Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.		F	
		MHL041-523	B. WING			9/2019
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
GREENS	BORO TREATMENT	CENTER	TGATE DRIV BORO, NC 2	E, SUITES G - J 17407		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMEN	гs	V 000			
	Deficiencies were o	vas completed 6/19/19. sited. sed for the following service				
	category: 10A NCA Methadone.	C 27G .3600 Outpatient				
	The census for the	facility was 283.				
V 233	27G .3601 Outpt. C	Opiod Tx Scope	V 233			
	provides periodic se individual an oppor changes in his lifes other medications a treatment in conjun rehabilitation and m (b) Methadone and for use in opioid tredetoxification and m opioid dependent in (c) For the purpose and other medication treatment shall be a doses for a period methadone and other use in opioid treatment shall be a doses for a period methadone and other use in opioid treatment and other use in opioid treatment methadone and other use in opioid treatment use in opioid treatment dispensed in excessions.	pioid treatment facility ervices designed to offer the tunity to effect constructive tyle by using methadone or approved for use in opioid ction with the provision of nedical services. d other medications approved atment are also tools in the ehabilitation process of an				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
,	0. 00201.0	.52		A. BUILDING:				
		MHL041-	523	B. WING			२ 19/2019	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
GREENS	BORO TREATMENT	CENTER		GATE DRIV	E, SUITES G - J 7407			
(X4) ID	SUMMARY STA	ATEMENT OF DEFIC		ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC) REGULATORY OR L	Y MUST BE PRECEI	DED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETE DATE	
V 233	Continued From pa	age 1		V 233				
	This Rule is not medialed to ensure one clients was provide constructive change treatment. The find Review on 6/18/19 -Admission dat -Diagnoses of Review on 6/18/19 revealed: -"Credit Card in pay, decreased dos	et as evidenced eview and interve of twelve (clied the opportunitie by using methodings are: of client #1's rese of 2/12/19. Opiod Dependent of Nurse Note	view the facility ent #1) audited ity for continued hadone ecord revealed: ence.					
	During interview on -Started treatm 2019 and was seve -Had severe m treatment for years -Baby is now e -No issues with negative drug scree for medications giv -Currently dosi -Had been goir symptoms of withd -On Sunday 6/ dose and the credit -Nurse #1 was of them they could -Had been hav being out on mater a credit cardNurse #1 was them saying if they	tent at the clinicen months pregigraines and before those. If the child birth and ens since admit en during c-secong at 125 mg on gup due to corawals. If the window at th	c in February nant. een getting I had all ssion except ction. f methadone. ntinued came in to was down. and told several o obtain cash. ficulty since vas paying with short" with					

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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	
						₹	
		MHL041-523	B. WING			19/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
GREENSBORD IREALMENT CENTER			TGATE DRIV BORO, NC 2	E, SUITES G - J 17407			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
V 233	Continued From pa	ige 2	V 233				
V 200	would have to take -Dosed on 6/16 could not pay cash. -"I did not have go get cash." -There was a fe get cash, but she h -Nurse #1 woul -You can charg drug screens or an have either of them -Nurse #2 was Nurse #1 said, "Life -It was like she and not really worri fixed. -Had always lik months, she seems people not to come needs to take her le Nurse #1 was come so close to the	a financial taper. 6/19 at 115 mg because she a choice, because I could not ew that morning that could go ad to take the financial taper. Id not allow a charge. e if you do not have positive outstanding balance, "I did not i." saying that was not fair and e aint fair." was in such a hurry to get out ed about getting the machine se Nurse #1 but in the last few is to have an attitude, telling in at end of dosing be she					
	-On 6/16/19 the working. -There was no	e credit card machine was not					
	not in. -During the wee working, the Director the next day. -No one else is -Case Manage and she tried multip Director, but they w -So therefore the	a Sunday, so the Director was ek, if the machine is not or will authorize a charge for authorized to allow charges. If #1 was the only one on duty ble times to contact the vere not able to get up with her. They could not authorize a could not go to ATM, they a financial taper.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
712 . 21	o. oo.u.zoo			A. BUILDING:				
		MHL041	-523	B. WING			२ 19/2019	
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
GREENS	BORO TREATMENT	CENTER		TGATE DRIV BORO, NC 2	E, SUITES G - J 17407			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
V 233	-When a perso to take a financial t pay againThere was onl the machine broke others took the fina to ATM too, but the -Stayed open a could go get cashThis was their -The clients did just one client said -Client #1 dose with no issuesNot sure if any "It was the weeken During interview on state: -When the mac 6/16/19 it only affec close to closingOnly three did a financial taper be -Two of the three they positive drug s charged, not sure w -Never had this -During the we and have the mach -Nurses can m charges, only a fina During interview on stated: -Was the only of	n is unable to aper of 10 mg y five people leterate a few went to incial, "They can be appropriated and the regular of the control of the co	eft to dose when ATM and the ould have went per." minutes so they ons. De upset by it, or one of 17/19 out the machine, close." Nursing Director working on the as it was as it was a land had to take a not have cash, harge because the could have the weekend, all the company on to allow	V 233				
	with two dosing nur -The credit care minutes before clos	d machine wer	nt down 10-15					

