

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

/Appendix 1-B: Plan of Correction Form

Plan of Correction	
<p>Please complete all requested information and mail completed Plan of Correction form to: Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27669-2718</p>	<p>In lieu of mailing the form, you may e-mail the completed electronic form to: plans.of.correction@dhhs.nc.gov</p>
<p>Provider Name: ATS of NC dba Carolina Treatment Center of Goldsboro</p> <p>Provider Contact Person for follow-up: Amber Leclercq, Clinic Director</p> <p>Address: 1700 East Ash Street Suite 201 Goldsboro NC 27863</p>	<p>Phone: 919-583-9329</p> <p>Fax: 919-583-9328</p> <p>Email: amber.sasser@ctcprograms.com</p> <p>Provider # MHL – 096-186</p>
<p>Finding</p> <p>V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on November 28, 2018. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .3600, Outpatient Opioid Treatment. The census at the time of the survey was 215. V 235 27G .3603 (A-C) Outpt. Opioid 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</p>	<p>Corrective Action Steps</p> <p>To comply with required ratio of 50:1, caseloads will be evenly distributed across the board to not exceed 50 patients by Program Director having additional patients added to current caseload until Counselor #5 returns from Maternity Leave on 1-8-2019.</p> <p align="center"><i>DHSR - Mental Health DEC 05 2018 Lic. & Cert. Section</i></p>
	<p>Responsible Party Amber Leclercq, Program Director</p>
	<p>Time Line Implementation Date: 12-3-2018 Projected Completion Date: 12-3-2018</p>

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.

V 235 Continued From page 1 V 235

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:

Review of facility records on 11/27/18 revealed:

- 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.
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."
During interview on 11/27/18 Counselor #2 stated he had 52 clients on his caseload and it was manageable.
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.
This deficiency constitutes a re-cited deficiency continued From page 2 V 235 and must be corrected within 30 days.

Amber S. Leiden 12-3-18.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL096-186	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/28/2018
NAME OF FACILITY CAROLINA TREATMENT CENTER OF GOLDSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 EAST ASH STREET, SUITE 200, 201, 202 & 300 GOLDSBORO, NC 27530

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0118	Correction	ID Prefix V0238	Correction	ID Prefix	Correction
Reg. # 27G .0209 (C)	Completed	Reg. # 27G .3604 (E-K)	Completed	Reg. #	Completed
LSC	11/28/2018	LSC	11/28/2018	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Cornie Anderson Beth Phillips, MEd.</i>	DATE 11/28/18
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE Facility Compliance Consultant I	DATE
FOLLOWUP TO SURVEY COMPLETED ON 9/21/2017		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

November 29, 2018

Amber Leclercq, Clinic Director
ATS of North Carolina, LLC
1700 East Ash Street, Suite 201
Goldsboro, NC 27530

Re: Annual and Follow-Up Survey completed 11/28/18
Carolina Treatment Center of Goldsboro
MHL # 096-186
E-mail Address: Amber.Sasser@ctcprograms.com; David.Cassise@ctcprograms.com

Dear Ms. Leclercq:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed November 28, 2018.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report.

Enclosed you will find the deficiency cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiency found, the time frame for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Re-cited standard level deficiency.

Time Frames for Compliance

- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is December 28, 2018.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

November 28, 2018
ATS of North Carolina, LLC
Amber Leclercq, Clinic Director

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Wendy Boone, South Coastal Team Leader, at 252-568-2744.

Sincerely,



Connie Anderson
Facility Compliance Consultant I
Mental Health Licensure & Certification Section



Beth Phillips
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Sarah Stroud, Director, Eastpointe LME/MCO
Jeanette Jordan-Huffam, Quality Management Director, Eastpointe LME/MCO
File