

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601367</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/02/2019</b>
--------------------------------------------------	-----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>MIDWOOD ADDICTION TREATMENT, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1111 THE PLAZA CHARLOTTE, NC 28205</b>
-----------------------------------------------------------------------------	----------------------------------------------------------------------------------------

(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>A complaint survey was completed on 5/2/19. The complaint was substantiated (#NC149854). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3300 Outpatient Detox, 10A NCAC 24G .4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment.</p>	V 000		
V 266	<p><b>27G .4401 Sub. Abuse Intensive Outpt - Scope</b></p> <p><b>10A NCAC 27G .4401 SCOPE</b></p> <p>(a) A substance abuse intensive outpatient program (SAIOP) is one that provides structured individual and group addiction treatment and services that are provided in an outpatient setting designed to assist adults or adolescents with a primary substance-related diagnosis to begin recovery and learn skills for recovery maintenance.</p> <p>(b) Treatment support activities may be adapted or specifically designed for persons with physical disabilities, co-occurring disorders including mental illness or developmental disabilities, pregnant women, chronic relapse and other homogenous groups.</p> <p>(c) Each SAIOP shall have a structured program, which includes the following services:</p> <ol style="list-style-type: none"> <li>(1) individual counseling;</li> <li>(2) group counseling;</li> <li>(3) family counseling;</li> <li>(4) strategies for relapse prevention, which incorporate community and social supports;</li> <li>(5) life skills;</li> <li>(6) crisis contingency planning;</li> <li>(7) disease management;</li> <li>(8) service coordination activities; and</li> </ol>	V 266		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601367</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/02/2019</b>
--------------------------------------------------	-----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>MIDWOOD ADDICTION TREATMENT, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1111 THE PLAZA CHARLOTTE, NC 28205</b>
-----------------------------------------------------------------------------	----------------------------------------------------------------------------------------

(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 266	<p>Continued From page 1</p> <p>(9) biochemical assays to identify recent drug use (e.g. urine drug screens).</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to provide a structured individual and group addiction treatment program within the scope of the license. The findings are:</p> <p>Review on 5/1/19 of 2019 license revealed provision for the following services:10A NCAC 27G .3300 Outpatient Detox, 10A NCAC 24G .4400 Substance Abuse Intensive Outpatient Program (SAIOP) and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment (SACOT).</p> <p>Review on 5/1/19 of client #1's record revealed: -first admission date of 10/10/18 with discharge date of 1/4/19; -relapsed and re-admitted on 3/13/19 with diagnoses of Opioid Use Disorder, Severe and Alcohol Use Disorder, Severe; -admission assessment dated 3/13/19 documented client #1 met admission criteria for "Day/Night (PHP) which includes the following...requires structured therapy and a programmatic milieu to promote treatment progress and recovery because of failure at different levels of care. Such interventions are not likely to success at Intensive Outpatient Level of service...Client is recommended to attend PHP LOC 6x per week 6 hours per day...;"</p> <p>Review on 5/1/19 of client #2's record revealed:</p>	V 266		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601367</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/02/2019</b>
--------------------------------------------------	-----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>MIDWOOD ADDICTION TREATMENT, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1111 THE PLAZA CHARLOTTE, NC 28205</b>
-----------------------------------------------------------------------------	----------------------------------------------------------------------------------------

