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Division of Health Service Regulation

|   | FOF DEFICIENCIES OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | ` ′                 | CONSTRUCTION   | (X3) DATE SURVEY<br>COMPLETED |  |  |  |  |
|---|--|--|---------------------|--|-------------------------------|--|--|--|--|
|   |  |  | -                   |  | R                             |  |  |  |  |
|   |  | MHL0601210   | B. WING             |  | 12/02/2019                    |  |  |  |  |
| NAME OF P   | ROVIDER OR SUPPLIER  | STREET AD  | DRESS, CITY, STA    | TE, ZIP CODE   |                               |  |  |  |  |
| MCLEOD ADDICTIVE DISEASE CENTER  521 CLANTON ROAD  CUADI OTTE NO. 20247                         |  |  |                     |  |                               |  |  |  |  |
| CHARLOTTE, NC 28217  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION |  |  |                     |  |                               |  |  |  |  |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  |  | ID<br>PREFIX<br>TAG | (EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPE<br>DEFICIENCY) | BE COMPLETE                   |  |  |  |  |
| V 000   | V 000 INITIAL COMMENTS   |  | V 000               |  |                               |  |  |  |  |
|   | on 12/2/19. The comp<br>(Intake #NC157194).<br>This facility is licensed   | v-up survey was completed plaint was unsubstantiated A deficiency was cited.  d for the following service 27G .3600 Outpatient |                     |  |                               |  |  |  |  |
| \   | 070 0000 (4 0) 0 1   |  | V 005               |  |                               |  |  |  |  |
| V 239   | 27G .3603 (A-C) Outpt. Opiod 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. |  | V 235               |  |                               |  |  |  |  |

