

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601210	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/22/2019
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NAME OF PROVIDER OR SUPPLIER MCLEOD ADDICTIVE DISEASE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 521 CLANTON ROAD CHARLOTTE, NC 28217
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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
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 8/22/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.</p> <p>Census: 384</p>	V 000		
V 235	<p>27G .3603 (A-C) Outpt. Opiod 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		

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 records review and interviews, the facility failed to ensure a minimum of one certified drug abuse counselor or certified substance abuse counselor to each 50 clients. The findings are:</p> <p>Review on 8/20/19 of the current staff client caseload list presented by the Program Director revealed the following: -2 caseloads of 53; -2 caseloads of 52; -2 caseloads of 51.</p> <p>Interview on 8/21/19 with staff #1 revealed: -have 50 on her caseload now; -did have 51 or more; -was short on staff.</p> <p>Interview on 8/21/19 with staff #2 revealed: -now maybe have about 48, was at 50; - don't remember having more than 50.</p> <p>Interview on 8/22/19 with staff #3 revealed: -caseload around 50 now; -this month smoothed out some; -last month had 60 on her caseload; -was down two staff last month; -hired 2 new staff, then another staff resigned so now only down 1 staff; -had a client on Special Care, physician ordered weekly counseling sessions; -was not realistic to do weekly due to high caseload; -staffed with physician and got permission to do twice a month sessions with the Special Care client; -client was being very compliant with Special</p>	V 235		

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V 235	<p>Continued From page 2</p> <p>Care and improving.</p> <p>Review on 8/21/19 of client #4's record revealed: -admission date of 4/5/19 with diagnosis of Opioid Use Disorder Severe and Cocaine Use Disorder Moderate; -positive drug screens for alcohol and fentanyl; -placed on Special Care on 5/30/19 with physician's order for weekly counseling sessions, daily phone calls, weekly drug screens, weekly breathalyzer and recommendation for higher level of care; -medical care staffing on 6/27/19 with physician and staff #3 requesting client #4 be switched from weekly counseling to twice a month counseling "due to high caseloads of 60 patients and clinician unable to complete clinical contacts;" -physician determined client #4 was being compliant with Special Care and reduced clinical contacts to twice a month.</p> <p>Interview on 8/22/19 with Administration revealed: -average longevity of staff at facility around 4 years; -did have staff resign and have vacancies; -will ensure clients receive required clinical contacts.</p> <p>This deficiency is a re-cited deficiency and must be corrected within 30 days.</p>	V 235		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p>	V 736		

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V 736	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observations on 8/21/19 at 8:15am revealed the following: -first client bathroom the handle to the sink was loose; -second client bathroom the handle to the toilet was loose; -stained carpets in the counselor's offices; -dirty walls throughout the facility; -broken blinds in the front of the facility; -hundreds of cigarettes thrown in the mulch by the front door and in front of the building; -a dirty shirt laying on the sidewalk in the front of the building.</p> <p>Interview on 8/22/19 with Administration revealed: -next month, this building up for consideration for a new paint project; -also looking into getting plexiglass to put along walls to reduce dirt and wear; -will address the cigarette issue in front of the building.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed,</p>	V 752		

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V 752	<p>Continued From page 4</p> <p>constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure in areas of the facility where clients were exposed to hot water, the temperature of the water was maintained between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observations on 8/21/19 at 8:15am revealed the following hot water temperature readings: -men's drug screen bathroom sink 92 degrees Fahrenheit; -first client bathroom sink 82 degrees Fahrenheit; -second client bathroom sink 82 degrees Fahrenheit.</p> <p>Interview on 8/22/19 with Administration revealed: -not aware the hot water in the bathroms was too low in temperature; -will address the hot water issue.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 752		