(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 266	<p>Continued From page 2</p> <p>-admission date of 4/17/19 with diagnosis of Alcohol Use Disorder, Severe; -admission assessment dated 4/17/19 documented client #2 met admission criteria for "Day/Night (PHP) which includes the following...requires structured therapy and a programmatic milieu to promote treatment progress and recovery because of failure at different levels of care. Such interventions are not likely to success at Intensive Outpatient Level of service...Client is recommended to attend PHP LOC 6x per week 6 hours per day..."</p> <p>Review on 5/1/19 of client #3's record revealed: -admission date of 4/22/19 with diagnosis of Alcohol Use Disorder, Severe; -admission assessment dated 4/17/19 documented client #3 met admission criteria for "Day/Night (PHP) which includes the following...requires structured therapy and a programmatic milieu to promote treatment progress and recovery because of failure at different levels of care. Such interventions are not likely to success at Intensive Outpatient Level of service...Client is recommended to attend PHP LOC 6x per week 6 hours per day..."</p> <p>Interview on 5/2/19 with client #1 revealed: -was here before, had completed program, moved to a sober living home, relapsed several months later and returned to program; -currently in SAIOP, attends three days a week; -started when she first was re-admitted in PHP, (Partial hospitalization program), then moved to SAIOP, had a drug screen that came back possible positive, was put back into PHP until got confirmation her drug screen was a false positive then moved back to PHP; -attend groups during day, what staff pick, relapse prevention, addiction education, trauma,</p>	V 266		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601367</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/02/2019</b>
--------------------------------------------------	-----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>MIDWOOD ADDICTION TREATMENT, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1111 THE PLAZA CHARLOTTE, NC 28205</b>
-----------------------------------------------------------------------------	----------------------------------------------------------------------------------------

(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 266	<p>Continued From page 3</p> <p> coping skills, self esteem; -wish transitions from this program to another was smoother and more planned out, not as structured as could be.</p> <p>Interview on 5/2/19 with client #2 revealed: -first time here, been here 2 weeks; -come all day here in PHP and was living in the sober living house, now commute from home; -various groups such as trauma, relationships, conflict.</p> <p>Interview on 5/2/19 with client #3 revealed: -completed detox at another facility then came here; -in PHP, come Monday through Saturday; -counselors choose whatever topics they want to do for group that day, emotions, mental health issues, physical and spiritual; -lives at the sober living houses.</p> <p>Interview on 5/2/19 with the therapist revealed: -provide individual, group and family therapy; -facility provides IOP and PHP(Partial hospitalization); -not many outpatient detox clients; -need an established curriculum to utilize, scheduled things to present; -no specific framework, no modules; -not effective if no established curriculum for everyone to use; -Clinical Director (CD) can build one for everyone to use.</p> <p>Review on 5/2/19 of a monthly schedule completed by the CD revealed: -schedule of group topics to cover for each day; -assigned clinicians and group facilitators for each day; -time frames for groups also listed.</p>	V 266		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601367</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/02/2019</b>
--------------------------------------------------	-----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>MIDWOOD ADDICTION TREATMENT, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1111 THE PLAZA CHARLOTTE, NC 28205</b>
-----------------------------------------------------------------------------	----------------------------------------------------------------------------------------

(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 266	<p>Continued From page 4</p> <p>Interview on 5/2/19 with the Case Manager revealed:</p> <ul style="list-style-type: none"> <li>-does the admission assessments;</li> <li>-completes intakes and discharges;</li> <li>-some clients will complete all levels of care;</li> <li>-some clients will only complete certain levels;</li> <li>-checks admission assessment criteria for PHP for clients;</li> <li>-these clients are seen by the physician and also checked on by the nurse;</li> <li>-clients complete PHP and then move to IOP;</li> <li>-SACOT not on admission documentation as a level of treatment for clients;</li> <li>-lingo in Florida where corporate office is and here is different.</li> </ul> <p>Interview on 5/2/19 with the CD revealed:</p> <ul style="list-style-type: none"> <li>-confusion between corporate in Florida and here with different service labels;</li> <li>-here called SACOT but there called PHP, partial hospitalization;</li> <li>-understand need to address discrepancies in admission paperwork in levels of services to match license;</li> <li>-has a treatment curriculum has been working on and completed, ready to put in binders and present to clinicians and staff;</li> <li>-will train all clinicians and staff on structured curriculum and being using soon;</li> <li>-been in process of creating this recently.</li> </ul>	V 266		
V 280	<p>27G .4501 Sub. Abuse Comp. Outpt. Tx.- Scope</p> <p>10A NCAC 27G .4501 Scope</p> <p>(a) A substance abuse comprehensive outpatient treatment program (SACOT) is one that provides a multi-faceted approach to treatment in an outpatient setting for adults with a primary</p>	V 280		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601367</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/02/2019</b>
--------------------------------------------------	-----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>MIDWOOD ADDICTION TREATMENT, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1111 THE PLAZA CHARLOTTE, NC 28205</b>
-----------------------------------------------------------------------------	----------------------------------------------------------------------------------------

