

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL095-046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/19/2018
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NAME OF PROVIDER OR SUPPLIER STEPPING STONE OF BOONE	STREET ADDRESS, CITY, STATE, ZIP CODE 643 L GREENWAY ROAD BOONE, NC 28607
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 10/19/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 3600 Outpatient Opioid Treatment. Current census: 191.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p>	V 111		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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V 111	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to complete assessments prior to the delivery of services for 3 of 10 audited clients (#7, #8 and #10). The findings are:</p> <p>Review on 10/16/18 of client #7's record revealed: - Admission date: 7/25/17 - No admission assessment was completed until 10/16/18 - Diagnosis: Opioid Dependence - Treatment Plan dated 1/23/18 with the following goal: to reduce/eliminate all illicit drug use - A medical assessment was completed by the Nurse Practitioner/Nurse Manager (NP/NM) on 7/25/17.</p> <p>Review on 10/16/18 of client #8's record revealed: - Admission date: 8/18/17 -No admission assessment was completed until 2/20/18. - Diagnosis: Opiate Dependence - Treatment Plan dated 1/16/18 with the following goal: to reduce/eliminate all illicit drug use. -A medical assessment was completed by the NP/NM on 8/17/17.</p> <p>Review on 10/16/18 of client #10's record revealed: - 1st admission dates: 11/2/16 to 11/16/16 - 2nd admission date 2/6/17 to 3/15/17 - Current admission date: 6/8/17</p>	V 111		

Division of Health Service Regulation

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V 111	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Diagnoses: Opioid Dependence and Bipolar Disorder - The only admission assessment had been completed during the 1st admission on 11/3/16. - No admission assessments were completed prior to the 2nd or current admission. - Medical assessments were completed by the NP/NM during the 1st admission on 11/2/16, and during the 2nd admission on 6/12/17. - No documentation of a medical assessment was present for the current admission. <p>Review on 10/16/18 of the facility's policy on Screening, Admission and Intake Policy and Procedure dated 4/21/15 revealed:</p> <ul style="list-style-type: none"> - "2...Initial Intake... b. Counseling Assessment & Orientation ...the counselor begins their assessment. The assessment process follows a scripted format to determine appropriateness for treatment, substance abuse history, urgent needs such as suicidal ideation or other areas of risk of harm to self or health, demographic information, family history, history of trauma or abuse, legal/criminal history, co-occurring disorders, etc ... - c. Medical Assessment : i. The appropriate medical personnel then conducts the medical exam: ... the physician and /or other authorized health care professional then takes a full medical history and emancipation, including a full assessment of the patients current physical dependence and addiction to opiates, as well as other co-occurring substance related issues or risk factors. The assessment also includes appropriate questions regarding patient's social history and related psychosocial information..." <p>Interview on 10/15/18 with the (Licensed Clinical Addiction Specialist) LCAS #1 revealed:</p> <ul style="list-style-type: none"> - She is the Counselor for client #10 	V 111		

Division of Health Service Regulation

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V 111	<p>Continued From page 3</p> <p>- "It was a re-admission and I guess I just forgot."</p> <p>Interview on 10/16/18 with the Licensed Clinical Addiction Specialist-Associate (LCAS-A) #3 revealed:</p> <ul style="list-style-type: none"> - She is the Counselor for clients #7 & #8 - "I was here six months before I realized I had to complete the admission assessment for the clients." <p>Interview on 10/17/18 with the Chief Executive Officer (CEO)/Program Director revealed:</p> <ul style="list-style-type: none"> - Assessments were to be completed prior to the delivery of services. - He believed that all assessments had been completed prior to clients #7, #8 & #10 receiving services. 	V 111		
V 233	<p>27G .3601 Outpt. Opioid Tx. - Scope</p> <p>10A NCAC 27G .3601 SCOPE</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(d) For individuals with a history of being physiologically addicted to an opioid drug for at least one year before admission to the service,</p>	V 233		

