

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-186	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/28/2018
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NAME OF PROVIDER OR SUPPLIER CAROLINA TREATMENT CENTER OF GOLDSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 EAST ASH STREET, SUITE 200, 201, 202 & 300 GOLDSBORO, NC 27530
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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 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on November 28, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3600, Outpatient Opioid Treatment.</p> <p>The census at the time of the survey was 215.</p>	V 000		
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>	V 235		

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

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V 235	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure a minimum of one certified drug abuse counselor or certified substance abuse counselor was on staff to each 50 clients or increments thereof. The findings are:</p> <p>Review of facility records on 11/27/18 revealed:</p> <ul style="list-style-type: none"> - Current client census of 214. - 5 Counselors with substance abuse certification on staff. - Counselor #1 had a caseload of 57 clients. - Counselor #2 had a caseload of 52 clients. - Counselor #3 had a caseload of 52 clients. - Counselor #4 had a caseload of 45 clients. - Counselor #5 had no caseload. - The Clinic Director had a caseload of 9 clients. <p>During interview on 11/27/18 Counselor #1 stated she was hired as a counselor in August 2018. Her caseload of 57 was large and sometimes it was "a little tough to stay on top of things and keep everything up to date."</p> <p>During interview on 11/27/18 Counselor #2 stated he had 52 clients on his caseload and it was manageable.</p> <p>During interviews on 11/27/18 and 11/28/18 the Clinic Director stated Counselor #5 went out on maternity leave within 90 days of her hire. She was not assigned a caseload prior to her maternity leave because she had not completed her 90 day training period. Assigning and reassigning clients to counselors was not fair to the clients. Upon Counselor #5's return she would be assigned a caseload.</p> <p>This deficiency constitutes a re-cited deficiency</p>	V 235		

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V 235	Continued From page 2 and must be corected within 30 days.	V 235		