

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-335	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/20/2019
NAME OF PROVIDER OR SUPPLIER MOUNTAIN HEALTH SOLUTIONS - ASHEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2 MCDOWELL STREET ASHEVILLE, NC 28801		
(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 and follow up survey was completed on August 20, 2019. Deficiencies were cited. The census at the time of the survey was 182. This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.	V 000		
V 131	G.S. 131E-256 (D2) HCPR - PriorEmployment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hire for 1 of 3 audited staff (Counselor #2). The findings are: Review on 8/19/19 of Counselor #2's personnel record revealed: -Start date: 6/24/19 -HCPR accessed: 8/20/19 Interview on 8/20/19 with the Facility Director revealed: -No response related to this finding.	V 131	Facility Director or designee will run the HCPR upon hire for all potential employees. HR and RD will audit personnel files periodically.	

Division of Health Service Regulation

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

TITLE

(X6) DATE

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V 131	Continued From page 1 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 131		
V 235	27G .3603 (A-C) Outpt. Opioid Tx. - Staff 10A NCAC 27G .3603 STAFF (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. (b) Each facility shall have at least one staff member on duty trained in the following areas: (1) drug abuse withdrawal symptoms; and (2) symptoms of secondary complications to drug addiction. (c) Each direct care staff member shall receive continuing education to include understanding of the following: (1) nature of addiction; (2) the withdrawal syndrome; (3) group and family therapy; and (4) infectious diseases including HIV, sexually transmitted diseases and TB. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to meet the minimum staffing ratio of 1	V 235		

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V 235	<p>Continued From page 2</p> <p>counselor to 50 clients, failed to ensure 1 of 3 audited counselors (Counselor #1) met the certification requirements within 26 months, and the facility failed to ensure all direct care staff were provided the required continuing education. The findings are:</p> <p>I. Review on 8/19/19 of a written document titled "Patient List by Counselor" dated 8/19/19 revealed:</p> <ul style="list-style-type: none"> -Counselor #1 with 47 clients; -Counselor #2 with 48 clients; -Counselor #3 with 43 clients; -The Clinic Director with a caseload of 44 clients. <p>Interview on 8/20/19 with Counselor #2 revealed:</p> <ul style="list-style-type: none"> -She had a caseload of 54 clients; -Her caseload increased to between 75-80 clients last week after she and Counselor #1 divided the caseload that was carried by Former Counselor #4; -Former Counselor #4 left the company on or about 8/14/19. <p>Interview on 8/20/19 with Counselor #1 revealed:</p> <ul style="list-style-type: none"> -He carried a caseload of 47 clients; -He and Counselor #2 were responsible for seeing the clients on Former Counselor #4's caseload although they were not officially reassigned Former Counselor #4's cases. <p>Interview on 8/20/19 with the Regional Vice President revealed:</p> <ul style="list-style-type: none"> -The facility was in staffing compliance on 8/12/19 regarding the required counselor to client ratio; -Former Counselor #4's departure from his position last week was unexpected. <p>II. Review on 8/19/19 of Counselor #1's personnel record revealed:</p>	V 235	<p>Upon the resignation and/ or termination of any counselor; the Facility Director or designee will immediately begin the recruiting process for a qualified applicant. In the interim to alleviate temporary increased caseload ratio, facility will employ resources such as hire a temporary counselor, use existing resources from the region or facility itself, and/or partnering with educational institutions.</p> <p>For this unanticipated specific situation; counselor #4 resigned on 8/14/19, position was posted on 8/14/19, position accepted on 8/27/19 and replacement employee scheduled to start 9/10/19.</p>		