Division of Health Service Regulation

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V 233	<p>Continued From page 4</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review, interviews and observations the facility failed to maintain only its licensed outpatient opioid treatment which provides periodic services designed to offer the individual an opportunity to effect constructive changes in his lifestyle by also operating an unlicensed office based buprenorphine (OBB) program within the licensing field.</p> <p>Record reviews, interviews and observations from 10/15/2018 to 10/19/2018 revealed:</p> <ul style="list-style-type: none"> - The licensed opioid treatment program facility utilized the same clinic time, staff attention and resources in order to also provide services to unlicensed OBB clients. - Licensed and Certified Counselors carried caseloads that exceeded minimum standards required by state regulations and were comprised of both licensed facility clients and unlicensed OBB clients. - Services for both groups were provided in the same location, in the same offices, and during the same time frames as one another. -Because of this, there was significant risk that effective provision of needed services to the licensed facility clients would be impacted. <p>Review on 10/15/18 of the facility's license</p>	V 233		

Division of Health Service Regulation

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V 233	<p>Continued From page 5</p> <p>revealed:</p> <ul style="list-style-type: none"> - The facility was licensed for the following service: 10A NCAC 27G .3600 Outpatient Opioid Treatment. <p>Observations from approximately 11:05 AM to 11:14 AM on 10/15/18 revealed:</p> <ul style="list-style-type: none"> - The front entry for the facility had two entrance doors side by side, one of which was locked; - There was a wall inside the facility separating the two entrance doorways; - The wall ended at the front waiting area; - The front waiting area, the reception desk, the hallway to the dosing area, the bathroom used for urine drug screening, and all counselors offices were freely accessible regardless of which entrance was used. <p>Interview on 10/15/18 with (Licensed Clinical Addiction Specialist) LCAS #1 revealed:</p> <ul style="list-style-type: none"> - LCAS #1's current client caseload was 55 OTP clients, plus 17 OBB clients. <p>Interview on 10/15/18 with LCAS #2 revealed:</p> <ul style="list-style-type: none"> - LCAS #2's current client caseload was 66 OTP clients, plus 11 OBB clients. <p>Interview on 10/16/18 with the Licensed Clinical Addiction Specialist-Associate (LCAS-A) #3 revealed:</p> <ul style="list-style-type: none"> - LCAS-A #3's current client caseload was 59 OTP clients, plus 8 OBB clients. <p>Interview on 10/15/18 with Certified Substance Abuse Counselor (CSAC) #4 revealed</p> <ul style="list-style-type: none"> - CSAC #4 had just recently started working at the facility. - CSAC #4 currently had 6 or 7 OTP clients, plus 1 OBB client on his caseload. 	V 233		

Division of Health Service Regulation

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V 233	<p>Continued From page 6</p> <p>Interviews on 10/15/18 and 10/17/18 with the Chief Executive Officer (CEO)/Program Director revealed:</p> <ul style="list-style-type: none"> - The facility had been providing an "integration model" of opioid treatment for OTP and OPP clients with a local community health agency for the past three years. - The community health agency component of the services consisted of primary medical care as well as providing prescriptions for buprenorphine to OBB clients. - OBB clients did not receive dosing services from the OTP component. - The integrated model was one that the entire state was using. - Facility's counseling staff were paid entirely by the facility, but the Nurse Practitioner/Nurse Manager's (NP/NM) salary was paid jointly by the facility and the partner community health organization. - The facility utilized the building spaces for both the OTP and OBB services, although the entrance doors were different. - The facility and the community health agency's official addresses were in the same building, but were located in suites "L" and "M". - The suites had been joined together, allowing clients for either service to freely access both suites. - OBB clients were generally scheduled to attend on Wednesdays, but could come other days if needed. - The OBB program times were scheduled within the same times of day that the OTP service was in operation. - The counselor offices were used by clients from both programs. - The same counseling staff that worked with OTP clients worked with the OBB clients. - "Confidentiality has nothing to do with someone 	V 233		

