

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL053-044</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/18/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SANFORD TREATMENT CENTER, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2800 INDUSTRIAL DRIVE SANFORD, NC 27332</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on 1-18-19. The complaint was unsubstantiated (#NC00145826). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 3600: Outpatient Opioid Treatment</p>	V 000		
V 111	<p><b>27G .0205 (A-B)</b> <b>Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> <li>(1) the client's presenting problem;</li> <li>(2) the client's needs and strengths;</li> <li>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</li> <li>(4) a pertinent social, family, and medical history; and</li> <li>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</li> </ol> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p>	V 111	<p><b>RECEIVED</b> <b>FEB 14 2019</b> <b>DHSR-MH Licensure Sect</b></p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Mary Lamb*

TITLE  
**CEO, LCAS**

(X6) DATE  
**2/8/19**

Division of Health Service Regulation

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V 111	<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 follow doctors orders, effecting one of 12 clients (client #1). The findings are:</p> <p>Review on 1-17-19 of client #1's record revealed: -Admitted 3-3-14 -Diagnosis of Opioid use, severe -Doctors order dated 11-16-18 revealed that the doctor ordered a peak and trough and and EKG (electrocardiogram) to be completed. Client could increase her dose to 125 mg -No documentation of a peak and trough or and EKG being done.</p> <p>1-18-19, Peak and trough and EKG scheduled to be completed on 1-21-19</p> <p>Interview on 1-17-19 with client #1 revealed: -She was pregnant -her current dose was 130 -"If I want to go higher, I would need a peak and trough and an EKG." -The nurses did take her blood pressure more often.</p> <p>Interview on 1-18-19 with the center director revealed: -He did not know why the peak and trough and the EKG were not done. -He hadn't been director very long and was "thrown into the deep end." -It was now scheduled to be completed the</p>	V 111	<p>The peak and trough and EKG on client #1 have been completed. The Program Director has been at the Sanford Treatment Center as a counselor since 2009 (ten years) and has been the Program Director for 7 months.</p>	

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V 111	Continued From page 2 following Monday (1-21-19)	V 111		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> <li>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</li> <li>(2) strategies;</li> <li>(3) staff responsible;</li> <li>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</li> <li>(5) basis for evaluation or assessment of outcome achievement; and</li> <li>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</li> </ol> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure that treatment plans reflected strategies to complete goals, effecting 2</p>	V 112		

# Sanford Treatment Center

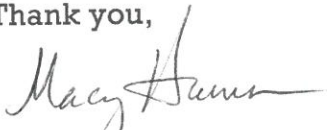
2800 Industrial Drive  
Sanford, NC 27332  
Phone: 919-776-0711  
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E-Mail: macyhamm@gmail.com

February 8, 2019

Dear DHSR:

Enclosed please find the plan of correction for Sanford Treatment Center.

Thank you,



Macy Hamm

RECEIVED

FEB 14 2019

DHSR-MH Licensure Sect