

SCF 096-086

DHSR-Mental Health

Appendix 1-B: Plan of Correction Form

NOV 18 2019

Plan of Correction		Lic. & Cert. Section	
<p>Please complete all requested information and mail completed Plan of Correction form to: Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27669-2718</p>		<p>In lieu of mailing the form, you may e-mail the completed electronic form to: plans.of.correction@dhhs.nc.gov</p>	
<p>Provider Name: ATS of NC dba Carolina Treatment Center of Goldsboro</p>		<p>Phone: 919-813-7569</p>	
<p>Provider Contact Person for follow-up: Cyndi Thompson, Regional Director <i>Cyndi Thompson RD</i></p>		<p>Fax: 919-583-9328</p>	
		<p>Email: Cyndi.Thompson@ctcprograms.com</p>	
<p>Address: 1700 E. Ash Street Suite 200, 201, 202, &300 Goldsboro, NC 27330</p>		<p>Provider # MHL-096-186</p>	
Finding	Corrective Action Steps	Responsible Party	Time Line
<p>V000 INITIAL COMMENTS An annual, complaint and follow up survey was completed on October 23, 2019. The complaint was substantiated (intake #NC00156184). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment. The census at the time of the survey was 215.</p>	<p>V000 Correction noted below in deficiencies.</p>		<p>Implementation Date: Projected Completion Date:</p>
<p>V131 G.S. 131E-256 (D2) HCPR - Prior Employment 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.</p>	<p>V131 Healthcare personnel registry checks were being completed on the first day of employment and the new practice that was implemented as a result of this audit, is that when the employment offer letter is signed, the facility will then complete the required background checks including the Health Care Personnel Registry. The HR personnel index was updated to include this is to be completed pre-employment. HR charts will be audited day of employment start to ensure the</p>	<p>Clinic Director</p>	<p>Implementation Date: October 23, 2019 Projected Completion Date: On-going</p>

<p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that the Health Care Personnel Registry (HCPR) was accessed prior to hire affecting 2 of 4 audited staff (Staff #3/Licensed Clinical Addiction Specialist-Registered (LCAS-R, Staff #5/Licensed Clinical Addiction Specialist-R). The findings are:</p> <p>Review on 10/23/19 of the LCAS-R/staff #3's personnel record revealed: -Date of hire was 10/23/19. -Position was a counselor. -No documentation the HCPR had been completed.</p> <p>Review on 10/23/19 of LCAS-R/#5's personnel record revealed: -Date of hire was 10/22/19. -Position was a counselor. -No documentation the HCPR had been completed.</p> <p>Interview on 10/23/19 the Clinical Director revealed: -She was not able to locate any documentation the HCPRs had been completed for LCAS-R/Staff #3 and LCAS-R/Staff #5. -She would ensure the HCPRs were completed prior to staff hired in the future as required.</p>	<p>appropriate checks were completed and are present in employee record</p>	
<p>V133 G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the</p>	<p>V133 Criminal background checks are completed pre-employment by the corporate office and maintained in an electronic database. As a result of this audit, the background checks, specifically, the criminal history record will be accessed and printed out to keep on site in the employee record The criminal history record was added to the HR personnel index HR charts will be audited day of employment start to ensure the appropriate checks were completed and are present in employee record</p>	<p>Clinic Director Implementation Date: October 23, 2019 Projected Completion Date: On-going</p>

applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section.

Notwithstanding

G.S. 114-19.10, the Department of Justice shall

return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State

criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.

(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:

- (1) The level and seriousness of the crime.
- (2) The date of the crime.
- (3) The age of the person at the time of the conviction.

(4) The circumstances surrounding the commission of the crime, if known.

(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.

(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.

(7) The subsequent commission by the person of a relevant offense.

The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification but may not provide a copy of the criminal history record check to the applicant.

(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:

- (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the

individual.

(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.

(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.

(f) Penalty for Furnishing False Information. -

Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.

(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:

(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.

The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)

This Rule is not met as evidenced by:

Based on record reviews and interview the facility failed to provide documentation of a criminal background checks for two of four audited staff (staff #3/Licensed Clinical Addiction Specialist-Registered (LCAS-R) and staff #5/LCAS-R). The findings are:

Review on 10/23/19 of staff #3's/LCAS-R personnel record revealed:

- Hire date of 10/23/19.
- No documentation of a criminal background check.

