

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-298	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/17/2018
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NAME OF PROVIDER OR SUPPLIER CROSSROADS TREATMENT CENTER OF ASHEVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 6 ROBERTS ROAD, SUITE 103 ASHEVILLE, NC 28803
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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
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V 000	<p>INITIAL COMMENTS</p> <p>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.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.</p>	V 000	<p><i>Please see attached plan of corrections</i></p>	
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	<p>DHSR - Mental Health JAN 02 2019 Lic. & Cert. Section</p>	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Susan Hendrix, RN

Program Director, Registered Nurse 12-28-18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-298	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/17/2018
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V 235	<p>Continued From page 1</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 235		
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Crossroads Treatment Center of Asheville
NC Department of Health and Human Services
Division of Health Service Regulation
PLAN OF CORRECTION

Violation(s) Cited

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 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 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

Measures put in place to correct the deficient area of practice:

1. The employment of the counselor in question will be terminated for failing to meet the state requirements to practice as a Certified Substance Abuse Counselor within the designated time frame.

Measures put in place to prevent the problem from occurring again:

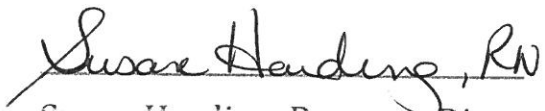
1. Monthly the Program Director will review the certifications of every counselor to ensure they meet the state and federal requirements.
2. The Program Director will apply for a state waiver for any counselor that will not reach full certification within the allotted state regulation time frame 6 months in advance.

Who will monitor the situation to ensure it will not occur again:

1. The Clinical Director, Program Director, and Human Resources will all monitor staffing certifications
2. The Chief Quality Officer will monitor the certification of all staff to ensure compliance.

How often the monitoring will take place:

1. Monitoring will take place monthly.


Susan Harding, Program Director
Crossroads Treatment Center

12-28-18
Date



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

December 21, 2018

DHSR - Mental Health

Susan Harding, Program Director
Crossroads Treatment Center of Asheville, PC
55 Beattie Place Suite 810
Greenville, SC 29601

JAN 02 2019

Lic. & Cert. Section

Re: Annual, Follow up and Complaint Survey completed 12/17/18
Crossroads Treatment Center of Asheville, PC, 6 Roberts Road, Suite 103, Asheville, NC 28803
MHL # 011-298
E-mail Address: sharding@crossroadstreatment.com; kdeal@crossroadstreatmentcenters.com
(Intake #NC00145129)

Dear Ms. Harding:

Thank you for the cooperation and courtesy extended during the annual, complaint and follow up survey completed 12/17/18. The complaint was unsubstantiated.

Enclosed you will find all deficiencies 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 deficiencies found, the time frames 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 1/16/19.

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.

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

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

December 21, 2018
Susan Harding, Program Director
Crossroads Treatment Center of Asheville, PC

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 Robin Sulfridge, Branch Manager at 336-861-7342.

Sincerely,

Sherry Waters

Sherry Waters
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Brian Ingraham, Director, Vaya Health, LME/MCO
Patty Wilson, Quality Management Director, Vaya Health, LME/MCO
Smith Worth, SOTA Director (for 3600 only)
File