STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-523	A. BUILDING: _____ B. WING _____	06/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENSBORO TREATMENT CENTER	207 WESTGATE DRIVE, SUITES G - J GREENSBORO, NC 27407

(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 survey was completed 6/20/18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Methadone. The census for the facility was 339.	V 000		
V 233	27G .3601 Outpt. Opiod Tx. - Scope 10A NCAC 27G .3601 SCOPE (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. (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. (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. (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.	V 233		

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V 233	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide periodic services designed to offer 2 of 15 audited clients (#1 and #2) the opportunity to effect constructive changes in their lifestyle by using methadone or other medications approved for use in Opioid treatment in conjunction with the provision of rehabilitation and medical services. The findings are: 1. Example of failure to coordinate services for client #1. Review on 6/19/18 of client #1's record revealed: - Admission date 11/18/14 - Diagnoses of Opioid Dependence, Opioid Withdrawal - Current Methadone Dosage 150 mg - Monthly urine drug screens on 3/20/18, 4/3/18, 5/17/18 and 5/22/18 were all positive for Benzodiazapine - A treatment plan dated 6/1/18 included a goal to address mental health issues of Depression, Anxiety Disorder, Post Traumatic Stress Disorder, Bipolar Disorder and Personality Disorder - Other prescribed medication in the record included Alprazolam, a benzodiazapine used to treat anxiety disorders - No evidence of a signed order from the prescribing physician who ordered the Alprazolam or signed coordination of services documentation During an interview on 6/19/18, client #1 reported: - he had been in treatment at the facility for three years	V 233		

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V 233	Continued From page 2 - he saw Counselor #6 at least once per month and came into the facility weekly - he was prescribed Alprazolam for anxiety During an interview on 6/20/18, the Clinical Director (CD) reported there was no signed coordination of care documentation for client #1. The CD reported client #1 had multiple counselor changes after a treatment team meeting on 4/10/17 when the team discussed dropping client #1's Take Home level due to his failure to bring in a signed order for Alprazolam. A Take Home reduction was implemented 4/27/17 however a signed coordination of care was never obtained because it "fell through the cracks". 2. Examples of failure to coordinate services for client #2. Review on 6/19/18 of client #2's record maintained by the facility revealed: -Admission date: 2/9/18 -Diagnosis of Severe Opioid Use -Current Methadone dosage 80 mg -Urinary Drug Screens dated 4/17/18 detected patient tested positive for pregnancy -No counselor notes documented between 5/11/18-6/18/18 A. Coordination of OBGYN services Review on 6/19/18 of client #2's record maintained by the facility revealed: -Counselor note dated 5/10/18 counselor met with client for 1:1 counseling services discussed positive for illicit drug Fentanyl on 5/3/18 and client denies Fentanyl use...client reported she rescheduled her "OBGYN appointment for 3rd time"....client to notify counselor once she attended scheduled appointment.	V 233		

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V 233	Continued From page 3	V 233		

-Counselor noted dated 6/19/19, client scheduled to see facility doctor today. ...client had missed doctors appointments and rescheduled as expected..."I just don't understand why I ' m not showing." Counselor asked client if she had seen an OBGYN, client said she had and would bring the name of the place and doctor to the clinic

-Note dated 6/19/18 by facility doctor: "15 weeks by dates, things going to [facility/OBGYN]; had some mild cramping that OB knows about but nothing else, 2 miscarriages in first trimester, otherwise fine."

During interview on 6/20/18, client #2's counselor reported:

-Client #2 had not turned in her information regarding her OBGYN...could not verify if the client had secured a OBGYN...she was aware initially, client #2 had difficulty identifying an OBGYN.

-The agency was able to flag client's accounts to make sure they saw a counselor before dosing. She was not sure if that method had been used to for client #2.

B. Coordination of Care with other prescribing physicians and monitoring use of Amphetamines

Review on 6/19/18 and 06/20/18 of client #2's record maintained by the facility revealed:

-Coordination of care document dated 1/5/17 signed by prescribing physician for Dextramphetamin (Adderal) 20 mg four times a day. no updated documents noted for 2018.

-Patient Prescription History Report dated 6/20/18 listed Dextroamphetamin 20 mg 90 tablets for 30 day supply filled 4/17/18, 5/22/18 and 6/18/18

-UDS completed 3/15, 4/17, 4/18 and 5/3 did not detect Amphetamine use, which would have

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V 233	Continued From page 4	V 233		

been flagged by the screen

-Counselor note dated 5/10/18 client reported she stopped taking her medication because it would be harmful to her unborn baby...counselor explained that if client was getting a prescription filled she would need to turn in those prescriptions as soon as possible.

During interview on 6/20/18, client #2's counselor reported:

-She was hired January 2018 and client #2 was assigned to her caseload....not aware client #2's annual coordination of care documents had not been updated to her record....not able to verify the instructions for daily use of the Adderal.

-She spoke with client #2 and was not aware she was getting prescription filled or why the Amphetamine (Adderal) was not showing up on her drug screens.

-On 6/19/18, client #2's record had been flagged by the agency for a chart review

-It was an oversight regarding care of coordination documents and the client had not brought in her OBGYN information.

During interview on 6/20/18, the Regional Director reported:

-Coordination of Care documents were completed annually by prescribing physicians and returned to the agency.