STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE : COMPI		
	MHL098-190	B. WING		03/1	2/2019	
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE			
WILSON PROFESSIONAL SE	RVICES TREATMI	SH STREET I NC 27896	NW			
PREFIX (EACH DEFICIENC)	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
2019. A deficiency  This facility is licens category: 10A NCA Opioid Treatment.  Census was 206 cl  V 238 27G .3604 (E-K) O  10A NCAC 27G .36  TREATMENT. OPE (e) The State Auth approval on the foll (1) compliant law and regulations (2) compliant standards of practic (3) programs	vas completed on March 12, was cited.  sed for the following service AC 27G .3600 Outpatient  tents at the time of the survey.  utpt. Opiod - Operations  604 OUTPATIENT OPIOD  ERATIONS.  pority shall base program  owing criteria:  the with all state and federal  ce with all applicable  the;  structure for successful	V 000	Upon exit of the annual survey, Wilson Professional Services Treatment Team debriefed for corrective planning to address cited deficiences. Planning outcomes include: Wilson Professional Services Treatment Center will provide an update/training on on services catagory: 10ANCAC 26G.3600 Outpatinet Opioid Treatment. This training is el immediately. This training will also be provided new hire onboarding process and added to the checklist.  Wilson Professional Services Treatment will provide an update/training on service 27G .3604 (E-K) Outpatient Opioid Trea Opeations.This training is effective imme This training will be provided as a part of onoarding process and will be added to t orientation checklist.	Center catagory atment. diately. new hire he new hire	Type tex	ĸt h
treatment services (f) Take-Home Elig comprehensive ma requests unsupervi methadone or othe treatment of opioid specified requirements for coand must demonstrathe specified time pany level increase. year of continuous attend a minimum month. After the fir years of continuous	the delivery of opioid in the applicable population.					

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

(X6) DATE TITLE

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MUI 000 400	B. WING		02/4	2/2040
		MHL098-190	1		03/1	2/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
WILSON	PROFESSIONAL SE	RVICES TREATMI	SH STREET N NC 27896	<b>NW</b>		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 238	month.  (1) Levels of following conditions (A) Level 1. It continuous treatmed limited to a single of shall ingest all other the clinic;  (B) Level 2. continuous program granted for a maximand shall ingest all at the clinic each w (C) Level 3. treatment and a micontinuous program client may be grant take-home doses a under supervision at (D) Level 4. It treatment and a micontinuous program client may be grant take-home doses a under supervision at (E) Level 5. treatment and a micontinuous program granted for a maximand shall ingest at supervision at the c (F) Level 6. treatment and a micontinuous program client may be grant take-home doses a dose under supervision at the c (F) Level 6. treatment and a micontinuous program client may be grant take-home doses a dose under supervisions; and	Eligibility are subject to the s: During the first 90 days of ent, the take-home supply is lose each week and the client of doses under supervision at the After a minimum of 90 days of an compliance, a client may be mum of three take-home doses other doses under supervision eek; After 180 days of continuous nimum of 90 days of an compliance at level 2, a feed for a maximum of four and shall ingest all other doses at the clinic each week; After 270 days of continuous nimum of 90 days of an compliance at level 3, a feed for a maximum of five and shall ingest all other doses at the clinic each week; After 364 days of continuous nimum of 180 days of an compliance, a client may be mum of six take-home doses least one dose under				

