Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL026-617	HL026-617 B. WING		01/16/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	TE ZIP CODE	
		3427 MEI	ROSE ROAD	,	
CAROLIN	A TREATMENT CENTER	OF FAYETTEVILLE FAYETTE	VILLE, NC 2830	04	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
	2020. A deficiency w	s completed on January 16, as cited. d for the following service			
		27G .3600 Outpatient			
V 233	27G .3601 Outpt. Op	od Tx Scope	V 233		
	individual an opporture changes in his lifestyl other medications appreatment in conjunction rehabilitation and medication and rehabilitation and other medication treatment shall be addoses for a period no (d) For individuals with physiologically addict least one year before methadone and other use in opioid treatment maintenance treatment methadone and other use in opioid treatment use in opioid treatment dispensed in excess of the state o	pid treatment facility vices designed to offer the nity to effect constructive e by using methadone or proved for use in opioid on with the provision of dical services. Other medications approved ment are also tools in the abilitation process of an vidual. Of detoxification, methadone is approved for use in opioid ministered in decreasing to exceed 180 days. The history of being ed to an opioid drug for at admission to the service, in medications approved for int may also be used in			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO	(X3) DATE SURVEY COMPLETED		
		MHL026-617	B. WING		01/16/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE	•
		3427 ME	LROSE ROAD		
CAROLIN	A TREATMENT CENTER	OF FAYETTEVILLE FAYETTE	VILLE, NC 28304		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETE
V 233	Continued From page	e 1	V 233		
	failed to provide serviconstructive changes using methadone in conference of rehabilitation and rof 26 sampled clients #6363, #6464, #6647 #6462, #6463). The Review on 01/16/202 revealed: -Admitted on 12/16/1 Use Disorder and pre-Medication record in was prescribed "Methadood pressureNo evidence in the roof care was complete	and record review the facility ices designed to affect in the client's lifestyle by conjunction with the provision medical services affecting 11 (#3790, #3886, #4303, 7, #5738, #6230, #3606, findings are: 0 of client #3790's record 9 with diagnosis of Opioid egnant upon admission. dicated that Client #3790 nadopa 60mg", daily for high ecord that the coordination and with the physician who dopa or with client #3790's			
	revealed: -Admitted on 12/19/1 Use Disorder and Ep	0 of client #3886's record 1 with diagnosis of Opioid ilepsy. dicated that Client #3886			
	took Dilantin 200mg 2 500mg 2 times a day -No evidence in the roof care was complete	2 times a day and Keppra			
	revealed: -Admitted on 05/30/1 Use Disorder, Post T	0 of client #4303's record 9 with diagnoses of Opioid raumatic Stress Disorder Anxiety Disorder, Bi-Polar			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	, , ,	(X3) DATE SURVEY COMPLETED	
		A. BOILDING.				
		MHL026-617	B. WING		01	/16/2020
NAME OF P	ROVIDER OR SUPPLIER	STR	REET ADDRESS, CITY, ST	TATE, ZIP CODE		
CAROLIN	A TREATMENT CENTER	OF FAVETTEVILLE	7 MELROSE ROAD			
CAROLIN	A INCAIMENT CENTER	FA)	/ETTEVILLE, NC 283	304		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 233	Continued From page	e 2	V 233			
	took Novolog and Lar was not indicated. -No evidence in the re of care was complete	nd Acid Reflux. dicated that Client #4303 ntus. The dose and amount ecord that the coordination d with the physician who ation for Client #4303.	t			
	revealed: -Admitted on 10/23/18 Opioid Use Disorder, Degeneration of spina -Medication record in took Zoloft 200mg. T indicatedNo evidence in the re of care was complete	dicated that client #6363				
	revealed: -Admitted on 03/07/19 Use DisorderMedication record intook Diazepam 20mg indicatedNo evidence in the reof care was complete	0 of client #6464's record 9 with diagnosis of Opioid dicated that client #6464 . The amount was not ecord that the coordination d with the physician who ation for Client #6464.				
	revealed: -Admitted on 10/0220 Use Disorder, Bi-Pola Asthma, Heart Failure pulmonary disease (0 -Medication record in	dicated that client #6647 mg, Colchincine 0.6mg,	d			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL026-617		B. WING		0,	1/16/2020
	ROVIDER OR SUPPLIER	OF FAVETTEVILLE		RESS, CITY, STA	TE, ZIP CODE	•	
CAROLIN	A TREATMENT CENTER	OF FATEITEVILLE	FAYETTEV	ILLE, NC 2830)4		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 233	Continued From page		rontin	V 233			
	600mg". The amount -No evidence in the reference of care was complete	uterol, Symbicort, Cardizem 120mg, Neurontin mg". The amount was not indicated. evidence in the record that the coordination are was completed with the physician who scribed the medication for Client #6647.					
