

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-879	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/20/2018
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NAME OF PROVIDER OR SUPPLIER CROSSROADS TREATMENT CENTER OF GRE	STREET ADDRESS, CITY, STATE, ZIP CODE 2706 NORTH CHURCH STREET GREENSBORO, NC 27405
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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 survey was completed on 06/20/18. A deficiency was cited. The current census is 491.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G.3600 Outpatient Opioid Treatment</p>	V 000		
V 233	<p>27G .3601 Outpt. Opiod Tx. - Scope</p> <p>10A NCAC 27G .3601 SCOPE</p> <p>(a) An outpatient opioid treatment facility provides periodic services designed to offer the individual an opportunity to effect constructive changes in his lifestyle by using methadone or other medications approved for use in opioid treatment in conjunction with the provision of rehabilitation and medical services.</p> <p>(b) Methadone and other medications approved for use in opioid treatment are also tools in the detoxification and rehabilitation process of an opioid dependent individual.</p> <p>(c) For the purpose of detoxification, methadone and other medications approved for use in opioid treatment shall be administered in decreasing doses for a period not to exceed 180 days.</p> <p>(d) For individuals with a history of being physiologically addicted to an opioid drug for at least one year before admission to the service, methadone and other medications approved for use in opioid treatment may also be used in maintenance treatment. In these cases, methadone and other medications approved for use in opioid treatment may be administered or dispensed in excess of 180 days and shall be administered in stable and clinically established dosage levels.</p>	V 233		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 233	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of sixteen audited clients (client #1) medical services were coordinated. The findings are:</p> <p>Review on 6/20/18 of client #1 record revealed: -Admission date of 4/10/18 -Diagnoses of Opioid Disorder, Depression and anxiety. -Admission Assessment dated 4/10/18 -"7 1/2 months pregnant...taking Lexapro 20 mg."</p> <p>Review on 6/20/18 of client #1 "Coordination of Care Notification" dated 4/10/18 was faxed to client #1's OBGYN on 4/10/18 requesting "Medications Prescribed: Including reason, date started, dose, quantity, frequency, refills, comments"</p> <p>During interview on 6/20/18 client #1 stated: -She has been taking Lexapro for a while for her depression and anxiety.</p> <p>During interview on 6/20/18 The Program Director stated: - Their protocol for clients on medications is to fax "Coordination of Care Notification" to clients physician requesting an order for any medications prescribed. - After five days if they have not received information from clients physician, they will follow up with a phone call and document all actions and communications.</p> <p>During interview on 6/20/18 the Director of Nursing stated: - "Coordination of Care Notification" are faxed</p>	V 233		

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V 233	Continued From page 2 to all clients physicians requesting current orders. -Clients are also requested to bring in physician orders regarding current medications they are taking. -Not sure why client #1's physician was not contacted following sending out the notification. -The nurses should have followed up and documented their attempts.	V 233		