(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 280	<p>Continued From page 5</p> <p>substance-related diagnosis who require structure and support to achieve and sustain recovery.</p> <p>(b) Treatment support activities may be adapted or specifically designed for persons with physical disabilities, co-occurring disorders including mental illness or developmental disabilities, pregnant women, chronic relapse, and other homogenous groups.</p> <p>(c) SACOT shall have a structured program, which includes the following services:</p> <ol style="list-style-type: none"> <li>(1) individual counseling;</li> <li>(2) group counseling;</li> <li>(3) family counseling;</li> <li>(4) strategies for relapse prevention to include community and social support systems in treatment;</li> <li>(5) life skills;</li> <li>(6) crisis contingency planning;</li> <li>(7) disease management;</li> <li>(8) service coordination activities; and</li> <li>(9) biochemical assays to identify recent drug use (e.g. urine drug screens).</li> </ol> <p>(d) The treatment activities specified in Paragraph (c) of this Rule shall emphasize the following:</p> <ol style="list-style-type: none"> <li>(1) reduction in use and abuse of substances or continued abstinence;</li> <li>(2) the understanding of addictive disease;</li> <li>(3) development of social support network and necessary lifestyle changes;</li> <li>(4) educational skills;</li> <li>(5) vocational skills leading to work activity by reducing substance abuse as a barrier to employment;</li> <li>(6) social and interpersonal skills;</li> <li>(7) improved family functioning;</li> <li>(8) the negative consequences of substance abuse; and</li> </ol>	V 280		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601367</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/02/2019</b>
--------------------------------------------------	-----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>MIDWOOD ADDICTION TREATMENT, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1111 THE PLAZA CHARLOTTE, NC 28205</b>
-----------------------------------------------------------------------------	----------------------------------------------------------------------------------------

(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 280	<p>Continued From page 6</p> <p>(9) continued commitment to recovery and maintenance program.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to provide a structured individual and group addiction treatment program within the scope of the license. The findings are:</p> <p>Review on 5/1/19 of 2019 license revealed provision for the following services:10A NCAC 27G .3300 Outpatient Detox, 10A NCAC 24G .4400 Substance Abuse Intensive Outpatient Program (SAIOP) and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment (SACOT).</p> <p>Review on 5/1/19 of client #1's record revealed: -first admission date of 10/10/18 with discharge date of 1/4/19; -relapsed and re-admitted on 3/13/19 with diagnoses of Opioid Use Disorder, Severe and Alcohol Use Disorder, Severe; -admission assessment dated 3/13/19 documented client #1 met admission criteria for "Day/Night (PHP) which includes the following...requires structured therapy and a programmatic milieu to promote treatment progress and recovery because of failure at different levels of care. Such interventions are not likely to success at Intensive Outpatient Level of service...Client is recommended to attend PHP LOC 6x per week 6 hours per day...;"</p> <p>Review on 5/1/19 of client #2's record revealed: -admission date of 4/17/19 with diagnosis of Alcohol Use Disorder, Severe; -admission assessment dated 4/17/19 documented client #2 met admission criteria for</p>	V 280		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601367</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/02/2019</b>
--------------------------------------------------	-----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>MIDWOOD ADDICTION TREATMENT, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1111 THE PLAZA CHARLOTTE, NC 28205</b>
-----------------------------------------------------------------------------	----------------------------------------------------------------------------------------

