

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601210</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/02/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MCLEOD ADDICTIVE DISEASE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>521 CLANTON ROAD</b> <b>CHARLOTTE, NC 28217</b>
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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>A complaint and follow-up survey was completed on 12/2/19. The complaint was unsubstantiated (Intake #NC157194). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.</p> <p>Current Census: 361</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 the required staff/client ratio. The findings are:</p> <p>Review on 12/2/19 of client census for the facility was 361.</p> <p>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.</p> <p>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.</p> <p>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; -pulling staff from other sites to come and assist</p>	V 235		

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V 235	Continued From page 2  with cases; -have two counselor positions still open; -MAT Director is also managing a caseload; -hopefully will be full staffed soon.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 235		