

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL070-063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2019
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NAME OF PROVIDER OR SUPPLIER ELIZABETH CITY TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 105 MEDICAL DRIVE ELIZABETH CITY, NC 27909
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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a treatment plan was completed for one of ten audited clients (#1055). The findings are:</p> <p>Review on 5/14/19 of client #1055 revealed:</p> <ul style="list-style-type: none"> - readmitted 2/2/18 - diagnosis Opioid Dependence - a treatment plan completed 2/2/18 - a progress note dated 3/15/19..."met with client...12 month treatment plan...sobriety has been poor..." <p>Review on 5/14/19 of client #1055 urine drug screens revealed the following:</p> <ul style="list-style-type: none"> - from March 2019 - currently client #1055 has tested positive for Cocaine; Opioid; Marijuana & Alcohol - March 2019 he tested positive for Benzodiazepines <p>During interview on 5/14/19 the Program Manager reported:</p> <ul style="list-style-type: none"> - client #1055 was on her caseload, however she was out on maternity leave - another case manager was supposed to update the annual treatment plan - client #1055 was in a serious car accident 3/1/19 & the update was not completed - she will meet with client #1055 to update the treatment plan 	V 112	<p>Program Director will conduct a training that reviews and re-educates staff on the requirements of Annual Treatment Plans as defined in 10A NCAC 27G .0205. (A)</p> <p>Nursing Supervisor will provide all staff a calendar indicating upcoming annual review dates.</p> <p>Program Director will notify all staff of upcoming annual reviews at least 14 days prior to the review date. This will occur either at staff meetings or through our company's communication portal. (C)</p> <p>Program Director will meet with Client #1055 to review and update his Treatment Plan to be in compliance as defined in 10A NCAC 27G .0205. (D)</p>	<p>5/22/19</p> <p>6/2/19</p> <p>5/23/19</p> <p>5/23/19</p>
V 235	<p>27G .3603 (A-C) Outpt. Opioid Tx. - Staff</p> <p>10A NCAC 27G .3603 STAFF (a) A minimum of one certified drug abuse counselor or certified substance abuse counselor</p>	V 235		



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V 235	<p>Continued From page 2</p> <p>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> <p>This Rule is not met as evidenced by: Based on interviews the facility failed to ensure counselors maintained fifty or less clients on their caseload. The findings are:</p> <p>During interviews on 5/14/19 staff #1, Staff #2 and Program Director stated:</p> <p>-Staff #1 stated she had 52 clients on her caseload.</p> <p>-Staff #2 said he had over 60 clients on his caseload.</p> <p>-The Program Director stated she had 51 on her caseload.</p>	V 235	<p>Program Director will interview and hire a counselor pursuant to the requirements of 10A NCAC 27G .3603 in effort to ensure clinically appropriate client ratios.</p>	6/30/19

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V 235	Continued From page 3 During further interview on 5/14/19 The Program Director stated: -Staff #2 actually had 51 clients on his caseload as he had several he needed to discharge. -She currently managed the staff, office and day to day operations while carrying a caseload of 51 and this had been very difficult to maintain. -Had conveyed to the owner the need for more counselors. -Interviewed a counselor last week and looking to offer her a position. -Staff #1 will be leaving soon to move to a sister clinic and will also need to replace her, so had stressed the need to hire more counselors.	V 235		
V 238	27G .3604 (E-K) Outpt. Opiod - Operations 10A NCAC 27G .3604 OUTPATIENT OPIOID TREATMENT. OPERATIONS. (e) The State Authority shall base program approval on the following criteria: (1) compliance with all state and federal law and regulations; (2) compliance with all applicable standards of practice; (3) program structure for successful service delivery; and (4) impact on the delivery of opioid treatment services in the applicable population. (f) Take-Home Eligibility. Any client in comprehensive maintenance treatment who requests unsupervised or take-home use of methadone or other medications approved for treatment of opioid addiction must meet the specified requirements for time in continuous treatment. The client must also meet all the requirements for continuous program compliance	V 238		

