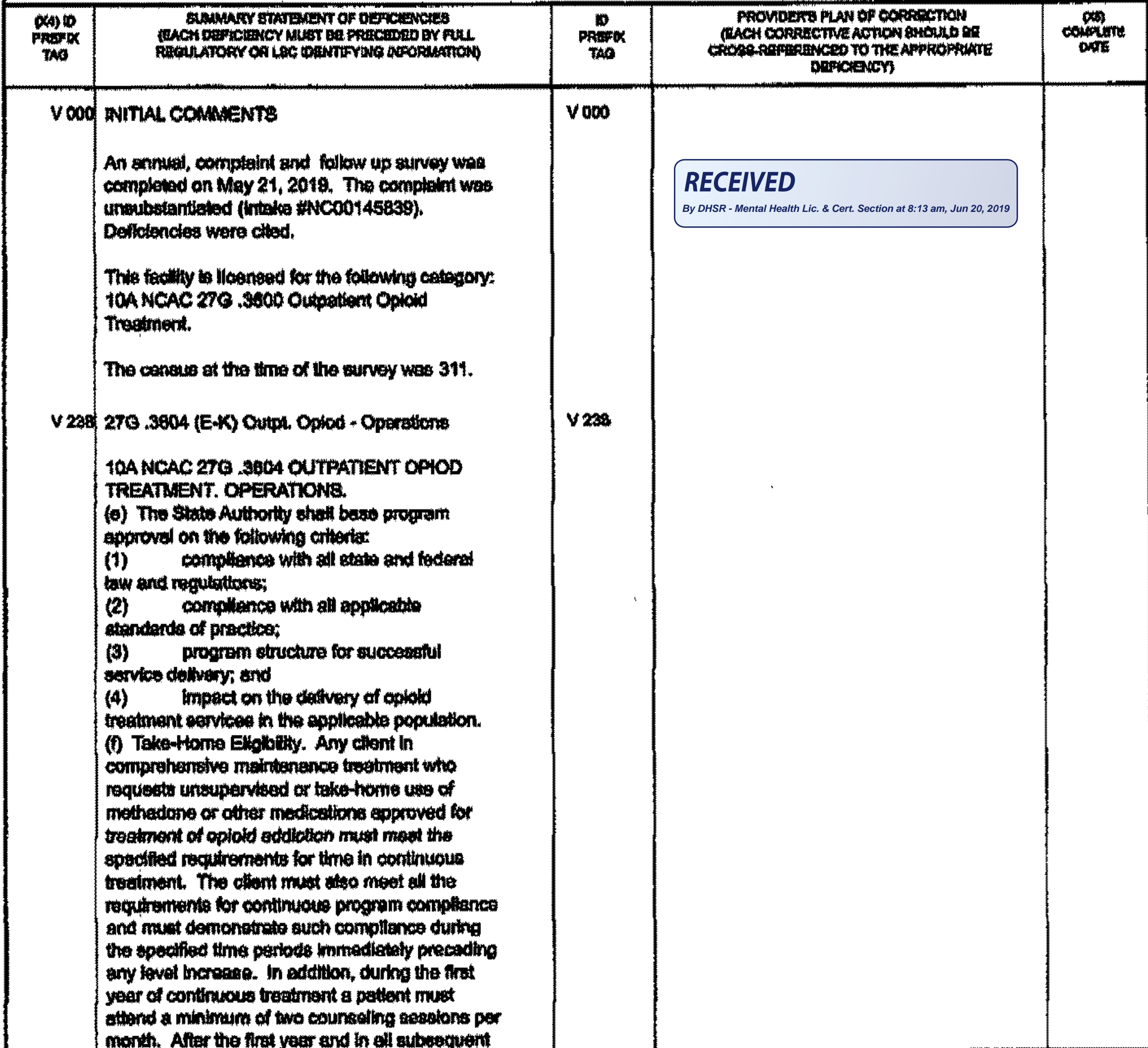
PRINTED: 06/24/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-282	A. BUILDING: ______ B. WING ______	R 05/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUMBERTON TREATMENT CENTER	2200 CLYBOURN CHURCH ROAD LUMBERTON, NC 28358



(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, complaint and follow up survey was completed on May 21, 2019. The complaint was unsubstantiated (intake #NC00145839). Deficiencies were cited. This facility is licensed for the following category: 10A NCAC 27G .3600 Outpatient Opioid Treatment. The census at the time of the survey was 311.	V 000	RECEIVED By DHSR - Mental Health Lic. & Cert. Section at 8:13 am, Jun 20, 2019	
V 238	27G .3604 (E-K) Outpt. Opiod - Operations 10A NCAC 27G .3604 OUTPATIENT OPIOD 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 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	V 238		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Stephanie Sanderson, LPC LCAS

TITLE: Program Director

(X6) DATE: 06.06.2019

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	MHL078-262	A. BUILDING: ______ B. WING ______	R 05/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUMBERTON TREATMENT CENTER	2200 CLYBOURN CHURCH ROAD LUMBERTON, NC 28358