Review on 10/23/19 of LCAS-R/staff #5's personnel record revealed:

- Hire date of 10/22/19.
- No documentation of a criminal background check.

During interview on 10/23/19 the Clinical Director stated:

- She was new to the current position and had hired new staff due to the prior staff having left to

<p>work for another treatment facility in the local area. -She would have all staff complete criminal background checks as required.</p>	<p>V233</p> <p>27G .3601 Outpt. Opioid Tx. - Scope</p> <p>10A NCAC27G .3601 SCOPE</p> <p>(a) An outpatient opioid treatment facility provides periodic services designed to offer the individual an opportunity to effect constructive changes in his lifestyle by using methadone or other medications approved for use in opioid treatment in conjunction with the provision of rehabilitation and medical services.</p> <p>(b) Methadone and other medications approved for use in opioid treatment are also tools in the detoxification and rehabilitation process of an opioid dependent individual.</p> <p>(c) For the purpose of detoxification, methadone and other medications approved for use in opioid treatment shall be administered in decreasing doses for a period not to exceed 180 days.</p> <p>(d) For individuals with a history of being physiologically addicted to an opioid drug for at least one year before admission to the service, methadone and other medications approved for use in opioid treatment may also be used in maintenance treatment. In these cases, methadone and other medications approved for use in opioid treatment may be administered or dispensed in excess of 180 days and shall be administered in stable and clinically established dosage levels.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide services designed to affect constructive changes in the client's lifestyle by using methadone in conjunction with the provision of rehabilitation and medical services affecting 3 of 11 clients (#11247, #11452 and #11332). The findings are:</p> <p>A. Review on 10/23/19 of client #11247's record revealed:</p>	<p>V233</p> <p>As a result of this audit, therapists are being trained to run a report in the EMR that will indicate positive UA results; this report will be ran daily to ensure any patients with a positive UA have an individual session scheduled with the therapist to discuss and develop a plan of action</p> <p>The PCP will also be updated at that meeting to ensure that action steps are added to the plan to address the concern.</p> <p>Nursing staff have also been trained to flag any positive UA results to alert the therapist as well as clinical supervisor.</p> <p>Clinical Manager will require the therapists to bring the daily report to the daily treatment team meeting and discuss any positive UA results and obtain the scheduled individual session date and/or appropriate follow up. This information will be added to the treatment team meeting minutes and documented daily</p> <p>Clinical Manager will audit 5% of the total patient charts monthly to ensure that documentation reflects positive drug screens are being documented via individual session notes as well as updated PCP</p>	<p>Clinic Director, Clinical Manager, Therapists</p>	<p>Implementation Date: 11-15-19</p>	<p>Projected Completion Date: 11-15-19 for procedure to be in place, review is ongoing</p>
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- 43-year-old female.
- Admission date of 07/09/18.
- Diagnosis of Opioid Use Disorder-Severe.
- No counselor notes to indicate the client's positive Urine Drug Screen (UDS) was addressed.

Review on 10/23/19 of client #11247's physician orders and UDS revealed:
08/13/19

- Client #11247 was decreased Methadone dose to 145 milligrams(mg) due to a positive UDS for amphetamine (stimulant).
- Client #11247 had take home Methadone doses discontinued.

09/25/19

- Client #11247 was approved by the physician to resume 4 take home doses of Methadone.

Interview on 10/23/19 client #11247 stated:

- She had received services at the facility for more than one year.
- She did not have a current counselor.
- She had attended some group meetings at the facility.

B. Review on 10/23/19 of client #11452's record revealed:

- 26-year-old female.
- Admission date of 07/10/19.
- Diagnosis of Opioid Use Disorder-Severe.
- No counselor notes to address client #11452's positive UDS's.

Review on 10/23/19 of client #11452's UDS results revealed:

- 07/22/19-positive for Tetrahydrocannabinol (THC).
- 07/31/19-positive for THC.
- 08/16/19-positive for THC.
- 09/09/19-positive for THC.
- 10/14/19-positive for THC.

