine: ed" the Bupren	ng					

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STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		MHL064-089	B. WING		06/0	5/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ROCKY MOUNT TREATMENT CENTER		CENTER	LON COUR			
		ROCKY M	OUNT, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 238	Continued From pa	ge 6	V 238			
	areaBuprenorpine of the four chairs fo 11:15am client #933 Buprenorpinesat i #929 was called by client stood in front which blocked the li - client #684 was clients dissolvedth a cupstood up to the stood in the stood of the line of the stood of the line of the stood	ent #764 entered the dosing e was administeredsat in one r Buprenorpine to dissolve; 3 was administered n a chairat 11:20am client the RN to be dosedeach of the nurse to be dosed ne of vision for the nurse called while 3 Buprenorpine ne RN put the Buprenorpine in get something out of the file ttempting to monitor the				
	- she has been a months - it could take up for the buprenorping it depended on mouththat's why stirst - the Buprenorpir tongue so it would a membraneswallou before the clien backspeak to her had completely diss	the moisture of the clients some clients will drink water he was placed under the dissolve into the mucous wing was not as effective t left they had to tilt their head to ensure the Buprenorpine solved 6/4/17 the LPN reported: dminister Buprenorpine up to e				
	area - a camera would dosing area for dive	d assist with monitoring the ersion e it was at least 2 nurses				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X'	1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	MHL064-089	B. WING		06/0	5/2018
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ROCKY MOUNT TREATMENT CE	NTFR	ILON COURT			
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES IST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
that administered Meth - when she worked called 2 Buprenorpine - it could be difficult methadone while obsehowever she wa queen" because she w clients - they recently adde months ago - they have adminis least 5 1/2 years During interview on 6/5 reported: - there were no contime - the nurses are abl of Buprenorpine clients - 2 - 3 Buprenorpine at a time - the nurses chairs a better observation of - if the nurses had a dosing area or number would make her aware - she was in the pro company to come out system for the dosing a - by crushing the Bu diversion difficult - the clients have to nurses before leaving - there was no police	e nurse on the weekend hadone and Buprenorpine the weekends she only clients at a time at times to administer erving Buprenorpine clients is called the "diversion was good at monitoring the did the 2nd window about 2 tered Buprenorpine for at 6/17 the Program Director cerns of diversion at this is e to call back the number is that felt comfortable with e clients are usually dosed sat up high for them to get if the clients dissolving any concerns about the reclients being dosed they expressed they expressed they expressed they expressed they are clients being dosed they expressed the expressed they expressed they expressed the expressed they expressed they expressed the expressed the expressed they expressed the expressed they expressed the expressed the expressed they expressed the expressed the expressed they expressed the expressed they expressed the expressed they expressed the expresse	V 238			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL064-089	B. WING		06/0	5/2018
	NAME OF PROVIDER OR SUPPLIER ROCKY MOUNT TREATMENT CENTER 104 ZEB ROCKY					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 238	- there were 2 nu one was sick or on - one nurse work - there was not aw weekends due to ta - she was not aw happened at the far - installing a cam have to view the camonitor clients for c - she was more nurse who administ Buprenorpine - she planned to further discuss way Buprenorpine	urses during the week unless vacation and on the weekends as many clients during the ake homes vare of any diversions that has cility hera would cause nurses to mera while also attempting to diversion concerned about the weekend there of the Methadone and the get with all the nurses to so to prevent diversion of date the diversion control	V 238			

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