STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-282				(X3) DATE SURVEY COMPLETED R 10/08/2018	
TON TREATMENT C	ENTER				
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
INITIAL COMMEN	TS	V 000			
on October 8, 2018 unsubstantiated (in deficiency was cite This facility is licen 10A NCAC 27G .30	<ol> <li>The complaint was stake #NC00142260). A</li> <li>sed for the following category: 600 Outpatient Opioid</li> </ol>				
27G .0209 (G) Med	dication Requirements	V 122			
REQUIREMENTS (g) Medication edu (1) Each client star medication by an a receive either oral the prescribed medication the client to underse questionable, a rese provided either oral behalf of the client. (2) The medication sufficient to enable person to make an administer the medic compliance with th (3) The area progra document in the client the prescribed psyco offered and either p provided, it shall be it was provided (either the start of the start of the start of the start of the the start of the start of the start of the two start of the start of the start of the start of the the start of the start of the start of the start of the the start of the start of the start of the start of the the start of the start of the start of the start of the the start of the start of the start of the start of the the start of	cation: ted or maintained on a irea program physician shall or written education regarding dication by the physician or instances where the ability of stand the education is sponsible person shall be a or written instructions on the education provided shall be the client or other responsible informed consent, to safely dication and to encourage e prescribed regimen. am physician or designee shall ient record that education for chotropic medication was provided or declined. if e documented in what manner ther orally or written or both)				
	PROVIDER OR SUPPLIER TON TREATMENT C SUMMARY ST. (EACH DEFICIENC REGULATORY OR I INITIAL COMMEN A complaint and for on October 8, 2018 unsubstantiated (ir deficiency was cite This facility is licen 10A NCAC 27G .30 Treatment. The ce was 309. 27G .0209 (G) Mea 10A NCAC 27G .00 REQUIREMENTS (g) Medication edu (1) Each client star medication by an a receive either oral the prescribed mea their designee. In i the client to unders questionable, a res provided either oral behalf of the client (2) The medication sufficient to enable person to make an administer the mea compliance with th (3) The area progra document in the client the prescribed psy offered and either provided, it shall be it was provided (either the speced and either provided, it shall be it was provided (either the original compliance with th the prescribed psy offered and either provided, it shall be it was provided (either compliance with th compliance with th c	OF CORRECTION       IDENTIFICATION NUMBER:         MHL078-282       MHL078-282         PROVIDER OR SUPPLIER       STREET A         2200 CL <sup>1</sup> LUMBER       STREET A         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       INITIAL COMMENTS         A complaint and follow up survey was completed on October 8, 2018. The complaint was unsubstantiated (intake #NC00142260). A deficiency was cited.       A         This facility is licensed for the following category: 10A NCAC 27G .3600 Outpatient Opioid Treatment. The census at the time of the survey was 309.       27G .0209 (G) Medication Requirements         10A NCAC 27G .0209 MEDICATION REQUIREMENTS (g) Medication education: (1) Each client started or maintained on a medication by an area program physician shall receive either oral or written education regarding the prescribed medication by the physician or their designee. In instances where the ability of the client to understand the education is questionable, a responsible person shall be provided either oral or written instructions on behalf of the client.         (2) The medication education provided shall be sufficient to enable the client or other responsible person to make an informed consent, to safely administer the medication and to encourage compliance with the prescribed regimen.         (3) The area program physician or designee shall document in the client record that education for the prescribed psychotropic medication was offered and either provided or declined. if	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL078-282       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, ST         SUMMARY STATEMENT OF DEFICIENCIES       ID         REQULATORY OR LSC IDENTIFYING INFORMATION)       ID         INITIAL COMMENTS       V 000         A complaint and follow up survey was completed on October 8, 2018. The complaint was unsubstantiated (intake #NC00142260). A deficiency was cited.       V 000         This facility is licensed for the following category: 10A NCAC 27G .3600 Outpatient Opioid Treatment. The census at the time of the survey was 309.       V 122         27G .0209 (G) Medication Requirements       V 122         10A NCAC 27G .0209 MEDICATION REQUIREMENTS (g) Medication education: (1) Each client started or maintained on a medication by an area program physician shall receive either oral or written instructions on behalf of the client.       