

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL025-208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/16/2019
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NAME OF PROVIDER OR SUPPLIER PORT HEALTH SERVICES - NEW BERN MMP	STREET ADDRESS, CITY, STATE, ZIP CODE 1309 TATUM ROAD NEW BERN, NC 28560
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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 survey was completed on January 16, 2019. 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 facility was serving 166 clients at the time of the survey.</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 interview, 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 on 1/16/19 of facility records revealed:</p> <ul style="list-style-type: none"> - The facility was serving a total of 166 clients. - 4 Licensed Clinical Addictions Specialists on staff as therapists. - The Supervisor and Program Supervisor were Licensed Clinical Addiction Specialists. - Therapist #1 had a caseload of 52 clients. - Therapist #2 had a caseload of 57 clients. - Therapist #3 had a caseload of 46 clients. - Therapist #4 had a caseload of 1 client. - The Supervisor had a caseload of 2 clients. - The Program Supervisor had a caseload of 8 clients. <p>During interview on 1/16/19 Therapist #1 stated her caseload was manageable and she was able to see clients as required and as needed.</p> <p>During interview on 1/16/19 Therapist #2 stated her caseload was manageable and she was able to see clients as required and as needed.</p> <p>During interview on 1/16/19 the Program Supervisor stated Therapist #4 was hired in August 2018 and was enrolled to bill services through one insurance carrier at the time of the survey. Facility management was working with the Local Management Entity to complete the process to have Therapist #4 approved to bill for services. The process had taken longer than</p>	V 235		

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V 235	Continued From page 2 anticipated, but once complete, Therapist #4 would be assigned a full caseload.	V 235		