Review on 10/23/19 of an unsigned case note for client #11452 revealed:

- "30 Day Follow Up - Date of Admission: On 07/10/19. Urine Drug Screens: On

<p>07/31/19 Shows...THC+ (positive)...Plan: Pt. (patient) advised to f/u (follow up) with the counselor for UDS..."</p> <p>Interview on 10/23/19 client #11452 stated:</p> <ul style="list-style-type: none"> - She had received services at the facility for approximately 4 months. - She had not seen a counselor since her admission. <p>C. Review on 10/22/19 of client #11332's record revealed:</p> <ul style="list-style-type: none"> - 39-year-old male. - Admission date of 05/24/19. - Diagnosis of Opioid Use Disorder-Severe. - No counselor notes from 08/19 and 09/19 to address positive UDS's. <p>Review on 10/22/19 of client #11332's UDS from 08/13/19 thru 09/13/19 revealed:</p> <ul style="list-style-type: none"> - 08/13/19- positive for Fentanyl (opiate). - 09/13/19-positive Amphetamine and Fentanyl. <p>Interview on 10/22/19 the Clinical Manager stated:</p> <ul style="list-style-type: none"> - She started at the facility on 08/26/19. - All the previous counselors had left the facility. - She had hired new counselors. She had been the case manager for all clients at the facility for a brief period of time. - The nursing staff should notify the counselor to see clients in the event of positive UDS's. - She had seen clients for positive UDS's when notified. <p>Interview on 10/22/19 and 10/23/19 the Clinical Director stated:</p> <ul style="list-style-type: none"> - All the previous counselors had left the facility. - New counselors had been hired. The new counselors were currently being assigned to the clients. 		
<p>V235</p> <p>27G .3603 (A-C) Outpt. Opioid Tx. -</p>	<p>V235</p> <p>The clinical manager is required to monitor caseloads on a daily basis to ensure the appropriate ratio of 50:1 is in place.</p>	<p>Clinic Director, Clinical Manager</p>
		<p>Implementation Date: 11-15-19</p> <p>Projected Completion Date: 11-23-19</p>

<p>Staff 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>group and family therapy; and (4) infectious diseases including HIV, sexually transmitted diseases and TB.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure a minimum of one certified drug abuse counselor or certified substance abuse counselor was on staff to each 50 clients or increments thereof. The findings are:</p> <p>Review on 10/23/19 of facility records revealed:</p> <ul style="list-style-type: none"> - A census of 215 active clients. - 1 Licensed Clinical Social Worker (LCSW)/Clinical Manager on staff with a caseload of 70 clients - 1 Licensed Clinical Addiction Specialist-Registered (LCAS-R) staff with a caseload of 58 clients. <p>During interview on 10/22/19 the LCAS-R staff stated: -She had just began employment at the facility</p>	<p>Caseload reviews will also be added to the daily treatment team minutes and documented daily to alert any concerns of being out of ratio.</p> <p>Clinic Director will also assist the clinical supervisor to monitor counselor caseloads and will communicate with the Central Registry, LME's and any other identified interested party in the event the facility would need to put a cap on admissions until the appropriate number of staff are in place to treat the patient population based on the census and ratio of 50:1</p> <p>Clinical Manager will also verify caseload numbers are within appropriate limits on monthly patient record reviews</p>	
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<p>and had a caseload of 58 clients.</p> <p>Interview on 10/22/19 the Clinical Manager stated:</p> <ul style="list-style-type: none"> - She started at the facility on 08/26/19. - She had a current caseload of 65 clients. - All the previous counselors had left the facility. - She had hired new counselors. - She had been the case manager for all clients at the facility for a brief period of time. <p>Interview on 10/22/19 and 10/23/19 the Clinical Director stated:</p> <p>All the previous counselors had left the facility. - New counselors had been hired. The new counselors were currently being assigned to the clients.</p> <p>[This deficiency has been cited 3 times since the original cite on September 21, 2017 and must be corrected within 30 days.</p>			
<p>V238</p> <p>27G .3604 (E-K) Outpt. Opioid - Operations</p> <p>10A NCAC 27G .3604 OUTPATIENT OPIOID TREATMENT. OPERATIONS.</p> <p>(e) The State Authority shall base program approval on the following criteria:</p> <ol style="list-style-type: none"> (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. <p>(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</p>	<p>V238</p> <p>The facility has verified that the software issue within the EMR that allowed for take homes with a positive UA has been corrected.</p> <p>The nursing supervisor will verify all take home dosages meet the eligible criteria weekly on Wednesdays (Thursday is the take home dosing day). Anyone not appropriate for a take home dose will be brought to the attention of the physician and an alternate plan will be developed.</p> <p>The Nursing supervisor, along with the physician will comply with regulations and standards for take home dosing including eligibility, physician orders with complete signatures, review of positive UA's and any changes in dosing. Patients will be identified Wednesday's in the daily treatment team meeting and documented via the minutes which have been added to the agenda.</p> <p>The clinic director will complete monthly audits of patient records to ensure compliance with take home dosing</p> <p>Acadia employs a Medical Compliance Specialist that completes audits on a quarterly basis and will add take home dosing requirements a part of her compliance checklist to begin with her next scheduled audit. MCS will report any findings to clinic</p>	<p>Nursing Supervisor, Clinical Manager, Clinic Director, Medical Compliance Specialist</p>	<p>Implementation Date: 10-23-19</p> <p>Projected Completion Date: On-going</p>

