

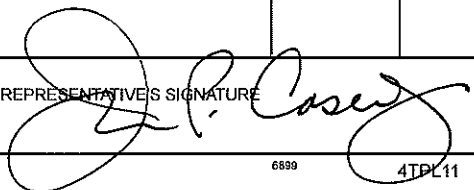
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL044-062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/06/2019
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NAME OF PROVIDER OR SUPPLIER BHG CLYDE TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 414 HOSPITAL DRIVE CLYDE, NC 28721
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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>An annual and follow up survey was completed on 12/6/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment and 10A NCAC 27G.4400 Substance Abuse Intensive Outpatient Program.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112	<p>V 112 - 27G.0205(C-D): Charts of all active patients will be audited by December 24, 2019, with any subsequent identified deficiencies corrected by January 30, 2020. The Program Director and Regional Director will be responsible for ensuring the chart audits are completed and the deficiencies are corrected by the assigned due dates. The current BHG chart audit form has been revised to target treatment plans more specifically. An additional plan has been developed for monitoring and controlling chart audits so that treatment-plan compliance can be achieved. The three patient charts identified as being out of compliance during the state visit have had deficiencies corrected and are in place.</p> <p>Moving forward, the Program Director will follow BHG policy to ensure 10% of active charts are audited each month, with identified deficiencies corrected within the allotted time frame. The Program Director will also be responsible for monitoring the signature task list daily within the BHG EHR and ensuring documentation is completed within the allotted time frame. The Regional Director will be responsible for ensuring the daily signature review occurs.</p>	1.30.20 and ongoing

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



TITLE

Program Director

(X6) DATE

12-19-19

Division of Health Service Regulation

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the treatment/service plan was completed within 30 days of admission and updated at least annually with the client or responsible party for 3of 9 audited clients (#5, #6, #8). The findings are: Review on 12/5/19 and 12/6/19/19 of the record for Client #5 revealed: -Admitted on 7/12/18 with diagnosis Opioid Dependence. -No documented treatment plan. Review on 12/5/19 of the record for Client #6 revealed: -Admitted 10/16/12 with diagnoses of Opioid Dependence, Major Depressive Disorder, General Anxiety Disorder and Post Traumatic Stress Disorder. -Treatment plan dated 5/22/19 was a blank document. Review on 12/4/19 of the record for Client #8 revealed: -Admitted on 9/5/17 with diagnoses of Opioid Dependence and Hypertension. -The treatment plan had not been updated since 9/21/17. -The goals were reviewed on 4/13/18 and 3/13/19, but a new plan was not developed with the client. Interview on 12/5/19 with Client #5 revealed: -He met with his former counselor frequently and met with the director. -He was working on maintaining sobriety.	V 112		

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V 112	Continued From page 2 Client #6 refused to be interviewed and Client #8 was not available to be interviewed. Interview on 12/6/19 with Counselor #1 and #2 revealed: -Any new client admitted the treatment plan was developed within 30 days. -All treatment plans should be updated annually. -Both counselors had been transferred clients from counselors who were no longer with the facility. -They became aware of the problem with the plans when they went in the record to do an update. Interview on 12/6/19 with the Program Director revealed: -It was the responsibility of the Clinic Director to ensure treatment plans were completed and updated as necessary. -He did an audit in October of this year and became aware of documentation issues that were not being addressed. -He was aware of the problem and the current counselors were completing treatment plans with newly admitted clients and updating the plans as necessary.	V 112			
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	V 235	V235 27G.3603(A-C): All nursing staff will be provided with the BHG Group and Family Counseling training and infectious disease training. This training will occur on or before January 10, 2020, and proof of the training will be available for review at the treatment center. Moving forward, the Program Director and Regional Director will utilize the BHG Initial and Annual Competency document to ensure all team members have completed the required trainings at the time of hire and annually.	1.10.20 and ongoing	

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V 235	Continued From page 3 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 ensure each direct care staff member received continuing education to include the understanding of group/family and infectious diseases for 1 of 3 audited staff (Registered Nurse - RN) and failed to maintain the staffing ratio of one certified counselor to each 50 clients. The findings are: Review on 12/4/19 of the personnel record for the Registered Nurse revealed: -Hired on 5/24/19 as a dosing nurse. -No documentation of group and family or infectious diseases. Interview on 12/4/19 with the Registered Nurse revealed: -She had not received training at the facility for	V 235	V235 27G.3603(A-C): To resolve the counselor staffing situation, local and regional leadership have hired one counselor, who has a tentative start date of 12.31.19. Local and regional leadership will continue to interview candidates as appropriate and will work with the BHG HR and recruiting team for assistance as needed. The Program Director is able to carry a counseling caseload as well, and this option will be utilized should counseling caseloads fall out of compliance in the future. The Program Director is currently carrying a caseload, and this will be redistributed, as appropriate, when new counselors have been hired. The Regional Director will be responsible for ensuring the treatment center is fully and appropriately staffed and will be ultimately responsible for developing further contingency plans when needed.	12.31.19 and ongoing