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

(X6) DATE TITLE

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| F CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION   |   | 1 ' '   | (X3) DATE SURVEY<br>COMPLETED   |  |  |  |  |  |
|---|--|--|---|---|---|--|--|--|--|--|
|   |  | A. BOILDING  |   |   | _   |  |  |  |  |  |
|   | MHL0601210   | B. WING  |   | l l   | R<br><b>/02/2019</b>  |  |  |  |  |  |
| OVIDER OR SUPPLIER  | STREET AD  | DRESS, CITY, STA   | TE, ZIP CODE  |   |   |  |  |  |  |  |
| MCLEOD ADDICTIVE DISEASE CENTED 521 CLANTON ROAD  |  |  |   |   |   |  |  |  |  |  |
| DDICTIVE DISEASE CE   | CHARLO   | TTE, NC 28217  |   |   |   |  |  |  |  |  |
| SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  |  | PREFIX (EACH CORRECTIVE ACTION SHOULD  |   | ON SHOULD BE<br>HE APPROPRIATE  | (X5)<br>COMPLETE<br>DATE  |  |  |  |  |  |
| Continued From page   | : 1  | V 235  |   |   |   |  |  |  |  |  |
| This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the required staff/client ratio. The findings are:  Review on 12/2/19 of client census for the facility was 361.  Review on 12/2/19 of the staff client caseload list revealed the following: -staff #1 had a caseload of 55; -staff #2 had a caseload of 52; -the prior Program Director (PD) had a caseload of 55; -the current PD was covering a caseload of 50. |  | V 235  |   |   |   |  |  |  |  |  |
| revealed: -started in her current -been with McLeod sii -covering a caseload caseloads.  Interview on 12/2/19 v -recently promoted to -currently covering a c -been a lot of staff turn survey(completed on -currently have 2 staff -had 4 resignations sii 8/2019, one in 10/201 -also had 2 intake cou- some resignations in maternity leave and d -hired two new counse  | position on 11/11/19; nce 2016; of clients from 3 prior staffs'  with the prior PD revealed: Clinical Educator; caseload; nover since last 8/22/19); f on maternity leave; nce last survey, one in 9 and two in 11/2019; unselors resigned; cluded staff who were on id not return; elors, one starts on 12/5/19   |  |   |   |   |  |  |  |  |  |
|   | SUMMARY STA (EACH DEFICIENCY REGULATORY OR LETTER SUMMARY STA (EACH DEFICIENCY O | OVIDER OR SUPPLIER  DDICTIVE DISEASE CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1  This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the required staff/client ratio. The findings are:  Review on 12/2/19 of client census for the facility was 361.  Review on 12/2/19 of the staff client caseload list revealed the following: -staff #1 had a caseload of 55; -staff #2 had a caseload of 52; -the prior Program Director (PD) had a caseload of 55; -the current PD was covering a caseload of 50.  Interview on 12/2/19 with the current PD revealed: -started in her current position on 11/11/19; -been with McLeod since 2016; -covering a caseload of clients from 3 prior staffs' | MHL0601210  MHL0601210  STREET ADDRESS, CITY, STA 521 CLANTON ROAD CHARLOTTE, NC 28217  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1  V 235  This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the required staff/client ratio. The findings are:  Review on 12/2/19 of client census for the facility was 361.  Review on 12/2/19 of the staff client caseload list revealed the following: -staff #1 had a caseload of 55; -the prior Program Director (PD) had a caseload of 55; -the current PD was covering a caseload of 50.  Interview on 12/2/19 with the current PD revealed: -started in her current position on 11/11/19; -been with McLeod since 2016; -covering a caseload of clients from 3 prior staffs' caseloads.  Interview on 12/2/19 with the prior PD revealed: -recently promoted to Clinical Educator; -currently covering a caseload; -been a lot of staff turnover since last survey(completed on 8/22/19); -currently have 2 staff on maternity leave; -had 4 resignations since last survey, one in 8/2019, one in 10/2019 and two in 11/2019; -also had 2 intake counselors resigned; -some resignations included staff who were on maternity leave and did not return; -hired two new counselors, one starts on 12/5/19 and one starts on 1/6/20; | OVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  521 CLANTON ROAD CHARLOTTE, NC 28217  SUMMARY STATEMENT OF DEFICIENCIES (ECAL DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION)  COntinued From page 1  V 235  This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the required staff/client ratio. The findings are:  Review on 12/2/19 of the staff client caseload list revealed the following: -staff #1 had a caseload of 55; -staff #2 had a caseload of 55; -the current PD was covering a caseload of 50.  Interview on 12/2/19 with the current PD revealed: -started in her current position on 11/11/19; -been with McLeod since 2016; -covering a caseload of clients from 3 prior staffs' caseloads.  Interview on 12/2/19 with the prior PD revealed: -recently promoted to Clinical Educator; -currently covering a caseload; -been a lot of staff turnover since last survey(completed on 8/22/19); -currently have 2 staff on maternity leave; -had 4 resignations since last survey, one in 8/2019, one in 10/2019 and two in 11/2019; -also had 2 intake counselors resigned; -some resignations included staff who were on maternity leave and did not return; -hired two new counselors, one starts on 12/5/19 and one starts on 1/6/20; | DIDICTIVE DISEASE CENTER  STREET ADDRESS, CITY, STATE, ZIP CODE  S21 CLANTON ROAD CHARLOTTE, NC 28217  SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1  V 235  This Rule is not met as evidenced by: Based on records review and interviews, the facility lailed to ensure the required staff/client ratio. The findings are:  Review on 12/2/19 of client census for the facility was 361.  Review on 12/2/19 of client caseload list revealed the following: -staff #1 had a caseload of 55; -staff #2 had a caseload of 55; -the current PD was covering a caseload of 50.  Interview on 12/2/19 with the current PD revealed: -covering a caseload of clients from 3 prior staffs' caseloads: -interview on 12/2/19 with the prior PD revealed: -recently promoted to Clinical Educator; -currently covering a caseload of; -currently covering a caseload; -been a lot of staff turnover since last survey, one in 8/2019, or in 10/2019 and two in 11/2019; -also had 2 intake counselors resigned; -asome resignations since last survey, one in 8/2019, or in 10/2019 and two in 11/2019; -also had 2 intake counselors resigned; -some resignations inclieded staff who were on maternity leave and did not return; -hired two new counselors, one starts on 12/5/19 and one starts on 10/6/20; |  |  |  |  |  |

Division of Health Service Regulation

STATE FORM 6899 2VTE11 If continuation sheet 2 of 3

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Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES (X   |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:             | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |  | (X3) DATE SURVEY<br>COMPLETED |  |  |  |  |  |
|--|--|--|--|--|-------------------------------|--|--|--|--|--|
|  |  |  | A. BUILDING:                             |  |                               |  |  |  |  |  |
|  |  | MHL0601210   | B. WING                                  |  | R<br><b>12/02/2019</b>        |  |  |  |  |  |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE                                   |  |  |  |  |                               |  |  |  |  |  |
| MCLEOD ADDICTIVE DISEASE CENTER  521 CLANTON ROAD  CHARLOTTE NC 28217                                |  |  |  |  |                               |  |  |  |  |  |
| CHARLOTTE, NC 28217  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) |  |  |  |  |                               |  |  |  |  |  |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENC  | Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)     | ID<br>PREFIX<br>TAG                      | (EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPE<br>DEFICIENCY) | BE COMPLETE                   |  |  |  |  |  |
| V 235  | 5 Continued From page 2  |  | V 235                                    |  |                               |  |  |  |  |  |
|  | with cases; -have two counselor properties also counselor will be full serviced. | oositions still open;<br>managing a caseload;<br>staffed soon. |  |  |                               |  |  |  |  |  |
|  | and must be correcte   | itutes a re-cited deficiency<br>d within 30 days.              |  |  |                               |  |  |  |  |  |
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