director and nursing supervisor

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 years of continuous treatment a patient must attend a minimum of one counseling session per month. Levels of Eligibility are subject to the following conditions:

(A) Level 1. During the first 90 days of continuous treatment, the take-home supply is limited to a single dose each week and the client shall ingest all other doses under supervision at the clinic;

(B) Level 2. After a minimum of 90 days of continuous program compliance, a client may be granted for a maximum of three take-home doses and shall ingest all other doses under supervision at the clinic each week;

(C) Level 3. After 180 days of continuous treatment and a minimum of 90 days of continuous program compliance at level 2, a client may be granted for a maximum of four take-home doses and shall ingest all other doses under supervision at the clinic each week;

(D) Level 4. After 270 days of continuous treatment and a minimum of 90 days of continuous program compliance at level 3, a client may be granted for a maximum of five

take-home doses and shall ingest all other doses under supervision at the clinic each week;

(E) Level 5. After 364 days of continuous treatment and a minimum of 180 days of continuous program compliance, a client may be granted for a maximum of six take-home doses and shall ingest at least one dose under supervision at the clinic each week;

(F) Level 6. After two years of continuous treatment and a minimum of one year of continuous program compliance at level 5, a client may be granted for a maximum of 13 take-home doses and shall ingest at least one dose under supervision at the clinic every 14 days; and

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 take-home eligibility due to a verifiable physical disability may be granted up to a maximum

30-day supply of take-home medication and shall make monthly clinic visits.

(4) Take-Home Dosages for Holidays:

Take-home dosages of methadone or other medications approved for the treatment of opioid addiction shall be authorized by the facility physician on an individual client basis

according to the following:

(A) An additional one-day supply of methadone or other medications approved for the treatment of opioid addiction may be dispensed to each eligible client (regardless of time in treatment) for each state holiday.

(B) No more than a three-day supply of methadone or other medications approved for the treatment of opioid addiction may be dispensed to any eligible client because of holidays. This restriction shall not apply to clients who are receiving take-home medications at Level 4 or above.

(g) Withdrawal from Medications For Use In Opioid Treatment. The risks and benefits of withdrawal from methadone or other medications approved for use in opioid treatment shall be discussed with each client at the initiation of treatment and annually thereafter.

(h) Random Testing. Random testing for alcohol and other drugs shall be conducted on each active opioid treatment client with a minimum of one random drug test each month of continuous treatment. Additionally, in two out of each

(i) three-month period of a client's continuous treatment episode, at least one random drug test will be observed by program staff. Drug testing is to include at least the following: opioids, methadone, cocaine, barbiturates, amphetamines, THC, benzodiazepines and alcohol. Alcohol testing results can be gathered by either urinalysis, breathalyzer or other alternate scientifically valid method. Client Discharge Restrictions. No client shall be discharged from the facility while physically dependent upon methadone or other medications approved for use in opioid treatment unless the client is provided the opportunity to detoxify from the drug.