	Review on 01/16/2020 of client #5738's record revealed: -Admitted on 11/13/19 with diagnoses of Opioid Use Disorder, severe; Attention Deficit Hyperactive Disorder (ADHD); Depression; Anxiety; Bi-Polar Disorder; and PTSDScreening dated 11/5/19 documented client #5738 had a primary care physician in a neighboring countyNarxCare report dated 11/5/19 documented client #5738 had been prescribed Suboxone 8 mg from 1/4/19 -10/18/19 by a community providerComprehensive Physical Examination dated 11/13/19 documented client #5738 reported prescriptions for Adderall and Gabapentin from a psychiatry providerNo documentation in the record that the coordination of care was completed with the physicians who prescribed medications and/or provided medical care.						
	Review on 01/16/2020 of client #6230's record revealed:						
	-Admitted on 4/25/18 with diagnoses of Opioid Use Disorder, severe; Gastroesophageal Reflux Disease (GERD); Hypertension; Hypothyroidism.						
	medications prescribe Nexium 40 mg, Cardi	locumented the following by a local physician: azen 300 mg, Adipex 3					
	mg.	20 mg, and Bupropion 1					
		n client #6230's record t are was completed with					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7. 33.E3.NG			
		MHL026-617	B. WING		01/16/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CAROLIN	A TREATMENT CENTER	OF FAYETTEVILLE	ROSE ROAD			
0/0/15	STIMMADA ST	ATEMENT OF DEFICIENCIES	ILLE, NC 2830	PROVIDER'S PLAN OF CORRECTIO	N (VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
V 233	Continued From page	e 4	V 233			
	physicians who presc provided medical care	cribed medications and/or e.				
	Review on 01/16/202 revealed:	0 of client #3606's record				
		with diagnoses of Opioid; Lupus, Osteoporosis,				
	Hypothyroidism; Migr	aine Headaches; and a				
	history of a spinal fracture of C-2 in 2002, -Comprehensive Physical Examination dated					
7/10/19 documented client #3606 reported she was seen by a physician who had prescribed Lisinopril-Hydrochlorothiazide, Levothyroxine,						
	Prednisone, and MobicNo documentation in client #3606's record that the coordination of care was completed with the physician who prescribed medications and/or provided medical care. Review on 01/16/2020 of client #6462's record revealed: -Admitted on 3/6/19 with diagnoses of Opioid Use Disorder, severeScreening dated 3/4/19 documented client #6462 reported he was seen by a primary care physician located in a nearby town.					
	 -Medication Record d client #6462's primary 	lated 7/13/19 documented				
	prescribed Meloxican	n 7.5 mg and Tizanidine 2				
	mgNo documentation in	#3606's record that the				
	coordination of care v #6462's primary care	vas completed with client provider				
	Review on 01/16/2020 of client #6463's record revealed:					
	-Admitted on 3/6/19 with diagnoses of Opioid Use Disorder, severePatient Data Sheet dated 3/4/19 documented client #6463 reported she was seen by a primary					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL026-617	B. WING		01/16/2020
	ROVIDER OR SUPPLIER A TREATMENT CENTER	OF FAYETTEVILLE 3427 MEL	DRESS, CITY, STA ROSE ROAD /ILLE, NC 2830		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
V 233	client #6463's primary prescribed Imitrex for depression and anxie -Medication Record d client #6463's dental Hydrocodone 5 mg-Atablets) and Clindam primary care physicia 600 mgNo documentation in the coordination of caproviders who prescriprovided medical care Interview on 01/16/20 revealed: -The facility had work months to provide the that were being served. The amount of clients difficult to make sure completedThe coordination of swould be immediately -The plan of correction been put in placeHis goal was for the	d in a nearby town. ated 4/19/19 documented reare provider had migraines and Lexapro for ty. ated 8/24/19 documented provider had prescribed provider	V 233		

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