STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL013-101	A. BUILDING: _____ B. WING _____	12/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCLEOD ADDICTIVE DISEASE CENTER-CONC	300 COPPERFIELD BLVD. SUITES 105&106 CONCORD, NC 28025

(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 12/5/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment. The client census was 556 at the time of the survey.	V 000		
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 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		

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V 235	Continued From page 1	V 235		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure 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. The findings are:

Review on 12/5/19 of the facility's record revealed:
-The facility had a census of 556 clients.
-The facility currently had 11 full-time counselors including the Program Manager with a caseload.
-Six of the counselors were already maxed out at 50.
-The other 5 counselors were already near 50.
-There were 16 inactive clients.
-There were 6 new clients awaiting to be assigned to a counselor.

Interview on 12/5/19 with Staff #1 revealed:
-She acknowledged one of biggest challenge for counselors was trying to manage their caseloads.
-Her current caseload was 51.

Interview on 12/5/19 with the Program Manager revealed:
-She was aware current caseload was already maxed out for most counselors.
-There were 16 inactive clients at the time, but their cases had not been closed yet.
-Inactive clients would not be discharged until 30-60 days later.
-Facility was still taking in new intakes.
-There were 6 new intakes awaiting to be assigned a new counselor.

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V 235	Continued From page 2 -She reported a new counselor was to be hired in the near future and some of her caseload would be transferred. -She acknowledged the facility failed to ensure a minimum of one certified drug abuse counselor or certified substance abuse counselor to each 50 clients.	V 235		
V 238	27G .3604 (E-K) Outpt. Opiod - Operations 10A NCAC 27G .3604 OUTPATIENT OPIOD TREATMENT. OPERATIONS. (e) The State Authority shall base program approval on the following criteria: (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. (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 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.	V 238		

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V 238	Continued From page 3 (1) 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 (G) Level 7. After four years of continuous treatment and a minimum of three years of	V 238		

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V 238	Continued From page 4	V 238		

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

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V 238	Continued From page 5	V 238		

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 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.

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V 238	Continued From page 6 (i) 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 (LAAM) 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; (4) drug testing results that include a review of the levels of methadone or other	V 238		

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V 238	Continued From page 7 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 record reviews and interview, the facility failed to ensure compliance with federal regulations and applicable standards of practice for clients receiving substance abuse treatment with Methadone to require an annual physical affecting 8 of 25 audited clients (clients #1, #2, #3, #4, #5, #6, #7 and #8). The findings are: Review on 12/4/19 of client #1's record revealed: -Admission date of 8/16/16. -Diagnosis of Opioid Use Disorder. -Most recent physical exam was 11/14/18. Review on 12/4/19 of client #2's record revealed: -Admission date of 8/5/15. -Diagnosis of Opioid Use Disorder. -Most recent physical exam was 11/30/18. Review on 12/4/19 of client #3's record revealed: -Admission date of 8/2/16. -Diagnosis of Opioid Use Disorder. -Most recent physical exam was 10/30/18. Review on 12/4/19 of client #4's record revealed: -Admission date of 11/15/11. -Diagnosis of Opioid Use Disorder. -Most recent physical exam was 5/31/18. Review on 12/4/19 of client #5's record revealed:	V 238		

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V 238	Continued From page 8 -Admission date of 6/11/13. -Diagnosis of Opioid Use Disorder. -Most recent physical exam was 5/2/18. Review on 12/4/19 of client #6's record revealed: -Admission date of 10/18/17. -Diagnosis of Opioid Use Disorder. -Most recent physical exam was 11/8/18. Review on 12/4/19 of client #7's record revealed: -Admission date of 10/20/15. -Diagnosis of Opioid Use Disorder. -Most recent physical exam was 10/3/18. Review on 12/4/19 of client #8's record revealed: -Admission date of 8/11/09. -Diagnosis of Opioid Use Disorder. -Most recent physical exam was 11/7/18. Interview on 12/5/19 with the Program Manager revealed: -She was aware that some client's physical examinations were overdue. -Facility was scheduling clients with expired physical examinations. -She didn't know why some of the physical examinations were so overdue. -She acknowledged that clients #1, #2, #3, #4, #5, #6, #7 and #8 did not have their annual physical examinations completed.	V 238		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.	V 736		

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V 736	Continued From page 9 This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure facility grounds were maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 12/5/19 at 10:10 AM of the Lobby/Reception area revealed: -Walls were dirty and/or scratched. -Counters under reception windows were worn off, dirty and wood was showing. Observation on 12/5/19 at 10:18 AM of the Counselors offices and hallways revealed: -Carpet was dirty and stained at numerous locations. -Stains/scratches on the walls. -Stains/scratches on the doors. Observation on 12/5/19 at 10:25 AM of client's bathroom revealed: -Paint was peeling off from the wall. Observation on 12/5/19 at 10:30 AM of the dosage windows area revealed: -Walls were dirty and/or scratched. -Counters under reception windows were worn off, dirty and wood was showing. Observation on 12/5/19 at 10:32 AM of the urine drug screening bathroom revealed: -There was a baseball size hole on the wall outside next to the door. Interview on 12/5/19 with the Program Manager revealed:	V 736		

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V 736	Continued From page 10 -She had just started position in November. -She was aware that the facility needed to be repainted at some places -Facility was responsible for doing maintenance. -She confirmed the facility grounds were not maintained in a safe, clean, attractive and orderly manner.	V 736		

Plan of Correction
McLeod Addictive Disease Center, Inc. – Concord MAT
DHSR Survey completed December 5, 2019

V 235 27G.3603 (A-C) Outpt. Opiod Tx- Staff
10A NCAC 27G. 3603 STAFF
Staff #1's caseload decreased to 50 on the day of the survey exit as a patient transitioned to inactive status. As of the day of exit, all new patients had been assigned and all clinicians had caseloads within compliance of 1:50. Currently, the Concord MAT practice has 533 active patients with 10 counselors and a Program Manager. All clinicians have a caseload of 50 or less. The practice is actively recruiting for an additional clinician to meet increases in demand. The practice will continue to accept new patients and will utilize a floating clinician to meet demand. The practice manager will assess the caseloads on a daily basis to ensure compliance and allow for implementation of contingency plans to maintain ratio requirements as indicated.

V 238 27G.3604 Outpatient Opioid Operations
10A NCAC 27G .3604 OUTPATIENT OPIOID TREATMENT OPERATIONS
The Concord- MAT conducted a 100% audit of all patients to assess compliance with annual physical examinations. The 8 patients that were identified during the survey as being out of compliance have been completed/scheduled for completion in December or January with the exception of the 1 inactive patient. An assessment of the provider capacity for completion based on demand has been completed; this assessment has identified the need for additional provider coverage (addition of a provider once per week) at this location, which is being scheduled to maintain compliance of this regulation. The program manager will maintain a master schedule of all annual physical requirements by due date.

V736 27G .0303(c) Facility and Grounds Maintenance
10A NCAC 27G .0101 LOCATION AND EXTERIOR REQUIREMENTS
The four specific observations made during the survey regarding areas that are in need of repairs/cleaning have been completed/scheduled for completion. A comprehensive building walk-through was conducted by the program manager to establish a master list of all aesthetic needs and/or repair. The program will prioritize this list for completion in the next 60 days. This timeframe is necessary due to the need for scheduling of external vendors for repairs. A preventative maintenance plan will include a monthly walk-through to capture any new concerns that need addressed to maintain a safe, clean, and attractive facility