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V 235	<p>Continued From page 4</p> <p>group and family or infectious diseases.</p> <p>Interview on 12/6/19 with the Program Director revealed: -He was not aware of the requirement of group and family training for the nurse. -When he checked the training for infectious diseases it was completed prior to her start date and she did not have this training.</p> <p>Review on 12/4/19 of the facility list of clients revealed: -A current census of 176 clients. -Staff included 2 current counselors, a former counselor and the Program Director who carried a caseload of 20 clients. -Counselor #1 had a caseload identified as 51 and Counselor #2's caseload was documented as 48.</p> <p>Interview on 12/6/19 with Counselor #1 and #2 revealed: -The facility was currently short staffed with counselors. -The were both seeing clients over the maximum of 50 to ensure services were being provided.</p> <p>Interview on 12/6/19 with the Program Director revealed: -The facility was currently short 2 counselors. -The facility was currently recruiting for counselors.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 235		
V 238	<p>27G .3604 (E-K) Outpt. Opiod - Operations</p> <p>10A NCAC 27G .3604 OUTPATIENT OPIOD</p>	V 238		

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V 238	Continued From page 5 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. (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	V 238	V238 27G.3604(E-K): The Program Director and Counseling Supervisor will be responsible for reviewing a weekly report generated from the BHG EHR to identify any patients who have not had the appropriate number of counseling sessions. The Program Director and Counseling Supervisor will be responsible for presenting the information to the counseling team and monitoring weekly to ensure the counseling sessions are occurring as per policy and regulation. The Program Director will present a training to the counseling team to review BHG requirements for patient counseling sessions. This training will occur on or before 1.10.20, and proof of the training will be available for review at that treatment center. The Regional Director will provide a higher level oversight and will monitor to ensure the weekly reviews are performed.	1.10.20 and ongoing

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V 238	<p>Continued From page 6</p> <p>at the clinic each week;</p> <p>(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;</p> <p>(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;</p> <p>(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;</p> <p>(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</p> <p>(G) 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.</p> <p>(2) Criteria for Reducing, Losing and Reinstatement of Take-Home Eligibility:</p> <p>(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;</p>	V 238		

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V 238	Continued From page 7 (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	V 238		

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V 238	<p>Continued From page 8</p> <p>treatment) for each state holiday.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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</p>	V 238		

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V 238	Continued From page 9 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 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 review and interview the facility	V 238		

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V 238	<p>Continued From page 10</p> <p>failed to ensure each client attended the minimum required counseling sessions each month for 3 of 9 audited clients (#3, #4, #8). The findings are:</p> <p>Review on 12/5/19 of the record for Client #3 revealed: -Admitted on 4/3/19 with diagnoses of Opioid Dependence, Bipolar Disorder and Post Traumatic Stress Disorder. -No documented counseling in September 2019 and October 2019.</p> <p>Interview on 12/4/19 with Client #3 revealed: -She had counseling sessions monthly. -The facility also offered groups.</p> <p>Review on 12/5/19 of the record for Client #4 revealed: -Admitted on 7/5/19 with diagnoses of Opioid Dependence. -One documented counseling session in October 2019.</p> <p>Interview on 12/4/19 with Client #4 revealed: -He attended counseling weekly.</p> <p>Review on 12/4/19 of the record for Client #8 revealed: -Admitted on 9/15/17 with diagnoses of Opioid Dependence and Hypertension. -No documented counseling in September 2019 and October 2019.</p> <p>Client #8 was not available for interview.</p> <p>Interview on 12/6/19 with the Program Director revealed: -The facility was currently short 2 counselors. -Clients were being encouraged to attend groups.</p>	V 238		

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V 238	Continued From page 11 -Clients who had any immediate issues were being triaged to see a counselor as soon as possible. -The facility was currently recruiting for counselors.	V 238		

RECEIVED

By Mental Health Licensure at 4:14 pm, Dec 19, 2019



behavioral health group

5001 Spring Valley Road, Suite 600 East
Dallas, TX 75244

December 19, 2019

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Please find the following Plan of Correction for the deficiencies identified during the December 6, 2019, visit to the Behavioral Health Group Clyde Treatment Center. The Plan is being sent via email to Ms. Jeanne Broniszewski and Ms. Sherry Waters. The Plan is also being mailed to the NC Division of Health Service Regulation, with arrival on or before Sunday, December 22nd. Please let me know if you have any questions or need any additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "J. P. Casey", written over a white background.

James Casey MHA LADAC II QCS
BHG Clyde Program Director
469-801-3939
james.casey@bhgrecovery.com