DIVIDION	of Fleatiff Service IN	guiation					
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPL		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION N	UMBER:	A. BUILDING:		COMP	LETED
		MUI 000 400		B WING		02/4	2/2040
		MHL098-190				<u>j U3/1</u>	2/2019
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WILCON	DDOFFCCIONAL CEI	DVICES TREATMI	3709 NAS	H STREET N	IW		
WILSON PROFESSIONAL SERVICES TREATMI WILSON			WILSON,	NC 27896			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCE	ES	ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED B	Y FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORM	MATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
					DEFICIENCY)		
V 238	Continued From pa	ge 2		V 238			
	·	_	ro of				
	treatment and a min						
	continuous program						
	granted for a maxin						
	and shall ingest at I		er				
	supervision at the c						
		r Reducing, Losing					
	Reinstatement of Ta						
		ake-home eligibility					
	or suspended for ev		•				
	A client who tests p						
	within a 90-day peri						
	reduction of eligibili						
		ho tests positive or					
	screens within the						
	all take-home eligib	ility suspended; and	d				
	(C) The reins	tatement of take-ho	ome				
	eligibility shall be de	etermined by each (	Outpatient				
	Opioid Treatment P	rogram.					
	(3) Exception	is to Take-Home Eli	gibility:				
		the first two years of					
	continuous treatme						
	the applicable man						
	exceptional circums						
	personal or family of						
	may be permitted a						
	by the State authori						
	found to be respons						
	Except in instances						
	verifiable physical d						
	of 13 take-home do						
	period during the fir						
	treatment.	2 90010 01 0011					
		ho is unable to con	form to the				
	applicable mandato						
	verifiable physical of						
	additional take-hom						
	authority. Clients w						
	take-home eligibility						
	disability may be gr	anted up to a maxir	num				

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		MHL098-190		B. WING		03/	12/2019
	PROVIDER OR SUPPLIER	RVICES TREATMI	3709 NAS	DRESS, CITY, S H STREET N NC 27896	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 238	30-day supply of tal make monthly clinic (4) Take-Hon Take-home dosage medications approvaddiction shall be a physician on an ind to the following:  (A) An addition methadone or other treatment of opioid to each eligible client treatment) for each (B) No more methadone or other treatment of opioid to any eligible client restriction shall not receiving take-hom above.  (g) Withdrawal Fro Opioid Treatment. withdrawal from meapproved for use in discussed with each treatment and annum (h) Random Testin and other drugs sha active opioid treatment and annum (h) Random Testin and other drugs sha active opioid treatment one random drug to treatment. Addition three-month period treatment episode, will be observed by to include at least the methadone, cocain amphetamines, TH alcohol. Alcohol testing the complex of the color of the colo	ke-home medication visits. The Dosages For Holis of methadone or over for the treatment uthorized by the facility in the case of holidays apply to clients who addiction may be distributed by the facility in the case of holidays apply to clients who are medications at Lever Medications for United the case of holidays apply to clients who are medications at Lever Medications For United the case of holidays apply to clients who are medications for United the case of holidays apply to clients who are medications for United the case of holidays apply to clients who are medications for United the case of holidays apply to clients who are medications at Lever medications for United the case of holidays apply to clients who are noticed on the client at the initiation and the conducted on the client with a minimate and the conducted on the case of a client's continuous at least one random program staff. Drugne following: opioids	days: ther of opioid lity ccording of yed for the spensed e in oply of yed for the spenseds. This are yel 4 or  Jse In its of edications all be on of for alcohol each imum of ontinuous ch ous drug test g testing is is and gathered	V 238			

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL098-190	B. WING		03/1	2/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		3709 NAS	H STREET N			
WILSON	PROFESSIONAL SEI	RVICES TREATMI WILSON,	NC 27896			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 238	alternate scientifica (i) Client Discharge be discharged from dependent upon me approved for use in client is provided the the drug. (j) Dual Enrollment outpatient opioid ac which dispense Me Levo-Alpha-Acetyl- pharmacological ac Drug Administration addiction subseque required to participa Registry or ensure enrolled by means exchange with all o within at least a 75- program. Program participate in a com Management and W System as establish State Authority for O (k) Diversion Conti Opioid Treatment F required to establis control plan as part shall document the procedures. A dive the following eleme (1) dual enro that consist of clien	Illy valid method. Restrictions. No client shall the facility while physically ethadone or other medications opioid treatment unless the e opportunity to detoxify from Prevention. All licensed didiction treatment facilities thadone, Methadol (LAAM) or any other gent approved by the Food and for the treatment of opioid ent to November 1, 1998, are ate in a computerized Central that clients are not dually of direct contact or a list pioid treatment programs emile radius of the admitting are also required to aputerized Capacity Vaiting List Management and by the North Carolina Opioid Treatment. For Plan. Outpatient Addiction Programs in North Carolina are the and maintain a diversion of program operations and plan in their policies and resion control plan shall include ints:	V 238	DEFICIENCY)		
	or solid dosage form (3) call-in's fo	or bottle checks, bottle returns on call-in's; or drug testing; on results that include a				

