STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-298	A. BUILDING: _____ B. WING _____	R 12/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROSSROADS TREATMENT CENTER OF ASHEVILLE	6 ROBERTS ROAD, SUITE 103 ASHEVILLE, NC 28803

(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	INITIAL COMMENTS An annual, follow up and complaint was completed on 12/17/18. The complaint was unsubstantiated (intake #NC00145129). A deficiency was cited. The census was 570. This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.	V 000		
V 235	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.	V 235		

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V 235	Continued From page 1 This Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure staff met the certification requirements within a maximum of 26 months from the date of employment for 1 of 2 sampled staff (Counselor #1). The findings are: Review on 12/17/18 of the personnel record for Counselor #1 revealed: -Hire date of 8/8/16. -Registered on 7/5/16 with the North Carolina Substance Abuse Professional Practice Board. -No record of certification. Interview on 12/17/18 with the Program Director revealed: -Counselor #1 had not received his certification. -She thought he was still within the required time frame based on board recommendations. -She discussed the need for Counselor #1 to move forward with obtaining his certification. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 235		