V 122         (2) The medication education provided shall be sufficient to enable the client or other responsible person to make an informed consent, to safely administer the medication and to encourage compliance with the prescribed regimen. (3) The area program physician or designee shall document in the client record that education for the prescribed psychotropic medication was offered and either provided of declined. if provided, it shall be documented in what manner it was provided (either orally or written or both)	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL078-282       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         TON TREATMENT CENTER       2200 CLYBOURN CHURCH ROAD LUMBERTON, NC 28358         SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDENCES BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX         INITIAL COMMENTS       V 000         A complaint and follow up survey was completed on October 8, 2018. The complaint was unsubstantiated (intake #NC00142260). A deficiency was cited.       V 000         This facility is licensed for the following category: 10A NCAC 27G .3000 Outpatient Opioid Treatment. The census at the time of the survey was 309.       V 122         27G .0209 (G) Medication Requirements       V 122         10A NCAC 27G .0209 MEDICATION REQUIREMENTS (9) Medication education: (1) Each client started or maintained on a medication by an area program physician or their designee. In instances where the ability of the client to understand the education is questionable, a responsible person shall be provided either oral or written instructions on behalf of the client. (2) The medication education provided shall be sufficient to enable the client or other responsible person to make an informed consent, to safely administer the medication and to encourage compliance with the prescribed regimen. (3) The area program physician or designee shall document in the client rocy of the decliend. If provided, it shall be documented in what manner it was provided (either orally or written or both)	OF CORRECTION       IDENTIFICATION NUMBER:       A BUILDING:       COM         MHL078-282       B. WING       10/         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         TON TREATMENT CENTER       2200 CLYBOURN CHURCH ROAD         ULUMBERTON, NC 2838       ID         PROVIDER'S PLAN OF CORRECTION NUMBER'       PREVIDENCY OF CORRECTION SHOULD BE         REGULATORY OR LSC IDENTIFYING INFORMATION)       ID         PREFIX       TAG         REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX         TAG       V 000         A complaint and follow up survey was completed on October 8, 2018. The complaint was unsubstantiated (intake #NC00142260). A deficiency was cited.       V 000         This facility is licensed for the following category: 10A NCAC 27G .3000 Outpatient Opiod       V 122         10A NCAC 27G .0209 MEDICATION REQUIREMENTS       V 122         10A NCAC 27G .0209 MEDICATION REQUIREMENTS       V 122         (g) Medication education:       (1) Each client started or maintained on a medication by an area program physician shall receive either oral or writhen instructions on behalf of the client.         (2) The medication of the education or safely administer the medication and to encourage compliance with the prescribed regimen.         provided effer oral or writhen instructions on behalf of the client cord that education regores thall be provided nether provided ordeclined was p

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-282			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER.				
		B. WING		R <b>10/08/2018</b>		
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
UMBER	TON TREATMENT CI	ENTER	YBOURN CHU RTON, NC 283			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC)	HE APPROPRIATE	COMPLET DATE
V 122	Continued From pa	ige 1	V 122			
	facility failed to info regarding prescribes sufficient to encour prescribed regimen (client #721). The f Review on 10/8/18 revealed: -39 year-old male. -Admission date 2/ -Diagnoses of Opio -Prior to 8/7/18 clien Methadone 145 mg -8/7/18 client #721 Fentanyl was admin sedation. -8/8/18 client #721 medicine prescribe pain to the dosing r there were 20 table on 8/8/18 (day follo directions to take 4 There were 15 table -8/8/18 the physicia discrepancy of the and the number of of care forms were pharmacy per the p -8/9/18 Pharmacy f medications; it door Hydrocodone was 8 -8/9/18 - 8/11/18 nu of client #721's Hydrocodone	eviews and interviews, the rm or provide education ad medication dosage changes age compliance with the o for 1 of 15 audited clients findings are: of client #721's record 16/17. bid dependency. nt #721 had been receiving g daily. had multiple teeth extracted. nistered for dental procedure presented his bottle of pain d for post dental procedure nurse. The bottle label read ets of Hydrocodone dispensed wing client's procedure) with - 6 tablets per day as needed ets in the bottle. an was informed of the Hydrocodone dispense date tablets on hand. Coordination sent to the dentist and ohysician's request. faxed a listing of client #721's umented the dispense date for	r			
	the order. -8/11/18 nurses doo more Hydocodone ealth Service Regulation	cumented client #721 had no tablets.				