(j) Dual Enrollment Prevention. All licensed outpatient opioid addiction treatment facilities which dispense Methadone, Levo-Alpha-Acetyl-Methadol (L:AAM) or any other pharmacological agent approved by the Food and Drug Administration for the treatment of opioid addiction subsequent to November 1, 1998, are required to participate in a computerized Central Registry or ensure that

clients are not dually enrolled by means of direct contact or a list exchange with all opioid treatment programs within at least a 75-mile radius of the admitting program. Programs are also required to participate in a computerized Capacity Management and Waiting List Management System as established by the North Carolina State Authority for Opioid Treatment. (k) Diversion Control Plan. Outpatient/ Addiction Opioid Treatment Programs in North Carolina are required to establish and maintain a diversion control plan as part of program operations and shall document the plan in their policies and procedures. A diversion control plan shall include the following elements:

- (1) dual enrollment prevention measures that consist of client consents, and either program contacts, participation in the central registry or list exchanges;
- (2) call-in's for bottle checks, bottle returns or solid dosage form call-in's;
- (3) call-in's for drug testing;

drug testing results that include a review of the levels of methadone or other medications approved for the treatment of opioid addiction;

- (5) client attendance minimums; and
- (6) procedures to ensure that clients properly ingest medication.

This Rule is not met as evidenced by:

Based on records review, observations and interviews, the facility failed to ensure staff implemented policies and procedures on take home dosages affecting 2 of 15 current clients (#11247 and #11452). The findings are:

- A. Review on 10/23/19 of client #11247's record revealed:
 - 43-year-old female.
 - Admission date of 07/09/18.
 - Diagnosis of Opioid Use Disorder-Severe.

Review on 10/23/19 of client #11247's physician orders and Urine Drug Screens (UDS) revealed: 08/13/19

- Client #11247 was decreased Methadone dose to 145 milligrams(mg) due to a positive UDS for amphetamine (stimulant).

- Client #11247 had take home Methadone doses discontinued.

09/25/19

- Client #11247 was approved by the physician to resume 4 take home doses of Methadone.

Review on 10/23/19 of client #11247's Patient Medical Record for September 2019 revealed the following date when a take home dose was provided without a physician order and continuous facility compliance:
- 09/22/19

Interview on 10/23/19 client #11247 stated:

- She had received services at the facility for more than one year.
- She did not have a current counselor.
- She had attended some group meetings at the facility.
- She currently had four take home doses.

B. Review on 10/23/19 of client #11452's record revealed:

- 26-year-old female.
- Admission date of 07/10/19.
- Diagnosis of Opioid Use Disorder-Severe.

Review on 10/23/19 of client #11452's

UDS results revealed:

- 07/22/19-positive for Tetrahydrocannabinol (THC).
- 07/31/19-positive for THC.
- 08/16/19-positive for THC.
- 09/09/19-positive for THC.
- 10/14/19-positive for THC.

Review on 10/23/19 of client #11452's Patient Medical Records for September 2019 and October 2019 revealed the following dates when a take home dose was provided without a physician order and continuous facility compliance:

- 09/29/19
- 10/06/19
- 10/13/19
- 10/20/19

Interview on 10/23/19 client #11452 stated:

- She had received services for approximately 4 months. She did not have current take home dosages due to positive UDS.
- She was aware of the criteria for receiving take home doses.

Interview on 10/23/19 the Clinical Manager stated:

- Clients that test positive for illicit substances should not have take home doses.
- The computer program had allowed for some clients to receive take homes for Sunday.

The facility had contacted the software company and the issue had been corrected.

Cyndi Shoup Sr, Regional Director
11-15-19



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

November 5, 2019
Marlana Rogers, Clinical Director
ATS of North Carolina, LLC
1700 E. Ash Street, Suite 201
Goldsboro, NC 27530

DHSR-Mental Health

NOV 18 2019

Lic. & Cert. Section

Re: Annual, Complaint and Follow Up Survey completed October 23, 2019
Carolina Treatment Center of Goldsboro, 1700 East Ash Street, Suite 201 & 300, Goldsboro, NC
27530-4097
MHL # 096-186
E-mail Address: marlana.rogers@ctcprograms.com
Intake #NC00156184

Dear Ms. Rogers:

Thank you for the cooperation and courtesy extended during the annual, complaint and follow up survey completed October 23, 2019. The complaint was substantiated.

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

- A re-cited standard level deficiency.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- A re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is November 22, 2019.
- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is December 22, 2019.

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.

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

November 5, 2019
Marlana Rogers
ATS of North Carolina, LLC

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 Wendy Boone, Team Leader at (252)568-2744.

Sincerely,



Gloria Locklear
Facility Compliance Consultant I
Mental Health Licensure & Certification Section



Keith Hughes
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSRreports@eastpointe.net
Smith Worth, SOTA Director
Pam Pridgen, Administrative Assistant