**FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING MHL026-760 01/30/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 418 PERSON STREET SUITE 103 **FAYETTEVILLE TREATMENT CENTER** FAYETTEVILLE, NC 28301 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 Prior to DHSR audit, Fayetteville Metro Treatment Center began advertising for a Substance Abuse An annual survey was completed on January 30, Counselor position. Fayetteville Metro Treatment 2019. A deficiency was cited. Center is in process of interviewing candidates and will ensure a highly qualified counselor is This facility is licensed for the following service selected by February 28, 2019. Once the category: 10A NCAC 27G .3600 Outpatient Opioid Treatment. additional counselor is hired, Fayetteville Treatment Center will return to compliance with The census at the time of the survey was 333. each counselor having no more than 50 patients on their caseload. V 235 27G .3603 (A-C) Outpt. Opiod Tx. - Staff V 235 Moving forward, Fayetteville Metro Treatment 10A NCAC 27G .3603 STAFF Center will ensure compliance with the required (a) A minimum of one certified drug abuse counselor to patient ratio at all times. 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 DHSR - Mental Health person, provided that this employee meets the certification requirements within a maximum of 26 months from the date of employment. FEB 1 8 2019 (b) Each facility shall have at least one staff member on duty trained in the following areas: Lic. & Cert. Section (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.

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division	of Health Service Re	egulation						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHLO	26-760	B. WING			30/2019	
NAME OF F	PROVIDER OR SUPPLIER			RESS, CITY, ST	ATE, ZIP CODE			
		CENTED		ON STREET				
FAYETTE	VILLE TREATMENT	CENTER	FAYETTE\	ILLE, NC 28	301		T	
(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 CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	N SHOULD BE COMPLETE		
V 235	Continued From pa	age 1	*	V 235				
	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:							
	Review on 01/29/1 counselor list prov revealed: - Counselor #1 ha - Counselor #2 ha - Counselor #3 ha - Counselor #4 ha - Counselor #5 ha - Counselor #6 ha	d a caseload d a caseload d a caseload d a caseload d a caseload d a caseload	Program Director of 56 clients. of 55 clients. of 57 clients. of 56 clients. of 57 clients.					
	Interview on 01/29 - She had worked 11 years She currently ha - A two counselors	at the facilit d 57 clients	y for approximately on her caseload.					
	Interview on 01/29 - She had worked 7 years She currently ha - One counselor h increased her cas	at the facilit ad 55 clients ad left last v	y for approximately on her caseload.					
	Interview on 01/2 - He had worked years He currently had	at the facility	for approximately 3					
	Interview on 01/2							

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PRINTED: 02/01/2019 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ R B. WING MHL026-760 01/30/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 418 PERSON STREET SUITE 103 **FAYETTEVILLE TREATMENT CENTER** FAYETTEVILLE, NC 28301 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 235 | Continued From page 2 V 235 - The counselor ratio was currently out of compliance. A counselor had left last week. - The facility was in the process of hiring another counselor.

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STATE FORM