(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 238	Continued From page 1 years of continuous treatment a patient must attend a minimum of one counseling session per month. (1) Levels of Eligibility are subject to the following conditions: (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; (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; (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; (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; (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; (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	V 238		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-282	A. BUILDING: ______ B. WING ______	R 05/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUMBERTON TREATMENT CENTER	2200 CLYBOURN CHURCH ROAD LUMBERTON, NC 28358

(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 238	Continued From page 2 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 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	V 238		

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	MHL078-282	A. BUILDING: ______ B. WING ______	R 05/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUMBERTON TREATMENT CENTER	2200 CLYBOURN CHURCH ROAD LUMBERTON, NC 28358

(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 238	Continued From page 3 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 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	V 238		

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	MHL078-252	A. BUILDING: ______ B. WING ______	R 05/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUMBERTON TREATMENT CENTER	2200 CLYBOURN CHURCH ROAD LUMBERTON, NC 28358

(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 238	Continued From page 4 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: (1) dual enrollment prevention measures that consist of client consents, and either program contacts, participation in the central registry or list exchanges; (2) call-in's for bottle checks, bottle returns or solid dosage form call-in's;	V 238		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUMBERTON TREATMENT CENTER	2200 CLYBOURN CHURCH ROAD LUMBERTON, NC 28358

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V 238	Continued From page 5 (3) call-in's for drug testing; (4) drug testing results that include a review of the levels of methadone or other medications approved for the treatment of opioid addiction; (5) client attendance minimums; and (6) procedures to ensure that clients properly ingest medication. This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure staff implemented policies and procedures on take home dosages effecting 1 of 15 current clients (#15) and failed to administer a breathalyzer test as ordered by a physician for 2 of 15 current clients (#994 and #1247). The findings are: Finding #1: Review on 01/09/19 of client #15's record revealed: - 52 year old male. - Admission date of 10/20/11. - Diagnoses of Opiate Use Disorder-Severe, Post Traumatic Stress Disorder and Stimulant Use Disorder. - MD order: 09/27/18 - 64 milligrams (mg) Methadone - may taper 1mg every 2 weeks and hold at 40mg or upon client request. Review on 01/09/19 of client #15's Urine Drug Screens from June 2018 thru October 2018 revealed the following positive results: - 10/16/18 - Positive - Amphetamines. - 09/26/18 - Positive - Amphetamines. - 08/01/18 - Positive - Amphetamines.	V 238	Facility will coordinate care for substances and request clearance letter(s) for medication per ROI. Nurses have been retrained and educated them about how to notify counseling staff in the event of UDS results evident of any medication or substance aside from Methadone or Buprenorphine. Counceling staff retrained regarding policy and procedure about take home medication. Responcible staff to implement and monitor compliance will be program director.	

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LUMBERTON TREATMENT CENTER	2200 CLYBOURN CHURCH ROAD LUMBERTON, NC 28358

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V 238	Continued From page 6 Review on 01/09/19 of client #15's Patient Medication Record for October 2018 through December 2018 revealed the following dates of take home doses: - 10/13/18 and 10/14/18. - 10/20/18 and 10/21/18. - 10/27/18 and 10/28/18. - 11/03/18 and 11/04/18. - 11/10/18 and 11/11/18. - 11/17/18 and 11/18/18. - 11/22/18. - 11/24/18 and 11/25/18. - 12/08/18 and 12/09/18. - 12/22/18 and 12/23/18. Interview on 01/09/19 client #15 stated: - She had been receiving services for 8 years at the facility. - She was currently tapering her dose of methadone. - She had take homes on Saturday and Sunday. - She was eligible for more take homes but medicaid would not cover take homes. Interview on 01/10/19 Certified Substance Abuse Counselor - Registered (CSAC-R) #1 stated: - She had worked at the facility since 10/2018. - Clients had to qualify for take homes and the facility used an 8 point criteria for eligibility. - Client needed to have 3 months of negative urine drug screens for take homes. Interview on 01/10/19 the Program Director stated: - Client #15 had not received take homes since 12/24/18. - She was aware client #15 was not in compliance with facility treatment due to positive urine drug screens.	V 238	Nursing staff re-trained regarding policy and procedure and implementing physician orders. Program Director will implement and monitor compliance in this area.	

