

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-760	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/30/2019
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NAME OF PROVIDER OR SUPPLIER FAYETTEVILLE TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 418 PERSON STREET SUITE 103 FAYETTEVILLE, NC 28301
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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 30, 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 census at the time of the survey was 333.</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 reviews and interviews the facility failed to ensure a minimum of one certified drug abuse counselor or certified substance abuse counselor was on staff of the facility to each 50 clients or increments thereof. The findings are:</p> <p>Review on 01/29/19 of the facility client by counselor list provided by the Program Director revealed:</p> <ul style="list-style-type: none"> - Counselor #1 had a caseload of 56 clients. - Counselor #2 had a caseload of 55 clients. - Counselor #3 had a caseload of 57 clients. - Counselor #4 had a caseload of 56 clients. - Counselor #5 had a caseload of 57 clients. - Counselor #6 had a caseload of 54 clients. <p>Interview on 01/29/19 Counselor #1 stated:</p> <ul style="list-style-type: none"> - She had worked at the facility for approximately 11 years. - She currently had 57 clients on her caseload. - A two counselors had left in the last 2 months. <p>Interview on 01/29/19 Counselor #2 stated:</p> <ul style="list-style-type: none"> - She had worked at the facility for approximately 7 years. - She currently had 55 clients on her caseload. - One counselor had left last week which increased her caseload <p>Interview on 01/29/19 Counselor #3 stated:</p> <ul style="list-style-type: none"> - He had worked at the facility for approximately 3 years. - He currently had a caseload of 56 clients. <p>Interview on 01/29/19 the Program Director stated:</p>	V 235		

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V 235	Continued From page 2 - The counselor ratio was currently out of compliance. - A counselor had left last week. - The facility was in the process of hiring another counselor.	V 235		