Division of Health Service Regulation

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V 233	Continued From page 7 walking in and seeing someone they know." -" ...The requirements are squirrely so we have to do what we have to do to work around them ...We've received no instructions that we can't do that (i.e. operate an unlicensed OBB program conjointly with an OTP program) ...We've been patted on the back for what we're doing and everybody (unidentified) says this is great" -The scope rules regulated the minimum of what an OTP program was required to provide, but didn't limit the facility to only providing that service. - The CEO did not believe that OTP clients' services were impacted at all by operating the unlicensed OBB program at the same time, with the same staff, and in the same space.	V 233		
V 234	27G .3602 Outpt. Opiod Tx. - Definitions 10A NCAC 27G .3602 DEFINITIONS In addition to terms defined in G.S. 122C-3 and Rule .0103 of this Subchapter, the following definitions shall also apply: (1) "Capacity management system" is a computerized database, maintained at the Office of the North Carolina State Authority for governing treatment of opioid addiction with an opioid drug, which ensures timely notification of the State whenever a program reaches 90 percent of its capacity to treat intravenous drug users, and to make any excess treatment capacity available. The requirement to have a capacity management system in 45 C.F.R. Part 96.126(a), the Substance Abuse Prevention and Treatment Block Grant, is incorporated by reference and includes all subsequent amendments and editions and may be obtained from the Substance Abuse Services Section of DMH/DD/SAS. The computerized system shall	V 234		

Division of Health Service Regulation

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V 234	<p>Continued From page 8</p> <p>ensure that a continuous updated record of all such reports is maintained and that excess capacity information shall be available to all other programs.</p> <p>(2) "Central registry" is a computerized patient database, maintained at the Office of the North Carolina State Authority for governing treatment of opioid addiction with an opioid drug. The purpose of the database is to prevent multiple methadone treatment program enrollments; thereby lessening the possibility of methadone diversion for illicit use.</p> <p>(3) "Waiting list management system" is a component of the capacity management system whereby systematic reporting of treatment demand is maintained. The data required for the waiting list management component of the capacity shall include a unique patient identifier for each intravenous drug user seeking treatment, the date initial treatment was requested, and the date the drug user was removed from the waiting list. The waiting list management system requirement in 45 CFR 96.126(c) is incorporated by reference and includes subsequent amendments and editions of the referenced material. It may be obtained from the Substance Abuse Services Section of DMH/DD/SAS.</p> <p>(4) "Methadone hydrochloride" (hereafter referred to as methadone) is a synthetic narcotic analgesic with multiple actions quantitatively similar to those of morphine, most prominent of which involves the central nervous system and organs composed of smooth muscle. The principal actions of therapeutic value or analgesia and sedation are detoxification or temporary maintenance in narcotic addiction. The methadone abstinence syndrome, although quantitatively similar to that of morphine differs in</p>	V 234		

Division of Health Service Regulation

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V 234	<p>Continued From page 9</p> <p>that the onset is slower, the course more prolonged, and the symptoms are less severe.</p> <p>(5) "Other medications approved for use in opioid treatment" are those medications approved by the Food and Drug Administration for use in opioid treatment and also approved for accepted medical uses under the North Carolina Controlled Substances Act.</p> <p>(6) "Program compliance for purposes of take-home eligibility" is determined by:</p> <p>(a) absence of recent drug abuse;</p> <p>(b) clinic attendance;</p> <p>(c) absence of behavioral problems at the clinic;</p> <p>(d) stability of the patient ' s home environment and social relationships;</p> <p>(e) length of time in comprehensive maintenance treatment;</p> <p>(f) assurance that take-home medication can be safely stored within the patient's home; and</p> <p>(g) evidence the rehabilitative benefit the patient derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion.</p> <p>(7) "Recent drug abuse for purposes of determining program compliance" is established by evidence of the misuse of either opioids, methadone, cocaine, barbiturates, amphetamines, delta-9-tetrahydrocannabinol (hereafter referred to as THC), benzodiazepines or alcohol documented in the results of two random drug tests conducted within the same 90-day period of continuous treatment.</p> <p>(8) "Counseling session in Outpatient Opioid Treatment" is a face-to-face or group discussion of issues related to and of progress toward a client ' s treatment goals that is conducted by a person as specified in Rule</p>	V 234		