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V 238	<p>Continued From page 4</p> <p>and must demonstrate such compliance during the specified time periods immediately preceding any level increase. In addition, during the first year of continuous treatment a patient must attend a minimum of two counseling sessions per month. After the first year and in all subsequent years of continuous treatment a patient must attend a minimum of one counseling session per month.</p> <p>(1) Levels of Eligibility are subject to the following conditions:</p> <p>(A) Level 1. During the first 90 days of continuous treatment, the take-home supply is limited to a single dose each week and the client shall ingest all other doses under supervision at the clinic;</p> <p>(B) Level 2. After a minimum of 90 days of continuous program compliance, a client may be granted for a maximum of three take-home doses and shall ingest all other doses under supervision at the clinic each week;</p> <p>(C) Level 3. After 180 days of continuous treatment and a minimum of 90 days of continuous program compliance at level 2, a client may be granted for a maximum of four take-home doses and shall ingest all other doses under supervision at the clinic each week;</p> <p>(D) Level 4. After 270 days of continuous treatment and a minimum of 90 days of continuous program compliance at level 3, a client may be granted for a maximum of five take-home doses and shall ingest all other doses under supervision at the clinic each week;</p> <p>(E) Level 5. After 364 days of continuous treatment and a minimum of 180 days of continuous program compliance, a client may be granted for a maximum of six take-home doses and shall ingest at least one dose under supervision at the clinic each week;</p>	V 238		

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V 238	Continued From page 5 (F) Level 6. After two years of continuous treatment and a minimum of one year of continuous program compliance at level 5, a client may be granted for a maximum of 13 take-home doses and shall ingest at least one dose under supervision at the clinic every 14 days; and (G) Level 7. After four years of continuous treatment and a minimum of three years of continuous program compliance, a client may be granted for a maximum of 30 take-home doses and shall ingest at least one dose under supervision at the clinic every month. (2) Criteria for Reducing, Losing and Reinstatement of Take-Home Eligibility: (A) A client's take-home eligibility is reduced or suspended for evidence of recent drug abuse. A client who tests positive on two drug screens within a 90-day period shall have an immediate reduction of eligibility by one level of eligibility; (B) A client who tests positive on three drug screens within the same 90-day period shall have all take-home eligibility suspended; and (C) The reinstatement of take-home eligibility shall be determined by each Outpatient Opioid Treatment Program. (3) Exceptions to Take-Home Eligibility: (A) A client in the first two years of continuous treatment who is unable to conform to the applicable mandatory schedule because of exceptional circumstances such as illness, personal or family crisis, travel or other hardship may be permitted a temporarily reduced schedule by the State authority, provided she or he is also found to be responsible in handling opioid drugs. Except in instances involving a client with a verifiable physical disability, there is a maximum of 13 take-home doses allowable in any two-week period during the first two years of continuous	V 238		

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V 238	Continued From page 6 treatment. (B) A client who is unable to conform to the applicable mandatory schedule because of a verifiable physical disability may be permitted additional take-home eligibility by the State authority. Clients who are granted additional take-home eligibility due to a verifiable physical disability may be granted up to a maximum 30-day supply of take-home medication and shall make monthly clinic visits. (4) Take-Home Dosages For Holidays: Take-home dosages of methadone or other medications approved for the treatment of opioid addiction shall be authorized by the facility physician on an individual client basis according to the following: (A) An additional one-day supply of methadone or other medications approved for the treatment of opioid addiction may be dispensed to each eligible client (regardless of time in treatment) for each state holiday. (B) No more than a three-day supply of methadone or other medications approved for the treatment of opioid addiction may be dispensed to any eligible client because of holidays. This restriction shall not apply to clients who are receiving take-home medications at Level 4 or above. (g) Withdrawal From Medications For Use In Opioid Treatment. The risks and benefits of withdrawal from methadone or other medications approved for use in opioid treatment shall be discussed with each client at the initiation of treatment and annually thereafter. (h) Random Testing. Random testing for alcohol and other drugs shall be conducted on each active opioid treatment client with a minimum of one random drug test each month of continuous treatment. Additionally, in two out of each	V 238		

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V 238	Continued From page 7 three-month period of a client's continuous treatment episode, at least one random drug test will be observed by program staff. Drug testing is to include at least the following: opioids, methadone, cocaine, barbiturates, amphetamines, THC, benzodiazepines and alcohol. Alcohol testing results can be gathered by either urinalysis, breathalyzer or other alternate scientifically valid method. (i) Client Discharge Restrictions. No client shall be discharged from the facility while physically dependent upon methadone or other medications approved for use in opioid treatment unless the client is provided the opportunity to detoxify from the drug. (j) Dual Enrollment Prevention. All licensed outpatient opioid addiction treatment facilities which dispense Methadone, Levo-Alpha-Acetyl-Methadol (LAAM) or any other pharmacological agent approved by the Food and Drug Administration for the treatment of opioid addiction subsequent to November 1, 1998, are required to participate in a computerized Central Registry or ensure that clients are not dually enrolled by means of direct contact or a list exchange with all opioid treatment programs within at least a 75-mile radius of the admitting program. Programs are also required to participate in a computerized Capacity Management and Waiting List Management System as established by the North Carolina State Authority for Opioid Treatment. (k) Diversion Control Plan. Outpatient Addiction Opioid Treatment Programs in North Carolina are required to establish and maintain a diversion control plan as part of program operations and shall document the plan in their policies and procedures. A diversion control plan shall include the following elements:	V 238		