Division of Health Service Regulation

STATE FORM 6899 7W0Z11 If continuation sheet 5 of 8

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		MHL098-190		B. WING		03/	12/2019
	PROVIDER OR SUPPLIER	RVICES TREATMI	3709 NAS	DRESS, CITY, S SH STREET N NC 27896	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 238	review of the levels medications approvaddiction; (5) client atte	of methadone or other of the treatment o	t of opioid and	V 238			
	failed to ensure 1 o the minimum requir	et as evidenced by: view and interview, f eight audited client red counseling sessi eir first year of treatn	s (#2) met ons per				
	- admission dat - diagnoses of 9 months pregnant 3/14/19) - she submitted Screens (UDS) at letested positive at letentanyl, morphine, Oxycodone - some of the divere:	Opioid Use Disorde (baby being delivered to supervised Urine east weekly and she east 18 times since 1 cocaine, heroin and ates she tested pos	r - Severe, ed on e Drug had 2/1/19 for I				
	- 1/31/19, - 12/26/18, - 11/29/18, - 10/29/18 - - a treatment pl documentation she counselor at least to - notes that she	2/21/19, 2/13/19, 2 1/29/19, 1/11/19, 1. 12/19/18, 12/12/18 11/26/18, 11/16/18 and 10/22/18 lan dated 8/28/18 wi was to meet with he wice monthly e met with her couns 11/14/18: 11/28/18 a	/2/19 3, 12/5/18 4, 11/9/18 th er selor on:				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME	DED:	X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		MHL098-190	E	B. WING		03/	12/2019
	PROVIDER OR SUPPLIER PROFESSIONAL SER	RVICES TREATMI	STREET ADDR 3709 NASH WILSON, NO	STREET N	TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETE DATE
V 238	12/19/18 - notes that she on 10/22/18; 2/6/19 - no documents group session since  During interview on - she met with I missed sometimes issues - she attended - she did not ha - her UDS have time  During interview on reported: - client #2 is 9 r scheduled to delive - she has tried but had not been su - client #2 refus - client #2 refus - client #2 has revery week - the doctor trie stop her from drug successful. Her me because of her prewould impose on the client #2 need outpatient - she had refer placement and she changed her mind a client #2 will be is delivered and she clinic	e canceled with her could and 2/8/19 ation she had attended to her admission  3/12/19, client #2 reports counselor weekly because of transportar group sessions monthlave any take homes to been "clean" for a vertical and the baby this week to meet with client #2 vuccessful sed to attend group session dincreasing her methal seeking but that has neethadone cannot be degrancy and the danger of the fetus.  It is canceled with her countries and attended group session dincreasing her methal seeking but that has neethadone cannot be degrancy and the danger of the fetus.  It is canceled with her countries and 2/8/19, client #2 vertical fetus.  It is canceled with her countries and 2/8/19, client #2 vertical fetus.	unselor I any orted: out tion ly ry long ounselor weekly ssions ens adone to ot been ecreased r that are than #2 then e baby the	V 238			

Division of Health Service Regulation

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED			
		MHL098-190	B. WING		03/	12/2019			
	NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  3709 NASH STREET NW WILSON, NC 27896								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE			
V 238	- she had only s prior - one of her job	ge 7 started at the clinic 2 weeks duties was to oversee day to nsure everything flowed	V 238						