Division of Health Service Regulation

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V 234	<p>Continued From page 10</p> <p>.3603, Paragraph (a) of this Section.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure counseling sessions consistently addressed discussion of positive urine drug screen (UDS) issues related to progress toward clients' treatment goals affecting of 2 of 10 audited clients (#7 & 8). The findings are:</p> <p>Review on 10/16/18 of client #7's record revealed: - Admission date 7/25/17 - Diagnosis: Opioid Dependence - Licensed Clinical Addiction Specialist - Associate (LCAS-A) #3 was client #7's counselor - Treatment Plan dated 1/23/18 with the following goal: to reduce/eliminate all illicit drug use - Urine screen dates: 5/23/18 tested positive for amphetamines- not addressed in counseling 6/20/18 tested positive for amphetamines - not addressed in counseling 8/21/18 tested positive for amphetamines and opiates - not addressed in counseling - 9/19/18 tested positive for opiates - Counselor addressed on 9/25/18 the positive opiates urine from 9/19/18</p> <p>Review on 10/16/18 of client #8's record revealed: - Admission date: 8/18/17 - Diagnosis: Opiate Dependence -LCAS-A#3 was client #8's counselor -Treatment Plan dated 1/16/18 with the following goal: to reduce/eliminate all illicit drug use - Urine screen dates;</p>	V 234		

Division of Health Service Regulation

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V 234	<p>Continued From page 11</p> <p>5/18/18 tested positive for Delta - 9 - Tetrahydrocannabinol (THC) - not addressed in counseling 6/12/18 tested positive for THC - not addressed in counseling 7/9/18 tested positive for THC 8/20/18 tested positive for THC - not addressed in counseling 9/20/18 tested for THC - not addressed in counseling - Counselor addressed on 7/9/18 the positive THC urine from 7/9/18</p> <p>Interview on 10/16/18 with the LCAS-A #3 revealed: - If testing positive for THC occurred on an ongoing basis, clients were not able to go up in dose or in levels and cannot get take homes. - THC was not contra -indicated</p> <p>Interview on 10/16/18 with the Licensed Practical Nurse (LPN) revealed: - "Every positive drug screen needs or should be addressed."</p> <p>Interview on 10/16/18 with the Nurse Practitioner/Nurse Manager revealed: - All positive drug urine screens should be addressed by the counselors - Consistently positive drug screens for Marijuana (THC) would not be allowed to go up in levels (ability to earn take home doses) but would allow for increase in dose (increase milligram)</p> <p>Interview on 10/17/18 with the Chief Executive Officer (CEO)/Program Director revealed: - "This will be corrected immediately."</p>	V 234		