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V 238	<p>Continued From page 8</p> <p>(1) dual enrollment prevention measures that consist of client consents, and either program contacts, participation in the central registry or list exchanges;</p> <p>(2) call-in's for bottle checks, bottle returns or solid dosage form call-in's;</p> <p>(3) call-in's for drug testing;</p> <p>(4) drug testing results that include a review of the levels of methadone or other medications approved for the treatment of opioid addiction;</p> <p>(5) client attendance minimums; and</p> <p>(6) procedures to ensure that clients properly ingest medication.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure Dual Enrollments were completed for ten of ten audited clients upon client admissions. The findings are:</p> <p>Review on 5/14/19 of Dual Enrollment Log revealed:</p> <ul style="list-style-type: none"> -Multiple entries of client names were entered into the Dual Enrollment Log. -Most of the client names entered did not have a date beside them to verify when they were conducted. -Unable to determine when the Dual Enrollment was completed. <p>During interview on 5/14/19 The Receptionist stated:</p> <ul style="list-style-type: none"> -She is responsible for completing the Dual Enrollment. -She kept a log with client names, the 	V 238	<p>Program Director will develop a new Dual Enrollment form and create a system that better organizes and demonstrates compliance with 10A NCAC 27G .3604 (E)</p> <p>Program Director will train Receptionist on the requirements of 10A NCAC 27G .3604 (F)</p>	<p>5/20/19</p> <p>5/22/19</p>
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V 238	<p>Continued From page 9</p> <p>facilities within 75 mile radius of which she called and who she spoke with.</p> <ul style="list-style-type: none"> -Had not always dated the entries, "I guess I got sloppy with that." -Every day made the entries for clients admitted on that date. <p>During interview on 5/14/19 The Program Director stated:</p> <ul style="list-style-type: none"> -Had not reviewed the Dual Enrollment Log. -The receptionist had been completing it, and assumed she had been doing it correctly. 	V 238	<p>Program Director will review the current Dual Enrollment Log and will aid the Receptionist in making all necessary corrections.</p> <p>The Program Director will review the Dual Enrollment Log at the end of business on Intake days to ensure that it is being completed accurately.</p>	<p>5/31/2019</p> <p>5/22/2019</p>

(A)

Treatment Plan Process Training

10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN

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.

The plan shall include:

- (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;
- (2) strategies;
- (3) staff responsible;
- (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;
- (5) basis for evaluation or assessment of outcome achievement; and
- (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.

Counselor's Initial Treatment Plan Requirements

This appointment MUST occur WITHIN 30 days of intake.

Tasks at Initial Treatment Plan

Create a Treatment Plan with the Client that is Client-centered and Solution-focused. In conjunction with the client, identify their personal goals and create measurable and achievable goals using the client's words to personalize their plan.

Counselor's Annual Treatment Plan Update Requirements

This appointment MUST occur BEFORE the Client's Annual date is due.

Ex. If the client's Annual Date is 2/2/18, they MUST update their Treatment Plan PRIOR to that date.

Tasks at Annual Appointment:

Deactivate and create a new Treatment Plan with updated Goals and Goal Dates
Have patient sign new Treatment Plan and place in doctor's box for review.

I have received and reviewed a copy of this training and I understand the expectations on Annual Treatment Plans.

Counselor

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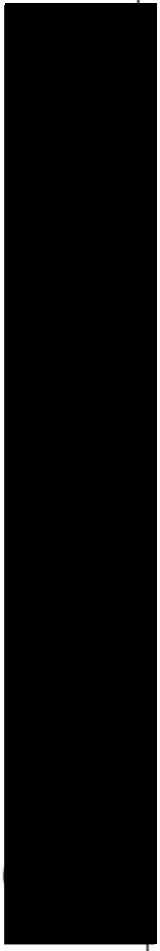
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Counselor

THE ELIZABETH CITY TREATMENT CENTER

CERTIFICATE OF COMPLETION

AWARDED TO



FOR SUCCESSFULLY COMPLETING

TREATMENT PLAN PROCESS TRAINING

THE ABOVE NAMED COUNSELOR HAS SUCCESSFULLY COMPLETED 1 HOUR TRAINING.

TOPICS INCLUDED: REQUIREMENTS OF TREATMENT PLANS

M. Chalene L. Powell LCASA 5/23/19

STAFF SIGNATURE

DATE

Aubrey L. Lucas LCAS

TRAINER

5/22/19

DATE

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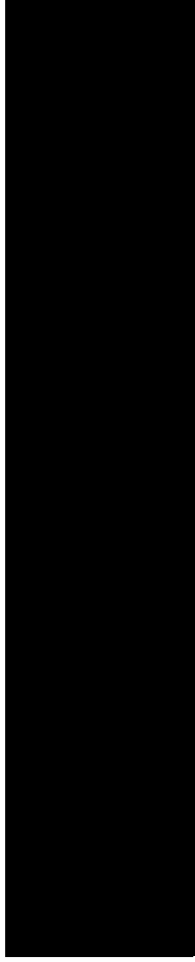
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FOR SUCCESSFULLY COMPLETING

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TOPICS INCLUDED: REQUIREMENTS OF TREATMENT PLANS

Quynh My MS LCA 0 5-22-19

STAFF SIGNATURE

DATE

[Signature]

TRAINER

DATE

LCR 5/22/19

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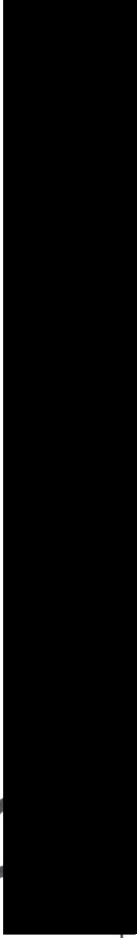
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CERTIFICATE OF COMPLETION

AWARDED TO



FOR SUCCESSFULLY COMPLETING

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TOPICS INCLUDED: REQUIREMENTS OF TREATMENT PLANS

Annex Medina 5-22-19

STAFF SIGNATURE

DATE

Annex Medina 5/22/19

TRAINER

DATE

Elizabeth City Treatment Center

HELP FOR TODAY • HOPE FOR TOMORROW

STAFF MEETING MINUTES

DATE: _____

Staff Present: _____

Staff Absent: _____

Meeting Start Time: _____ Meeting End Time: _____

Facility Business:

Administrative/Corporate

Financial

Clinical

Patient Reviews:

Take Home Increase/Decrease Suspensions:

No Show/ Pending Discharge:

Upcoming Guest Dosing Requests:

Quarterly Review/Annual Reviews upcoming:



Additional Clinical Concerns/Comments:

Nursing

Patient changes (Detox/ Taper/ Concerns)

Current Patients on Take-Homes

Information from Doctor:

Concerns with Patients from Dosing Window to Counselor:

Drug Screen Results of Concern:

Other

Next Meeting:

Treatment Plans

Date: 5/23/2019
Time: 09:23:12

Elizabeth City Treatment Center
105 Medical Drive
Elizabeth City, NC 27909 (252) 333-1540

Patient Name: [REDACTED]

Patient ID: [REDACTED]	Initial Intake Date: 7/21/2017	Current Intake Date: 2/2/2018
Patient CID: READMIT 2/2/18 SELF PAY	Time In Tx. Date: 2/2/2018	Plan Name: [REDACTED] 2020
Patient Phase: Phase 0	Next Goal Review: 8/30/2019	Plan Type: Individual
Current Dose: 80 mgs. Methadone	Created On: 5/23/2019	Created By: msmith
Counseling Type:	Couns. Frequency:	
Primary Diagnosis Code:		

Plan Summary

Problem:	Pt is dependent on opiates.
In Patient's Words:	Getting money from my friends and need to get away from them
Added: 5/20/2019	Ind./Cat.: 1 - Drug/Alcohol Status: Active Severity: 9 - Very Severe

Goal: To develop coping skills to reduce drug cravings to become drug free.
In Patient's Words: To get clean and have a normal life with my kids and girlfriend
Term: Long **Duration:** 360 **Target Date:** 2/2/2020 **Next Review Date:** 8/30/2019

Method 2/2/2020 Pt will come to treatment daily, stop using illicit substances as evidenced by 1 random drug screen per month, and individual counseling.
In Patient's Words: I am going to do things the right way this time.
Responsible Staff: [REDACTED]
Method Intervention: Counselor will monitor substances use via drug screenings, collaborate with pt for individual counseling sessions and encourage Pt to participate in all services offered. Counselor will also provide resources and referrals for continuity of care as needed.

Problem:	Pt is financially unstable.
In Patient's Words:	I am spending all my money because I can't work. Can't pay my bills.
Added: 5/20/2019	Ind./Cat.: 7 - Financial Status: Active Severity: 8

Goal: To become financially stable.
In Patient's Words: I want to have a normal life where I go to work and pay my bills and enjoy life.
Term: Long **Duration:** 360 **Target Date:** 2/2/2020 **Next Review Date:** 8/30/2019

Method 2/2/2020 Pt needs to make of a financial plan, budgeting his money, starting a bank account and setting money aside.
In Patient's Words: I will start saving money and get back on track.
Responsible Staff: [REDACTED]
Method Intervention: Counselor and Pt will discuss ways Pt can start saving his money. Pt will 1. start a savings account 2. determine what kind of savings account he wants, he will discuss that with the bank. 3. Pt will deposit a set amount of money in the account each payday for six months then increase by a set amount of money every three months. Pt will 1. start a budget. 2. determining his expenses 3. make adjustments when necessary.

(E)

Elizabeth City Treatment Center

HELP FOR TODAY • HOPE FOR TOMORROW

DUAL ENROLLMENT VERIFICATION FORM to be completed on the day of Patient Intake

Fill out the date completely and indicate the name of the person that completed the dual-enrollment at each location. Following Dual Enrollment Verification, please sign that it was completed.

DATE	NAME	PCSB	BHGVB	BHGCS	VBMC	BHGC	NCSB	CTC	AF	HRC	ANN	AATCNN	AATCH	INITIAL

KEY: PCSB- Portsmouth CSB
 BHGVB- BHG Virginia Beach
 BHGCS- BHG Chesapeake South
 VBMC- Virginia Beach Methadone Clinic

BHGC- BHG Chesapeake
 NCSB- Norfolk CSB
 CTC- Crossroads Treatment Center
 AF- Affinity Franklin
 HR- Hampton Roads Clinic

ANN- Affinity Newport News
 AATCNN- AATC Newport News
 AATCH- AATC Hayes

<u>MILES</u>	<u>CLINIC NAME</u>	<u>KEY</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
37.39	Dept of Behavioral Healthcare Services SA Outpatient Treatment Services	PCSB	1811 King Street Portsmouth, VA 23704	757-393-8618
37.79	Behavioral Health Group Newtown Road Location	BHGVB	5715 Princess Anne Road Suite 106 Virginia Beach, VA 23462	757-962-0748
39.50	Behavioral Health Group Chesapeake South Location	BHGCS	109 Wimbledon Square, Chesapeake, VA 23320	757-410-8244
39.94	Sellati and Company Inc Virginia Beach Methadone Clinic	VBMC	1728 Virginia Beach Boulevard Suite 113 Virginia Beach, VA 23454	757-437-0411
40.42	Behavioral Health Group Chesapeake	BHGC	3322 Western Branch Boulevard Suite A Chesapeake, VA 23321	757-673-3644
42.49	Norfolk Community Services Board Tidewater Drive Center	NCSB	7460 Tidewater Drive Norfolk, VA 23505	757-664-6644 x48125
44.10	Crossroads Treatment Centers of Suffolk	CTC	1258 Holland Road Suffolk, VA 23434	757-809-4771
45.47	Affinity Healthcare Group	AF	1333 Carrsville Highway Franklin, VA 23851	757-304-9857
48.28	Hampton Roads Clinic Opioid Treatment Program	HRC	2712 Washington Avenue Newport News, VA 23607	757-240-5223
50.74	Affinity Healthcare Group Newport News LLC	ANN	6000 Jefferson Avenue Suite B Newport News, VA 23605	757-933-2660
60.16	American Addiction Treatment Center	AATCNN	12695 McManus Boulevard Building 2 Newport News, VA 23602	757-234-4139
73.15	American Addiction Treatment Center	AATCH	6983 C Mid County Drive Hayes, VA 23072	804-824-2814

DUAL ENROLLMENT TRAINING

- Clinics within 75 miles of our clinic must be contacted on the date of intake for a Dual Enrollment Verification.
- Contact each clinic and verify each patient using either their First and Last Name or their Social Security Number.
- On the Dual Enrollment log
 - Place the full date (ie. 5/12/2019)
 - Indicate the Patient's ID Number
 - Write the name of the person who completed the verification under the corresponding clinic's code
 - Following the verifications, provide initials at the end of the log.
- The Dual Enrollment Binder is divided by year completed. Place the verification in the binder in the correct tab.
- At the end of business on Intake day, Program Director will review the Dual Enrollment Log for accuracy.

[Redacted]

Staff Name

5/22/19
Date

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Staff Name

5/22/19

Date