STATE FORM

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
	MHL078-282		B. WING			08/2018
AME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
UMBEF	RTON TREATMENT CI	INTER	LYBOURN CHU RTON, NC 283			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 122	Continued From pa	ge 2	V 122			
	#721's drug screen results documented Oxycodone, Noroxy Noroxymorphone o dental procedure. -8/13/18 physician o of client #721's Met other day until his o misuse of hydrocoo -No documentation counselor, or any o	documented review of client collected on 8/8/18. The d client #721 was positive for ycodone, Oxymorphone, and n 8/8/18, the day following his ordered to start a taper down thadone dose by 1 mg every lose was 140 mg, "due to lone and norfentanyl positive the physician, nurse, ther staff informed client #72 reased from 145 mg to 140 ation of the taper.	."			
	record between 7/1 -Client #721 receive between 7/1/18 - 8/ -8/11/18 nurse docu -8/14/18 (Tuesday) decreased to 144 n about dosage chan -8/16/18 (Thursday) decreased to 143 n about dosage chan -8/18/18 (Saturday) decreased to 142 n about dosage chan -8/20/18 (Monday) to 141 mg. No note change. -8/22/18 (Wednesd	umented, "O pain pills left." Methadone dosage ng. No notes documented ge. /) Methadone dosage ng. No notes documented ge. Methadone dosage ng. No notes documented ge. Methadone dosage decrease es documented about dosage ay) Methadone dosage ng. No notes documented	d			
	dated 8/20/18 revea -Program Director of	of client #721's Case Notes aled: documented client was "angry se his Methadone dose had	y			

Division	of Health Service Re	egulation				APPROVE
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	MHL078-282		B. WING		R 10/08/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		2200 CL	YBOURN CHU	RCH ROAD		
LOWBER	RTON TREATMENT CI	ENTER LUMBEF	RTON, NC 283	58		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 122	Continued From pa	ige 3	V 122			
	been changed.					
	-8/7/18 he had 14 tr prescribed Vicoprot ibuprofen tablet) 7.3 -8/8/18 he brought nurse to check. -The nurse said the told the nurse he ha 8/7/18 after the pro -Because of this "m dose by 5 mg. -He was not inform dosage. It was on a nurse his dose was nurse told him his of This was the first til had written an orde -He had experience felt like he "dragged they had decreased -He was told he coo increased until he s	in his pain medication for the e bottle was dated 8/8/18. He ad his prescriptions filled on cedure. hix up" they had dropped his ed of the order to drop his a week end, he told the dosing tables had been decreased. me anyone told him the doctor or to decrease his dose. ed cold sweats, nausea, and d more" that prior week when				
	-She thought client was dosed at the client informed staff he he teeth removed and any medications for the medication was -8/8/18: He came i medication. The bo The bottle was date	n and brought in his ttle read 20 tablets dispensed ed 8/8/18, meaning he picked				
	insisted he got his I	on that day. Client #721 medication on 8/7/18. The take 1 tablet every 4-6 hours.				