(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 280	<p>Continued From page 7</p> <p>"Day/Night (PHP) which includes the following...requires structured therapy and a programmatic milieu to promote treatment progress and recovery because of failure at different levels of care. Such interventions are not likely to success at Intensive Outpatient Level of service...Client is recommended to attend PHP LOC 6x per week 6 hours per day...."</p> <p>Review on 5/1/19 of client #3's record revealed: -admission date of 4/22/19 with diagnosis of Alcohol Use Disorder, Severe; -admission assessment dated 4/17/19 documented client #3 met admission criteria for "Day/Night (PHP) which includes the following...requires structured therapy and a programmatic milieu to promote treatment progress and recovery because of failure at different levels of care. Such interventions are not likely to success at Intensive Outpatient Level of service...Client is recommended to attend PHP LOC 6x per week 6 hours per day...."</p> <p>Interview on 5/2/19 with client #1 revealed: -was here before, had completed program, moved to a sober living home, relapsed several months later and returned to program; -currently in SAIOP, attends three days a week; -started when she first was re-admitted in PHP, (Partial hospitalization program), then moved to SAIOP, had a drug screen that came back possible positive, was put back into PHP until got confirmation her drug screen was a false positive then moved back to PHP; -attend groups during day, what staff pick, relapse prevention, addiction education, trauma, coping skills, self esteem; -wish transitions from this program to another was smoother and more planned out, not as structured as could be.</p>	V 280		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601367</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/02/2019</b>
--------------------------------------------------	-----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>MIDWOOD ADDICTION TREATMENT, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1111 THE PLAZA CHARLOTTE, NC 28205</b>
-----------------------------------------------------------------------------	----------------------------------------------------------------------------------------

(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 280	<p>Continued From page 8</p> <p>Interview on 5/2/19 with client #2 revealed: -first time here, been here 2 weeks; -come all day here in PHP and was living in the sober living house, now commute from home; -various groups such as trauma, relationships, conflict.</p> <p>Interview on 5/2/19 with client #3 revealed: -completed detox at another facility then came here; -in PHP, come Monday through Saturday; -counselors choose whatever topics they want to do for group that day, emotions, mental health issues, physical and spiritual; -lives at the sober living houses.</p> <p>Interview on 5/2/19 with the therapist revealed: -provide individual, group and family therapy; -facility provides IOP and PHP(Partial hospitalization); -not many outpatient detox clients; -need an established curriculum to utilize, scheduled things to present; -no specific framework, no modules; -not effective if no established curriculum for everyone to use; -Clinical Director (CD) can build one for everyone to use.</p> <p>Review on 5/2/19 of a monthly schedule completed by the CD revealed: -schedule of group topics to cover for each day; -assigned clinicians and group facilitators for each day; -time frames for groups also listed.</p> <p>Interview on 5/2/19 with the Case Manager revealed: -does the admission assessments;</p>	V 280		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601367</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/02/2019</b>
--------------------------------------------------	-----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>MIDWOOD ADDICTION TREATMENT, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1111 THE PLAZA CHARLOTTE, NC 28205</b>
-----------------------------------------------------------------------------	----------------------------------------------------------------------------------------

(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 280	<p>Continued From page 9</p> <ul style="list-style-type: none"> <li>-completes intakes and discharges;</li> <li>-some clients will complete all levels of care;</li> <li>-some clients will only complete certain levels;</li> <li>-checks admission assessment criteria for PHP for clients;</li> <li>-these clients are seen by the physician and also checked on by the nurse;</li> <li>-clients complete PHP and then move to IOP;</li> <li>-SACOT not on admission documentation as a level of treatment for clients;</li> <li>-lingo in Florida where corporate office is and here is different.</li> </ul> <p>Interview on 5/2/19 with the CD revealed:</p> <ul style="list-style-type: none"> <li>-confusion between corporate in Florida and here with different service labels;</li> <li>-here called SACOT but there called PHP, partial hospitalization;</li> <li>-understand need to address discrepancies in admission paperwork in levels of services to match license;</li> <li>-has a treatment curriculum has been working on and completed, ready to put in binders and present to clinicians and staff;</li> <li>-will train all clinicians and staff on structured curriculum and being using soon;</li> <li>-been in process of creating this recently.</li> </ul>	V 280		