Division of Health Service Regulation

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V 235	Continued From page 12	V 235		
V 235	<p>27G .3603 (A-C) Outpt. Opiod Tx. - Staff</p> <p>10A NCAC 27G .3603 STAFF</p> <p>(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.</p> <p>(b) Each facility shall have at least one staff member on duty trained in the following areas:</p> <p>(1) drug abuse withdrawal symptoms; and</p> <p>(2) symptoms of secondary complications to drug addiction.</p> <p>(c) Each direct care staff member shall receive continuing education to include understanding of the following:</p> <p>(1) nature of addiction;</p> <p>(2) the withdrawal syndrome;</p> <p>(3) group and family therapy; and</p> <p>(4) infectious diseases including HIV, sexually transmitted diseases and TB.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure there was a minimum of 1 certified substance abuse counselor to each 50 clients and increment thereof. The findings are:</p> <p>Review on 10/16/18 of the Licensed Clinical Addiction Specialist (LCAS) #1's record revealed: - Hire date: 6/4/18</p>	V 235		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL095-046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/19/2018
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NAME OF PROVIDER OR SUPPLIER STEPPING STONE OF BOONE	STREET ADDRESS, CITY, STATE, ZIP CODE 643 L GREENWAY ROAD BOONE, NC 28607
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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 235	<p>Continued From page 13</p> <ul style="list-style-type: none"> - Substance Abuse training: 6/5/18 <p>Review on 10/16/18 of the LCAS #2's record revealed:</p> <ul style="list-style-type: none"> - Hire Date 6/2/18 - Substance Abuse Training 7/9/18 <p>Review on 10/16/18 of the Licensed Clinical Addiction Specialist-Associate (LCAS-A) #3's record revealed:</p> <ul style="list-style-type: none"> - Hire Date: 4/24/17 - Substance Abuse Training: 3/1/18 <p>Review on 10/16/18 of the Certified Substance Abuse Counselor (CSAC) #4's record revealed:</p> <ul style="list-style-type: none"> - Hire Date: 9/10/18 - Substance Abuse Training: 10/3/18 <p>Review on 10/16/18 of Licensed Practical Nurse (LPN) #1's record revealed:</p> <ul style="list-style-type: none"> - Hire Date: 6/25/18 - Substance Abuse Training: 6/25/18 <p>Review on 10/15/18 of the facility's client census revealed:</p> <ul style="list-style-type: none"> - There were 191 clients enrolled at the facility. - No census data for the unlicensed OBB (office based buprenorphine) clients who were seen by the facility's substance abuse counselors on an outpatient basis for buprenorphine prescriptions was obtained. <p>Interview on 10/15/18 with LCAS #1 revealed:</p> <ul style="list-style-type: none"> - LCAS #1's current client caseload was 55 OTP (Opioid Treatment Program) clients, plus 17 OBB clients. - She met with her OTP clients at least once a month when they had been in treatment for greater than one year and were stable. - She met with OTP clients who had been in 	V 235		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL095-046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/19/2018
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NAME OF PROVIDER OR SUPPLIER STEPPING STONE OF BOONE	STREET ADDRESS, CITY, STATE, ZIP CODE 643 L GREENWAY ROAD BOONE, NC 28607
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V 235	<p>Continued From page 14</p> <p>treatment for less than one year, or who were unstable, at least twice monthly.</p> <ul style="list-style-type: none"> - Two counselors had left for maternity leave, and one counselor had resigned to take a different job within the past two months. - A new counselor had recently been hired, and he would be taking some of the other counselors' clients from their caseloads. <p>Interview on 10/15/18 with LCAS #2 revealed:</p> <ul style="list-style-type: none"> - LCAS #2's current client caseload was 66 OTP clients, plus 11 OBB clients. - LCAS #2 met with clients a minimum of once a month for clients when had been in treatment for more than one year. - LCAS #2 met with newer clients and those that were unstable at least twice monthly. - When another counselor left on maternity leave in August 2018, her client case load increased. <p>Interview on 10/16/18 with LCAS-A #3 revealed:</p> <ul style="list-style-type: none"> - LCAS-A #3's current client caseload was 59 OTP clients, plus 8 OBB clients. - LCAS-A #3 met with OTP clients at least once a month if they had been in treatment for longer than one year and were stable. - LCAS-A #3 met with newer clients or clients who were unstable at least twice monthly. - Her understanding was that the maximum number of clients on a counselor's caseload was supposed to be 50. <p>Interview on 10/15/18 with CSAC #4 revealed</p> <ul style="list-style-type: none"> - CSAC #4 had just recently started working at the facility. - There had been an issue with getting his CSAC certification due to the wrong date of birth having been put on his fingerprint card by the local Sheriff's office. - CSAC #4 currently had 6 or 7 OTP clients, plus 	V 235		

Division of Health Service Regulation

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V 235	<p>Continued From page 15</p> <p>1 OBB client on his caseload.</p> <p>Interview on 10/17/18 with the Chief Executive Officer (CEO)/Program Director revealed:</p> <ul style="list-style-type: none"> - OBB patients did not count in the ratio. - There wasn't a problem with the client staff ratio. - Surveyors were interpreting the rule area differently than prior Surveyors. - If you looked at the numbers, then they were within ratio. - We took away some of the counselors duties so they were able to focus on counseling. - There hadn't been any negative incidents or problems as a result of counselors seeing both Outpatient Opioid Treatment (OPT) and Office Based Buprenorphine (OBB) clients. - Even if OBB clients were counted in the ratio we would have 5 counselors on staff. - Lead Staff was out until 1/2/19. - CSAC #4 was new and his caseload was currently only 1 OBB client. 	V 235		