	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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	MHL041-879 B. WING						≺ 19/2019
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CROSSE	ROADS TREATMENT	CENTER OF GRE		TH CHURCH			
(VA) ID	SHIMMADV STA	TEMENT OF DEFICIENCI		BORO, NC 2		DDECTION	()(5)
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V 000	00 INITIAL COMMENTS			V 000			
	completed on 6/19/ unsubstantiated (In	p and complaint sur 19. The complaint take #NC00152431 d. The current cens	was). A				
	This facility is licensed for the following service category: 10A NCAC 27G. 3600 Outpatient Opioid Treatment						
V 238	27G .3604 (E-K) O	utpt. Opiod - Operat	ions	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						

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER	2706 NOF	DRESS, CITY, S	STATE, ZIP CODE			
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V 238 Continued From pa	age 1	V 238				
attend a minimum month. (1) Levels of following condition (A) Level 1. continuous treatmel 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 with the clinic ea	of one counseling session per Eligibility are subject to the s: During the first 90 days of ent, the take-home supply is dose each week and the client er doses under supervision at After a minimum of 90 days of m compliance, a client may be mum of three take-home doses other doses under supervision week; After 180 days of continuous inimum of 90 days of m compliance at level 2, a ted for a maximum of four and shall ingest all other doses at the clinic each week; After 270 days of continuous inimum of 90 days of m compliance at level 3, a ted for a maximum of five and shall ingest all other doses at the clinic each week; After 364 days of continuous inimum of 180 days of m compliance, a client may be mum of six take-home doses least one dose under					

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STATE FORM 6899 ROLC11 If continuation sheet 2 of 7

NAME OF PROVIDER OR SUPPLIER CROSSROADS TREATMENT CENTER OF GRE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL) B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 2706 NORTH CHURCH STREET GREENSBORO, NC 27405 ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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(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 250	(G) Level 7. treatment and a min continuous program granted for a maxim and shall ingest at I supervision at the complex of th	After four years of continuous nimum of three years of a compliance, a client may be num of 30 take-home doses east one dose under linic every month. In Reducing, Losing and ake-home Eligibility: ake-home eligibility: ake-home eligibility is reduced vidence of recent drug abuse. ositive on two drug screens od shall have an immediate try by one level of eligibility; ho tests positive on three drug same 90-day period shall have ility suspended; and tatement of take-home etermined by each Outpatient rogram. Is to Take-Home Eligibility: the first two years of a twho is unable to conform to datory schedule because of stances such as illness, risis, travel or other hardship temporarily reduced schedule try, provided she or he is also sible in handling opioid drugs. Involving a client with a disability, there is a maximum ses allowable in any two-week st two years of continuous the is unable to conform to the rry schedule because of a lisability may be permitted the eligibility by the State	V 250			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			X3) DATE SURVEY COMPLETED	
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V 238	disability may be gr 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 Fron Opioid Treatment. withdrawal from me approved for use in discussed with each treatment and annum (h) Random Testin and other drugs sha active opioid treatment. Addition three-month period treatment episode, will be observed by to include at least the methadone, cocain amphetamines, TH	anted up to a maximal ke-home medication to visits. The Dosages For Holics of methadone or over for the treatment of the trea	and shall days: ther of opioid lity ccording of ved for the spensed e in oply of ved for the spensed s. This are vel 4 or Use In its of edications all be on of for alcohol each imum of ontinuous ch ous drug test g testing is s, and	V 238			

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Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` '			X3) DATE SURVEY COMPLETED	
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by ealter (i) Cobe codep app clier the (j) I outp whice Leve pha Drue add requ Reg enro excl with proc part Mar Sys Stat (k) Opio requ con shai proc the (1) that proc regi (2)	either urinalysis, rnate scientifical client Discharged from endent upon more roved for use in the provided the drug. Dual Enrollment option action of the provided the dispense Mero-Alpha-Acetyl-rmacological action subseque uired to participal interest of participation of the provided by means thange with all of in at least a 75-gram. Program icipate in a compagement and Votem as established Authority for Control Treatment Four of the plan as participate in a compagement and Votem as established authority for Control Treatment Four of the edures. A diversion Control Treatment for the consist of clien gram contacts, participate in a contact in a conta	breathalyzer or other 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 Idiction 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 gete in a computerized Central that clients are not dually of direct contact or a list pioid treatment programs mile radius of the admitting are also required to eputerized Capacity Vaiting List Management and by the North Carolina Opioid Treatment. For Plan. Outpatient Addiction frograms in North Carolina are and maintain a diversion of program operations and plan in their policies and rision control plan shall include ints: Illiment prevention measures to consents, and either participation in the central langes; or bottle checks, bottle returns	V 238			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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V 238	Continued From particles (4) drug testifications of the levels medications approvadiction; (5) client atterations (6) procedure properly ingest medications and the continued of	age 5 ing results that include a sof methadone or other ved for the treatment of opice and ance minimums; and es to ensure that clients dication. et as evidenced by: eview and interview the facility and interview and interview and interview and interview the facility and interview the facility and interview the fac	ity I by all	DEFICIENCY	n		
	70mgs methadone C. #CTG3538.32's - admission date - documentation 20mgs methadone	record revealed: e 6/17/19 this client had been dosed					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

MHL041-879 NAME OF PROVIDER OR SUPPLIER CROSSROADS TREATMENT CENTER OF GRE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX R 06/19/2019 2706 NORTH CHURCH STREET GREENSBORO, NC 27405 ID PROVIDER'S PLAN OF CORRECTION (X (EACH CORRECTIVE ACTION SHOULD BE) COMP		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F. #CTG3704 record revealed: - admission date 3/15/19 - documentation this client had been dosed 70mgs since 6/11/19 G. #CTG2931 record revealed: - admission date 3/28/19 - documentation this client had been dosed 30mgs since 6/13/19 During interview on 6/19/19 the Program Director reported: - the end of December 2018, the facility began to use a new system to verify dually enrolled clients - if a client was dually enrolled, the new system would not allow staff to proceed with any further information - she was not sure how to verify dual enrollment checks were completed - she would follow up with a representative from the State Opioid Treatment Authority	V 238	D. #CTG3454 reco - admission date - documentation 70mgs methadone E. #CTG1124 recor - admission date - documentation 100mgs since 4/4/1 F. #CTG3704 recor - admission date - documentation 70mgs since 6/11/1 G. #CTG2931 recor - admission date - documentation 30mgs since 6/13/1 During interview on reported: - the end of Decor to use a new system clients - if a client was of would not allow state information - she was not sure enrollment checks - she would folloon	ord revealed: 2 1/31/19 3 this client had been dosed since 6/10/19 ord revealed: 2 2/22/19 3 this client had been dosed 19 ord revealed: 3 3/15/19 4 this client had been dosed 19 ord revealed: 3 3/15/19 4 this client had been dosed 19 ord revealed: 3 3/28/19 4 this client had been dosed 19 ord revealed: 4 3/28/19 4 this client had been dosed 19 ord revealed: 5 3/28/19 4 this client had been dosed 19 ord revealed: 6 3/28/19 4 this client had been dosed 19 ord revealed: 6 3/28/19 6 this client had been dosed 19					

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