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LUMBERTON TREATMENT CENTER	2280 CLYBOURN CHURCH ROAD LUMBERTON, NC 28358

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V 238	Continued From page 7 *Finding #2:* A. Review on 01/10/19 of client #894's record revealed: - 48 year old male. - Admission date of 11/28/18. - Diagnoses of Opiate Use Disorder. - Breathalyzer results on 12/24/18 and 01/07/19. Review on 01/10/19 of client #894's physician order dated 11/28/18 revealed: - "Breathalyze 3 (times a) week for 30 days..." B. Review on 01/09/19 of client #1247's record revealed: - 36 year old female. - Admission date of 10/02/18. - Diagnoses of Opiate Abuse Disorder-Severe. - No documented breathalyzer results documented. Review on 01/09/19 of a signed physician order for client #1247 dated 10/02/18 revealed: - "Breathalyze Saturday's and Sunday's (weekend in general as she (client #1247) endorses drinking alcohol Friday's and Saturday's)." Interview on 01/09/19 and 01/10/19 the Program Director stated: - She was not able to locate any additional breathalyzer results for client #894. - Client #1247's record was reviewed in a staff meeting on 01/09/19. - She was aware staff needed to follow physician orders.	V 238		
V 752	*27G .0304(b)(4) Hot Water Temperatures*	V 752		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUMBERTON TREATMENT CENTER	2200 CLYBOURN CHURCH ROAD LUMBERTON, NC 28358

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V 752	Continued From page 8 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are: Observations on 12/09/19 between 10:00am and 10:30am revealed: -Hall bathroom #1 water temperature read 72 degrees Fahrenheit in the sink. -Hall bathroom #2 water temperature read 120 degrees Fahrenheit in the sink. Interview on 12/09/18 the Program Director stated: -She would make sure the temperature was adjusted to proper range.	V 752	Local plumber contacted and made visit to the facility. Repairs are in progress. Program Director will ensure that the repair is complete.	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
MHL078-282 Y1	A. Building B. Wing Y2	5/21/2019 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
LUMBERTON TREATMENT CENTER	2200 CLYBOURN CHURCH ROAD LUMBERTON, NC 28358

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0122 Reg. # 27G .0208 (G) LSC	Correction Completed 05/21/2019	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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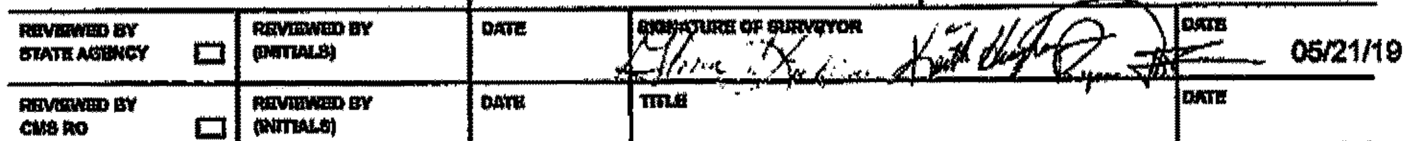


REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE 05/21/19
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 10/8/2018	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

 EVENT ID: Y47612

NC DEPARTMENT OF **HEALTH AND HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

May 28, 2019

Macy Hamm
Lumberton Treatment Center, LLC
1112 Silver Oaks Court
Raleigh, NC 27614

Re: Annual, Complaint and Follow Up Survey completed May 21, 2019
Lumberton Treatment Center, 2200 Clybourn Church Road, Lumberton, NC, 28358
MHL #078-282
E-mail Address: macyhamm@gmail.com
Intake #NC00145839

Dear Ms. Hamm:

Thank you for the cooperation and courtesy extended during the annual, complaint and follow up survey completed 05/21/19. The complaint was unsubstantiated.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

Standard level deficiencies must be *corrected* within 60 days from the exit of the survey, which is July 20, 2019.

What to Include in the Plan of Correction

- Indicate what measures will be put in place to ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to ***prevent*** the problem from occurring again.
- Indicate ***who will monitor*** the situation to ensure it will not occur again.
- Indicate ***how often*** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Wendy Boone at (252) 568-2744.

Sincerely,

Ryan Meredith
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Gloria S. Locklear
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Keith Hughes
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

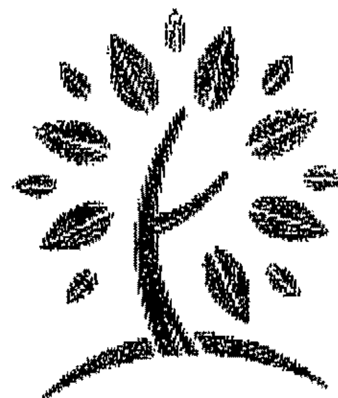
Cc:
DHSRreports@eastpointe.net
Smith Worth, SOTA Director
Pam Pridgen, Administrative Assistant

Lumberton Treatment Center

Fax Transmittal Form

Phone #: 910-739-9160

Fax #: 910-739-9155



Turn Over A New Leaf

To: Mr. Ryan Meredith Date:

Company: NC Dept. of Health and Human Services Pages: 14

Phone #: 919 855 3795

Fax #: 919 715 8078

Re: Lumberton Treatment Center

Urgent For Review Please Comment Please Reply Please Recycle

Notes / Comments:

Confidentiality Notice:

This facsimile is intended for the use of the individual or entity to which it is addressed, and it may contain information that is privileged, confidential and exempt from disclosure under the applicable laws (including 45 CFR. Parts 360 and 364 standards for privacy of individually identifiable Health information: and 42 CFB, Change Part 2, Confidentiality for Alcohol and Drug Abuse Patient Records.

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