

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/16/2018
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NAME OF PROVIDER OR SUPPLIER CAROLINA TREATMENT CENTER OF PINEHUF	STREET ADDRESS, CITY, STATE, ZIP CODE 20 PAGE DRIVE SUITE 7 & 8 PINEHURST, NC 28374
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 10/16/18. The complaint was unsubstantiated (intake #NC00142739). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.</p> <p>The client census was 463 at the time of the survey.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to schedule a review of a plan at least annually for two of twenty three audited clients (#1 and #2) and the facility failed to have written consent or agreement by the client or responsible party affecting one of twenty three audited clients (client #3). The findings are:</p> <p>1. The following is evidence the facility failed to schedule a review of a plan at least annually.</p> <p>a. Review on 10/16/18 of client #1's record revealed: -Admission date of 12/6/11. -Diagnosis of Opioid Use Disorder. -Client #1 had a Person Centered Plan dated 10/9/16. -Client #1 most recent Person Centered Plan was completed on 10/16/18. -There was no documentation that client #1 had a treatment plan completed between 10/9/16 and 10/16/18.</p> <p>b. Review on 10/16/18 of client #2's record revealed: -Admission date of 4/12/10. -Diagnosis of Opioid Use Disorder. -Client #2 had a Person Centered Plan dated 5/30/17. -There was no documentation that client #2 had a current plan in his record.</p> <p>Interview on 10/16/18 with the Clinic Director revealed:</p>	V 112		

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V 112	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Client #1 was currently on her caseload. -Client #1 was going to group sessions, however he had not met with his counselor. -Client #1 had a treatment plan meeting scheduled for 10/16/18. -She thought client #1's last treatment plan was completed in 2015. -She was aware that client #2's treatment plan had expired. -She was not sure why client #2 did not have a current treatment plan. -She confirmed the facility failed to schedule a review of a plan at least annually for clients' #1 and #2. <p>2. The following is evidence the facility failed to have written consent or agreement by the client or responsible party.</p> <p>Review on 10/16/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 5/30/12. -Diagnosis of Opioid Use Disorder. -Client #3 had a Person Centered Plan dated 3/13/18. -No documentation of a written consent or agreement by the client or responsible party. <p>Interview on 10/16/18 with the Clinic Director revealed:</p> <ul style="list-style-type: none"> -The Counselor did develop a treatment plan for client #3. -She was not sure why the signature page for client #3 was missing. -She confirmed the facility failed to ensure client #3's treatment plan had written consent or agreement by the client or responsible party. 	V 112		

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V 235 V 235	Continued From page 3 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 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 record reviews and interviews, the facility failed to ensure 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. The findings are: Review of facility records on 10/16/18 revealed:	V 235 V 235		

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V 235	<p>Continued From page 4</p> <ul style="list-style-type: none"> -The facility had a current census of 463 clients. -The facility currently had seven full time substance abuse counselors. -Counselor #1 had a caseload of 60 clients. -Counselor #2 had a caseload of 58 clients. -Counselor #3 had a caseload of 57 clients. -Counselor #4 had a caseload of 51 clients. -Counselor #5 had a caseload of 59 clients. -Counselor #6 had a caseload of 60 clients. -Counselor #7 had a caseload of 58 clients. <p>Interview on 10/16/18 with the Clinic Director revealed:</p> <ul style="list-style-type: none"> -The clinic had three vacant counselor positions. -She and the Clinical Manager also had a caseload of clients. -She was aware that all of her counselors had more than 50 clients on their caseload. -She confirmed the facility failed to ensure there was a ratio of one counselor to every 50 or less clients. 	V 235		