(EACH DEFICIENC REGULATORY OR I ITIAL COMMENTS follow up survey was ficiency was cited. is facility is license tegory: 10A NCAC pioid Treatment irrent facility client G .0205 (C-D) sessment/Treatme A NCAC 27G .0203	BR, INC. 3315 Will CHARLO ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) ASS completed on 10/12/18. A d for the following service 27G .3600 Outpatient census: 301 ent/Habilitation Plan	A. BUILDING: B. WING ADDRESS, CITY, STATE, LKINSON BLVD. DTTE, NC 28208 ID PREFIX TAG {V 000} V 112		R 10/12/2018
TREATMENT CENTE SUMMARY ST. (EACH DEFICIENC REGULATORY OR I ITIAL COMMENTS follow up survey was ficiency was cited. is facility is license tegory: 10A NCAC pioid Treatment irrent facility client G .0205 (C-D) sessment/Treatme A NCAC 27G .0203	STREET A 3315 WII CHARLO ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) 3 3 4 4 4 5 4 5 5 5 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7	ADDRESS, CITY, STATE, LKINSON BLVD. DTTE, NC 28208 ID PREFIX TAG {V 000}	ZIP CODE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLET
TREATMENT CENTE SUMMARY ST. (EACH DEFICIENC REGULATORY OR I ITIAL COMMENTS follow up survey was ficiency was cited. is facility is license tegory: 10A NCAC pioid Treatment irrent facility client G .0205 (C-D) sessment/Treatme A NCAC 27G .0203	BR, INC. 3315 Will CHARLO ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) ASS completed on 10/12/18. A d for the following service 27G .3600 Outpatient census: 301 ent/Habilitation Plan	LKINSON BLVD. DTTE, NC 28208	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLET
SUMMARY ST. (EACH DEFICIENC REGULATORY OR I ITIAL COMMENTS follow up survey was ficiency was cited. is facility is license tegory: 10A NCAC pioid Treatment irrent facility client G .0205 (C-D) sessment/Treatme A NCAC 27G .0203	Inc. CHARLO ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) As completed on 10/12/18. A d for the following service 27G .3600 Outpatient census: 301 ent/Habilitation Plan	DTTE, NC 28208 ID PREFIX TAG {V 000}	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLET
(EACH DEFICIENC REGULATORY OR I ITIAL COMMENTS follow up survey was ficiency was cited. is facility is license tegory: 10A NCAC pioid Treatment irrent facility client G .0205 (C-D) sessment/Treatme A NCAC 27G .0203	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	{V 000}	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLET
follow up survey wa ficiency was cited. is facility is license tegory: 10A NCAC bioid Treatment urrent facility client G .0205 (C-D) sessment/Treatme A NCAC 27G .0203	as completed on 10/12/18. A d for the following service 27G .3600 Outpatient census: 301			
ficiency was cited. is facility is license tegory: 10A NCAC bioid Treatment rrrent facility client G .0205 (C-D) sessment/Treatme A NCAC 27G .0203	d for the following service 27G .3600 Outpatient census: 301 ent/Habilitation Plan	V 112		
tegory: 10A NCAC bioid Treatment rrrent facility client G .0205 (C-D) sessment/Treatme A NCAC 27G .0203	27G .3600 Outpatient census: 301 ent/Habilitation Plan	V 112		
G .0205 (C-D) sessment/Treatme A NCAC 27G .020	nt/Habilitation Plan	V 112		
sessment/Treatme		V 112		
	5 ASSESSMENT AND			
AN The plan shall be sessment, and in p gally responsible pe admission for clien ceive services beyo The plan shall inc client outcome(s hieved by provision ojected date of ach strategies; staff responsible a schedule for re nually in consultati sponsible person o basis for evaluat tcome achievemen written consent of sponsible party, or	ITATION OR SERVICE developed based on the partnership with the client or erson or both, within 30 days ts who are expected to ond 30 days. clude:) that are anticipated to be n of the service and a ievement; ; eview of the plan at least on with the client or legally r both; ion or assessment of ht; and or agreement by the client or a written statement by the			
	The plan shall be sessment, and in p ally responsible pe admission for client eive services beyo The plan shall ind client outcome(s nieved by provision jected date of ach strategies; staff responsible a schedule for re nually in consultati ponsible person o basis for evaluat come achievemen written consent of ponsible party, or vider stating why s	The plan shall be developed based on the sessment, and in partnership with the client or ally responsible person or both, within 30 days admission for clients who are expected to eive services beyond 30 days. The plan shall include: client outcome(s) that are anticipated to be nieved by provision of the service and a jected date of achievement; strategies; staff responsible; a schedule for review of the plan at least hually in consultation with the client or legally ponsible person or both; basis for evaluation or assessment of come achievement; and written consent or agreement by the client or ponsible party, or a written statement by the vider stating why such consent could not be	The plan shall be developed based on the sessment, and in partnership with the client or ally responsible person or both, within 30 days admission for clients who are expected to eive services beyond 30 days. The plan shall include: client outcome(s) that are anticipated to be nieved by provision of the service and a jected date of achievement; strategies; staff responsible; a schedule for review of the plan at least hually in consultation with the client or legally ponsible person or both; basis for evaluation or assessment of come achievement; and written consent or agreement by the client or ponsible party, or a written statement by the vider stating why such consent could not be	The plan shall be developed based on the essment, and in partnership with the client or ally responsible person or both, within 30 days admission for clients who are expected to eive services beyond 30 days. The plan shall include: client outcome(s) that are anticipated to be nieved by provision of the service and a jected date of achievement; strategies; staff responsible; a schedule for review of the plan at least nually in consultation with the client or legally ponsible person or both; basis for evaluation or assessment of come achievement; and written consent or agreement by the client or ponsible party, or a written statement by the vider stating why such consent could not be

PRINTED: 10/16/2018 FORM APPROVED

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
AND I LAW OF CONNECTION		IDENTIFICATION NOMBER.	A. BUILDING:				
	MHL060-865		B. WING		10	R 10/12/2018	
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
CHARLOT	TE TREATMENT CENT	ER. INC.	LKINSON BLVD. OTTE, NC 28208				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN C	OF CORRECTION	CORRECTION (X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	D THE APPROPRIATE	COMPLET DATE	
V 112	Continued From pag	e 1	V 112				
	This Rule is not met	-					
		view and interviews, the					
	facility failed to ensure strategies were developed and implemented to address client needs						
		nts (#5, #6). The findings are:					
	Finding #1:						
	Review on 10/11/18 of client #5's record revealed:						
	-admission date of 3/3/16 with diagnoses of						
	Opioid Dependence; -history of using here	in and cocaine on and off					
	since 1977;						
	-current dose of 110mg, increased from 100mg						
	on 7/9/18; -no take home doses	annroved.					
		-several consecutive months of cocaine positive					
	urine drug screens.						
	Review on 10/11/18	of client #5's treatment plan					
		d the following goals and					
	strategies:	ecovery based lifestyle, stay					
		eive disability, to earn take					
	home doses through	appropriately complying with					
	treatment;	. to all dealers was dealer					
		s, track dosing, provide ch long term recovery					
	strategies;						
	-no documentation o						
	strategies to address	s current cocaine usage.					
	Review on 10/11/18	of counselor #1's					
	documentation regarding client #5 revealed the						
	÷ .	essed in session: cocaine apse triggers, relapse					
	prevention.	apse inggers, relapse					

PRINTED: 10/16/2018 FORM APPROVED

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
MHL060-865			A. BUILDING:		R	
		B. WING		10	10/12/2018	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HARLOT	TE TREATMENT CENTE	ER. INC.	LKINSON BLVD.			
		CHARLO	DTTE, NC 28208			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From page 2		V 112			
	Interview on 10/11/18 -he planned to place team contract in next continued use of coc -he has tried to addre issue; -client #5 was doing of of cocaine; -client #5 has appoin physician next week. Finding #2: Review on 10/11/18 of -admission date of 9/ Opioid Dependence; -history of using herc -current dose of 100r -no take home doses Review on 10/11/18 of dated 9/19/18 reveals strategies: -understand self defe skills to deal with life -examine possibility of -meet weekly with co Review on 10/11/18 of documentation regard documentation client counselor. Interview on 10/12/18 revealed:	8 with counselor #1 revealed: client #5 on a treatment t week or so to address aine; ess it in sessions and still an well then relapsed on usage tment to see the facility of client #6's record revealed: '19/18 with diagnoses of bin daily 1/2 gram; mg as of 10/9/18; s approved. of client #6's treatment plan ed the following goals and eating, drug use, use coping 's problems; of cross addictions; punselor for next 30 days.				
	putting specifics in pl needs of clients inclu	ans to address specific iding other drug use;				
	-will address treatme	nt plan issues with staff.				

EJ4012