STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-938	A. BUILDING: _____ B. WING _____	R 05/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MORSE CLINIC OF NORTH RALEIGH	3209 GRESHAM LAKE ROAD, SUITE 113 RALEIGH, NC 27615

(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	INITIAL COMMENTS An annual and follow-up survey was completed on May 29, 2019. There was a deficiency cited. The facility was serving 233 clients. This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.	V 000		
V 235	27G .3603 (A-C) Outpt. Opiod Tx. - Staff 10A NCAC 27G .3603 STAFF (a) A minimum of one certified drug abuse 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 person, provided that this employee meets the certification requirements within a maximum of 26 months from the date of employment. (b) Each facility shall have at least one staff member on duty trained in the following areas: (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.	V 235		

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V 235	Continued From page 1 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 to each 50 clients and increment thereof shall be on the staff of the facility. The findings are: Review on 5/28/19 of the facility's record revealed: -The facility had a current census of 233 clients. -The facility currently had five full-time counselors and the program manager with a caseload. -Three counselors had 50 or more clients on their caseload. -Counselors with a 50 client's caseload included: -Counselor #1 had a caseload of 53 clients. -Counselor #2 had a caseload of 55 clients. -Counselor #3 had a caseload of 55 clients. Interview on 5/29/19 with the Program Manager revealed: -She was the clinical supervisor and assigned cases to counselors. -She had a caseload and some clients were unassigned. -Recently hired counselor #4 and assigned a caseload of 13. -Reported 1 and 1/2 counselors no longer worked at the clinic and had to reassign their cases. -She thought there was a time frame allowed to assign over 50 cases to current counselors when other counselors leave. -New employees received a caseload in the 2nd week of employment. -Confirmed counselor #4 was employed for more than 2 weeks. -She transferred clients from counselors #1, #2	V 235		

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V 235	Continued From page 2 and #3 caseload to counselor #4 caseload prior to exit of survey. -She confirmed the facility failed to ensure counselors caseload was no more than 50.	V 235		