	ealth Service Regulation					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-282					(X3) DATE SURVEY COMPLETED	
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		B. WING	B. WING		R 08/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
UMBEF	RTON TREATMENT CI	ENTER	YBOURN CHU RTON, NC 283			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 122	Continued From pa	ige 4	V 122			
	been able to take 5 8/8/18, it showed his coming to the clinic he was dosed at 10 for them to get a co- pharmacy. -The physician wou 8/8/18. The physic back from pharmac Client #721 was co- paper work returner -The client must bri- controlled drug eve- the med. Client #77 medication was cou- with the order. On 8 pills left" would india -The physician was Monday, 8/13/18, w taper client #721's of -In this case the clie counselor to explain would not explain the client to his counse from getting upset a -She put client #722 prior to his taper tha -Assessments were when a client's dos Interview on 10/8/14 Counselor #11 state -He remembered S telling him client #7 -The taper was for his dose while takin	ent would be referred to his n his order change. The nurse his to the client. Referring the elor is done to prevent clients at the dosing window. 1"on hold" to see his counselor at started on 8/14/18. The not performed for withdrawa e is being tapered down. 8 client #721's counselor, ed: Staff Nurse #4 calling and 21 was starting a "taper." misuse of meds and to drop	e I n e			

Division of Health Service Regulation           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	IDENTIFICATION NOMBER.	A. BUILDING:		R 10/08/2018	
MHL078-282		B. WING			
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
TON TREATMENT CI					
	LUMBER	-		CORRECTION	
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
Continued From pa	ige 5	V 122			
inform the client his	s dose was being tapered.				
-When a client's do physician and it wa request, it was bett this to the client bet dosing window. -If the counselor did the nurse should "o stated their dose pr this case would ma	ase is decreased by the s not because of a patient er if the counselor explained fore the client was told at the d not explain this to the client, eatch this" when the client rior to dosing. The nurse in the the client aware of the				
	ROVIDER OR SUPPLIER TON TREATMENT C SUMMARY STA (EACH DEFICIENC' REGULATORY OR L Continued From pa inform the client his Interview on 10/8/1 -When a client's do physician and it wa request, it was bett this to the client be dosing window. -If the counselor did the nurse should "o stated their dose pu this case would ma	OF CORRECTION       IDENTIFICATION NUMBER:         IDENTIFICATION NUMBER:       IDENTIFICATION NUMBER:         IROVIDER OR SUPPLIER       STREET A         IDENTIFICATION TREATMENT CENTER       2200 CL <sup>1</sup> SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       IDENTIFYING INFORMATION)         Continued From page 5       inform the client his dose was being tapered.         Interview on 10/8/18 the Program Director stated:       -When a client's dose is decreased by the physician and it was not because of a patient request, it was better if the counselor explained this to the client before the client was told at the	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL078-282       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, ST         TON TREATMENT CENTER       2200 CLYBOURN CHUIL         SUMMARY STATEMENT OF DEFICIENCIES       ID         (EACH DEFICIENCY MUST BE PRECEDED BY FULL       PREFIX         REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX         TAG       V 122         inform the client his dose was being tapered.       V 122         Interview on 10/8/18 the Program Director stated:       -When a client's dose is decreased by the         physician and it was not because of a patient       request, it was better if the counselor explained         this to the client before the client was told at the       dosing window.         -If the counselor did not explain this to the client, the nurse should "catch this" when the client       stated their dose prior to dosing. The nurse in         this case would make the client aware of the       The nurse in	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL078-282       B. WING         ROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         TON TREATMENT CENTER       2200 CLYBOURN CHURCH ROAD LUMBERTON, NC 28358         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE         Continued From page 5       V 122         inform the client his dose was being tapered.       V 122         Interview on 10/8/18 the Program Director stated: -When a client's dose is decreased by the physician and it was not because of a patient request, it was better if the counselor explained this to the client before the client was told at the dosing window. -If the counselor did not explain this to the client, the nurse should "catch this" when the client stated their dose prior to dosing. The nurse in this case would make the client aware of the	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING: