

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-879</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/20/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CROSSROADS TREATMENT CENTER OF GRE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2706 NORTH CHURCH STREET GREENSBORO, NC 27405</b>
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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	<b>INITIAL COMMENTS</b>  An annual survey was completed on 06/20/18. A deficiency was cited. The current census is 491.  This facility is licensed for the following service category: 10A NCAC 27G.3600 Outpatient Opioid Treatment	V 000		
V 233	<b>27G .3601 Outpt. Opiod Tx. - Scope</b>  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		

**DHSR - Mental Health**  
**JUL 12 2018**  
**Lic. & Cert. Section**

Division of Health Service Regulation

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

XQHF11

If continuation sheet 1 of 3

*Emily Hinds* **Emily Hinds, Corporate Operations** **7/6/18**  
**Director**

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**CROSSROADS TREATMENT CENTER OF GRE**

**2706 NORTH CHURCH STREET  
GREENSBORO, NC 27405**

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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	<p><b>Plan</b></p> <p>In order to prevent future occurrences of issues with coordination of care, program staff will be retrained on the Coordination of Care process.</p> <p>Crossroads policies and procedures are in accordance with state and federal regulations related to coordinating individuals receiving treatment from other providers. These policies, procedures, and expectations will be reviewed with all program staff. In addition, program staff will be provided the Coordination of Care Policy Clarification as a training tool on handling coordination of care notifications.</p> <p>For this specific patient, the patient's counselor was retrained on Crossroads policies and procedures for following up on requests to coordinate care.</p> <p><b>Monitoring Compliance</b></p> <p>The Program Director and Clinical Director will include review of Coordination of Care documentation as a part of weekly chart auditing processes. Roughly 5% of patient charts are audited each week. All patient charts will be audited twice annually in accordance with quality assurance standards. Noted deficiencies as a result of internal auditing processes will be given a due date for correction and additional training may be provided as needed.</p>	<b>7/3/18</b>

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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			