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V 235	<p>Continued From page 3</p> <p>-Date of hire: 2/22/16 -He was registered as a Certified Substance Abuse Counselor (CSAC-R); -He had not met the certification requirements of 26 months from his date of employment; -There was no documentation of an approved waiver for Counselor #1 to remain at the CSAC-R status.</p> <p>Interview on 8/20/19 with Counselor #1 revealed: -His date of hire was 2/22/16; -He was a CSAC-R; -He had not yet taken the certification exam to be a CSAC.</p> <p>Interview on 8/20/19 with the Regional Director revealed: -She would follow up with the Division of Health Service Regulation (DHSR) to request a CSAC waiver.</p> <p>III. Review on 8/19/19 of Nurse #1's personnel record revealed: -Date of Hire: 7/14/17; -There was no evidence that indicated group and family therapy as a part of her continuing education.</p> <p>Review on 8/19/19 of Counselor #2's personnel record revealed: -Date of hire: 6/24/19; -There was no evidence that indicated her training in the nature of addiction, addiction withdrawal syndrome, and family therapy.</p> <p>Review on 8/20/19 of Counselor #1's personnel record revealed: -His date of hire was 2/22/16; -There was no evidence that indicated his continuing education in the nature of addiction,</p>	V 235	<p>The Facility Director and/or Clinical Supervisor will implement a process for monitoring the employees' progression towards CSAC. Facility and/or designee will submit all required paperwork to obtain the waiver by the 26th month.</p> <p>In addition our required annual online trainings within the organization, CS will conduct in person trainings to enhance specific skill sets in the following areas: group and family therapy, nature of addiction, addiction and withdrawal syndrome, and secondary complications of addiction.</p>	

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V 235	<p>Continued From page 4</p> <p>addiction withdrawal syndrome, and family therapy.</p> <p>Review on 8/20/19 of printed screenshots of a power-point titled "Introduction to MAT (Medicated Assisted Treatment) and Opioid Use Disorder" revealed:</p> <ul style="list-style-type: none"> -Written definitions of Addiction, Substance Abuse Disorder and Opioid Use Disorder (OUD); -The information regarding an OUD diagnosis was 2 of 11 symptoms had to have occurred within a 12-month period with no additional information that identified the symptoms; -A number of symptoms were to be present to be considered "moderate" and "severe" with no additional information that identified the symptoms; -There was no information that explained the secondary complications of addiction. <p>Interview on 8/20/19 with Counselor #1 revealed:</p> <ul style="list-style-type: none"> -He was working on an associate degree in science at a local community college; -His previous work experience was in local law enforcement; -His training in addiction and substance abuse withdrawal symptoms occurred online through his employment; -His job duties included individual client counseling, group counseling, providing clients with community resource referrals, and updating client treatment plans. <p>Interview on 8/20/19 with the Clinic Director revealed:</p> <ul style="list-style-type: none"> -The Introduction to MAT and Opioid Use Disorder powerpoint was approximately 20-22 minutes long; -He believed the printed screenshots provided evidence of the training requirement. 	V 235		

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DHSR-Mental Health

SEP 11 2019

Lic. & Cert. Section



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

August 27, 2019

Nicholas Cawby, Clinic Director
ATS of North Carolina, LLC
2 McDowell Street
Asheville, NC 28801

Re: Annual and follow up Survey completed August 20, 2019
Mountain Health Solutions-Asheville, 2 McDowell Street, Asheville, NC 28801
MHL #: 011-335
E-mail Address: Nicholas.cawby@ctcprograms.com

Dear Mr. Cawby:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed August 20, 2019.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Deficiencies were re-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

Standard level deficiencies re-cited are:

- NCGS §131E-256 Health Care Personnel Registry (V131);
- 10A NCAC 27G .3603 Staff (V235).

Time Frames for Compliance

Re-cited standard level deficiencies must be **corrected** within 30 days from the exit of the survey, which is September 19, 2019.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

August 27, 2019
Nicholas Cawby
ATS of North Carolina, LLC

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 Sonia Eldridge, Mountains Team Leader, at (828) 665-9911.

Sincerely,

Rebecca Hensley

Rebecca Hensley
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: dhhs@vayahealth.com
Smith Worth, SOTA Director (for 3600 only)

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL011-335	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/20/2019	Y2	Y3
NAME OF FACILITY MOUNTAIN HEALTH SOLUTIONS - ASHEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 2 MCDOWELL STREET ASHEVILLE, NC 28801		

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 V0105	Correction	ID Prefix V0112	Correction	ID Prefix	Correction
Reg. # 27G .0201 (A) (1-7)	Completed	Reg. # 27G .0205 (C-D)	Completed	Reg. #	Completed
LSC	08/20/2019	LSC	08/20/2019	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Rebecca Hensley</i>	DATE 8/20/19
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 5/17/2018		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		