Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-390	A. BUILDING: ______ B. WING ______	C **09/05/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CENTER FOR SPIRITUAL EMERGENCE &	**370 NORTH LOUISIANA AVENUE, SUITES D3 & D4 ASHEVILLE, NC 28806**

(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 A complaint survey was completed on 9/5/18. The complaint was unsubstantiated (Intake # NC141270). A deficiency was cited. Current census in 3600 program was 244. This facility is licensed for the following service categories: 10A NCAC 27G .1100 Partial Hospitalization for Individuals who are Acutely Mentally Ill. 10A NCAC 27G .3700 Day Treatment for Individuals with Substance Abuse Disorders. 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program. 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups. 10A NCAC 27G .3600 Outpatient Opioid Treatment.	V 000		
V 235	27G .3603 (A-C) Outpt. Opiod Tx. - Staff 10A NCAC 27G .3603 STAFF (a) A minimum of one certified drug abuse counselor or certified substance abuse counselor 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. (b) Each facility shall have at least one staff member on duty trained in the following areas: (1) drug abuse withdrawal symptoms; and (2) symptoms of secondary complications to drug addiction. (c) Each direct care staff member shall receive	V 235		

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V 235	Continued From page 1 continuing education to include understanding of the following: (1) nature of addiction; (2) the withdrawal syndrome; (3) group and family therapy; and (4) infectious diseases including HIV, sexually transmitted diseases and TB. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the staff/client ratio of 1/50. The findings are: Review on 9/4/18 of the facility counselor/client roster divided by case load revealed the following case load totals per counselor: -Counselor #1 had a caseload of 58. -Counselor #2 had a caseload of 58. -Counselor #4 had a caseload of 52. -Counselor #5 had a caseload of 55. Interview on 9/4/18 with the Program Director revealed: -a total census of 244 clients. -Caseloads were fluid-clients were in process of discharge but not off counselor's lists. -had offered a counselor a job but she declined at the last minute. In process of hiring another counselor.	V 235		