STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL014-083	A. BUILDING: _____ B. WING _____	11/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCLEOD ADDICTIVE DISEASE CENTER-LENOIR	222 MORGANTON BOULEVARD LENOIR, NC 28645

(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 survey was completed on 11/27/19. Deficiencies were cited. The annual census at the time of the survey was 336. This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.	V 000		
V 233	27G .3601 Outpt. Opiod Tx. - Scope 10A NCAC 27G .3601 SCOPE (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. (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. (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. (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.	V 233		

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V 233	Continued From page 1 This Rule is not met as evidenced by: Based on interviews and record review 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 17 sampled clients (#8, #11, #13). The findings are: Record review on 11/26/19 for Client #8 revealed: -Admitted on 5/27/15 with diagnosis of Opioid Use Disorder. -Medication record indicated that Client #8 was prescribed Atenolol 25mg, daily. It further indicated that coordination of care was needed with the prescriber. -No evidence in the record that the coordination of care was completed with the physician who prescribed the Atenolol. Record review on 11/26/19 for Client #11 revealed: -Admitted on 3/27/19 with diagnosis of Opioid Use Disorder, Bi Polar Disorder and Depression. -Medication record indicated that Client #11 took Latuda daily and Clonidine three times daily. -The record further indicated that Client #11 had changed mental health providers. -A release of information had been signed on 6/21/19 by Client #11 for the facility to coordinate care with other medical providers. -No evidence in the record that the coordination of care was completed with the physician who prescribed the psychotropic medications for Client #11. Record review on 11/26/19 for Client #13 revealed:	V 233		

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V 233	Continued From page 2 -Admitted on 1/15/19 with diagnosis of Opioid Use Disorder. -Medication record indicated that Client #13 took Chantix twice daily. -A release of information had been signed on 1/15/19 by Client #13 for the facility to coordinate care with other medical providers. -No evidence in the record that the coordination of care was completed with the physician who prescribed the medication for Client #13. Interview on 11/27/19 with the Program Manager revealed: -Both Clients #11 and #13 had signed a release of information but there was no coordination of care completed with the physician's who prescribed their medications. -It was the facilities responsibility to verify any medications that a client was prescribed. -She would sometimes review physician notes to determine any coordination of care that was needed. -She acknowledged that physician note about the medication for Client #8 and indicated that coordination of care should have been the next step. -The lack of coordination of care for these clients was an oversight and she indicated that she would immediately address the problem.	V 233		
V 235	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	V 235		

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V 235	Continued From page 3 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 counselor to 50 clients. The findings are: Review on 11/25/19 of a written facility client list dated 11/25/19 revealed: -The written client list had the total client caseload count for each counselor; -Counselor #1's caseload was 59; -Counselor #2's caseload was 56; -Counselor #3's caseload was 59; -Counselor #4's caseload was 57; -Counselor #5's caseload was 56; -The Program Manager's caseload was 40; -The remainder of clients were indicated in an "inactive counselor" list.	V 235		

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V 235	Continued From page 4 Interview on 11/26/19 with Counselor #4 revealed: -Due to 2 vacant counselor positions, her caseload was approximately 55 clients. Interview on 11/26/19 with Counselor #1 revealed: -Her client caseload exceeded 50 clients. Interviews on 11/25/19 and 11/27/19 with the Program Manager revealed: -She acknowledged on both these dates that she was aware the facility was out of compliance with the minimum staffing ratio of 1 counselor to 50 clients; -She was helping with the client counseling caseload due to 2 vacant counselor positions; -The facility was in the process of trying to fill the vacant positions.	V 235		