

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-938	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/29/2019
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NAME OF PROVIDER OR SUPPLIER THE MORSE CLINIC OF NORTH RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 3209 GRESHAM LAKE ROAD, SUITE 113 RALEIGH, NC 27615
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(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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on May 29, 2019. There was a deficiency cited.</p> <p>The facility was serving 233 clients.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.</p>	V 000	<div data-bbox="885 661 1356 756" style="border: 1px solid black; padding: 5px; background-color: #e0e0ff;"> <p>RECEIVED By DHR - Mental Health Lic. & Cert. Section at 3:05 pm, Jun 28, 2019</p> </div>	
V 235	<p>27G .3603 (A-C) Outpt. Opioid Tx. - Staff</p> <p>10A NCAC 27G .3603 STAFF</p> <p>(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.</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>	V 235	<p>1.) A minimum of 1 certified drug abuse counselor or certified substance abuse counselor per 50 clients will be on staff at Morse Clinic of North Raleigh.</p> <p>2.) The date of review 5/29/2019 MCNR was out of compliance with the 50 clients to 1 trained staff</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 235	<p>Continued From page 1</p> <p>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:</p> <p>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.</p> <p>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</p>	V 235	<p>3. Effective June 10th, 2019 client cases were transferred to counselors who had less than 50 clients.</p> <p>4. Program Director will monitor counselor case loads and ensure that the 1 counselor to 50 clients is maintained.</p> <p>5. Plan going forward is that no counselor will have more than 50 clients on their caseload. This</p>	<p>6/10/19</p> <p>ongoing Weekly</p>

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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	<i>will be monitored ongoing by Program Director Weekly and reviewed in treatment team meetings</i>	

June 28, 2019

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

Dear Mr. Coysen and Ms. Hicks,

I have enclosed our corrective
action plan for the deficiency
from the onsite 5/29/2019.

I apologize for the lateness of this
I had misplaced my response,
I am emailing the response.

Thank you.

Billie Alexander Awey
Program Director