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STATE FORM 6899 MQEZ11 If continuation sheet 4 of 7

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
	MHL041-523			B. WING			R 19/2019
	PROVIDER OR SUPPLIER	CENTER	207 WES	, ,	STATE, ZIP CODE E, SUITES G - J 17407		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 233	-There were abdoseThey were tolotake a financial tape -Only the DirectorargeDid not contact aware there are no -They stayed of allow people time to the cashier case company and got the this was after dosing -Clients were viccould tell they were -There was no could tell they were atted: -Was made aw machine broke on 6 -No one tried to authorize a chargeThe staff on 6 clients to charge the their fault the mach -Also, staff sho the machine to have during the weekThere is no wroccurs, but the client denied their prescription. During interview on Director stated: -Just found out credit card machine to a charge in the client denied their prescription.	out eight clients waiting they could go to the ver. It they could go to the ver. It the Director as she was charges on the week pen an extra fifteen may go to the ATM. It is a financial taper. It	ATM or ow a was ends. inutes to achine king, but s, and n. n Director edit card dosing. o owed the was not imber on works his een	V 233			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
				A. BUILDING:				
		MHL04	1-523	B. WING			⋜ I9/2019	
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
GREENS	BORO TREATMENT	CENTER		TGATE DRIV BORO, NC 2	E, SUITES G - J 27407			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC' REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
V 233	Continued From pa	age 5		V 233				
	-"This is unacceptable practice" and will be addressed to ensure this will not happen again.							
	[This is a re-cited deficiency and must be corrected within 30 days.]							
V 235	27G .3603 (A-C) O	utpt. Opiod T	x Staff	V 235				
	(2) symptom to drug addiction. (c) Each direct car continuing education the following: (1) nature of (2) the withder (3) group and	one certified of the substance and increment acility. If the fact, and is unable trified because tified persons may employ and this employements within the of employement in the fact of employement in the fact of se withdrawal so of secondaries addiction; rawal syndror diseases incompleted the secondaries diseases incompleted the secondaries addiction; rawal syndror diseases incompleted the substant of the secondaries addiction; rawal syndror diseases incompleted the substant of the substa	drug abuse abuse counselor t thereof shall be acility falls below ble to employ an se of the s in the facility's an uncertified yee meets the a maximum of 26 ment. ast one staff bllowing areas: I symptoms; and ry complications her shall receive understanding of me; py; and bluding HIV,					
	This Rule is not me	et as evidenc	ed by:					

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				A. BUILDING:	<u> </u>		₹	
		MHL041	-523	B. WING			19/2019	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
GREENS	BORO TREATMENT	CENTER		TGATE DRIV BORO, NC 2	E, SUITES G - J 17407			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC ^N REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE	
V 235	Continued From particles and the findings are: A. During interview reported: -he had worked at the is a certified surble had a case load. B. During an interview reported: - he had worked at the head a case load. B. During an interview reported: - he had worked at the used to work at the used to work at the registered for a load as a case load. During an interview Director was his im the had a case load had started. During an interview Director reported the client and had 5 surble Program Director a case load. During interview on Director stated: -They are looking within the next few.	veiw and intered to assure 2 counselors (#1, n a maximum on 6/18/19, counselors abused of 58 clients ew on 6/18/19 the facility for s a Mileu Man certification as February and mediate supered of 56 clients been above 5 cron 6/18/19, the facility had a betance abused of 56 clients a	2 of 2 audited #5) were not of 50 clients. Dunselor #2 6 years e counselor 7, counselor #5 2.5 years lager a substance the Program rvisor 60 since he he Program a census of 283 e counselors. he did not carry Regional ew counselor	V 235				

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