

Division of Health Service Regulation



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/23/2020
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NAME OF PROVIDER OR SUPPLIER SANFORD TREATMENT CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2800 INDUSTRIAL DRIVE SANFORD, NC 27332
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow-up survey was completed on 1/23/20. The complaint was substantiated (Intake #NC158764). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.</p> <p>Census: 238</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p>	V 111	<p>DHSR - Mental Health</p> <p>FEB 11 2020</p> <p>Lic. & Cert. Section</p>	

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

 TITLE
 (X6) DATE
2/5/2020

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V 111	<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 assessments were completed for 2 of 12 clients(#2, #7). The findings are:</p> <p>Review on 1/22/20 of client #2's record revealed: -admission date of 4/7/12 with diagnosis of Opioid Use Disorder Severe; -current dose of 139mg of methadone; -on Phase 1 with no take home doses of methadone; -physician's order dated 12/11/19 to reduce methadone by 1mg every other day until 30mg due to positive urine screens; -physician's order dated 5/22/19 to repeat EKG(electrocardiogram) in 6 months(11/2019) for borderline prolonged QTC; -nursing note dated 11/4/19 documented EKG machine not working and referred client #2 to outside provider; -no documentation of 6 month repeat EKG in the record; -no documentation of records from outside provider in regards to client #2 obtaining an EKG.</p> <p>Review on 1/22/20 of client #7's record revealed: -admission date of 11/26/12 with diagnosis of Opioid Use Disorder Severe; -current dose of 55mg of methadone; -on Level 6 with 13 take home doses;</p>	V 111	<p>The Program Director, counseling staff and nursing staff will utilize the notification system in Methasoft to flag patient accounts with information regarding physician orders, EKG, blood pressure checks, follow up and coordination of care. The use of the notification system will occur when orders are issued by the Medical Director.</p>	
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V 111	<p>Continued From page 2</p> <ul style="list-style-type: none"> -physician's evaluation dated 11/18/19 documented client #7's blood pressure as 170/102 then 150/90; -physician's order dated 11/8/19 to complete EKG for severe hypertension and to recheck blood pressure if client #7 did not go to Primary Care Provider(PCP) within 30 days; -no documentation in the record of the EKG and blood pressure checks; -nursing note dated 11/18/19 documented client #7 was flagged for his blood pressure check with the nurse, agreed but did not go to the nurse; -nursing note dated 12/30/19 documented client #7 was told by nurse to go see counselor #1 to sign a release of information(ROI) for this PCP in regards to his high blood pressure but he did not go see his counselor; -counselor #1's progress note dated 12/30/19 documented client #7 did not come see her after dosing as asked to do by the dosing nurse; -counselor #1's progress note dated 1/13/20 documented client #7 reported he went to see his PCP about his blood pressure, PCP told him to monitor it, he checks his blood pressure several times a week and his average reading has been 110/90. <p>Interview on 1/23/20 with counselor #1 revealed:</p> <ul style="list-style-type: none"> -client #7 refused to sign consent for release of information for PCP; -asked client #7 did he go to see his PCP regarding his high blood pressure and he reported he did. <p>Interview on 1/23/20 with the RN(Registered Nurse) revealed:</p> <ul style="list-style-type: none"> -unable to find blood pressure log for checks for client #7; -client #7 did not go see the nurse to get his blood pressure checks completed; 	V 111		

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V 111	Continued From page 3 -client #7 refused to sign ROI for his PCP in regards to his blood pressure; -did not push client #7 on getting his EKG after he told counselor #7 he went to see his PCP regarding his blood pressure checks. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 111		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR	V 118		

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V 118	<p>Continued From page 4</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to administer medications as ordered affecting 1 of 12 clients (#10). The findings are:</p> <p>Review on 1/21/20 of client #10's record revealed: -admission date of 8/22/14 with diagnosis of Opioid Use Disorder Severe; -current dose of 75mg of methadone; -on Phase 1 with no take home doses of methadone due to positive urine screens for Cannabis and Benzos; -physician's order dated 8/26/19 for a taper to decrease methadone dose by 1mg every other day until reach 30mg daily; -nursing note dated 10/20/19 documented client #10 on a blind dosing taper due to his continued use of Benzos to help him sleep; -physician's order dated 10/25/19 for an accelerated taper to decrease methadone dose by 2mg every other day until reach 30mg, urine screens clean of Benzos, or transfers to another treatment facility; -counselor #2's progress note dated 10/30/19 documented client #10 was skipping days dosing due to financial hardships, no medical insurance and limited transportation.</p> <p>Review on 1/21/20 of client #10's MARs from 10/1/19 until 1/20/20 revealed: -from 10/1 to 10/28 client #10 was receiving</p>	V 118	<p>Once recognizing that a medication error had occurred the nurse immediately notified the patient, Program Director, Registered Nurse and the Medical Director. The appropriate actions were taken to correct the error. The nurse involved in this medication error was re-trained on the appropriate way to verify previous medication dosage amounts and the importance of removing automated titrate schedules from the Methasoft software system.</p>	
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V 118	<p>Continued From page 5</p> <p>decreased doses of 1mg every other day; -client #10 was absent on 10/2, 10/5, 10/8, 10/10, 10/12, 10/14, 10/17, 10/19, 10/21, 10/25, 10/27; -client #10 was dosed at 88mg on 10/28, was absent on 10/29 and was dosed at 86mg on 10/30; -client #10 was absent on 10/31 then was dosed at 82mg on 11/1 (4mg decrease in dose in two days); -client #10 was absent on 11/2 then was dosed at 78mg on 11/3(4mg decrease in dose in two days); -client #10 was absent on 11/4 then was dosed at 74mg on 11/5(4mg decrease in dose in two days); -client #10 was absent on 11/6 then was dosed at 74mg on 11/7.</p> <p>Review on 1/22/20 of a nursing note dated 11/5/19 completed by the LPN(Licensed Professional Nurse) revealed the following documented: "discovered at dosing window the taper was entered into system as every day instead of every other day. Called [facility physician] and taper was stopped."</p> <p>Interview on 1/21/20 with client #10 revealed: -was coming every other day to the facility; -didn't pay one day, skipped a day and signed a financial taper; -was taken down 6mg for days skipped; -now back up to 80mg and feeling better.</p> <p>Interview on 1/23/20 with the LPN revealed: -she was correcting someone else when she documented her note; -not sure who entered order wrong.</p> <p>Interview on 1/23/20 with the CEO(Chief Executive Officer) and the RN(Registered Nurse)</p>	V 118		
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V 118	Continued From page 6 revealed they were not aware of wrong taper administered to client #10.	V 118		
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. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the required staff/client ratios. The findings are:	V 235		

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V 235	<p>Continued From page 7</p> <p>Review on 1/21/20 of the roster of the current counselor caseloads revealed the following: -counselor #1's total number of clients on her caseload was 59; -counselor #2's total number of clients on his caseload was 57; -Program Director's total number of clients on his caseload was 51.</p> <p>Interview on 1/22/20 with counselor #1 revealed: -been employed at the facility for 4 1/2 years; -have 58 clients currently on her caseload; -down a counselor currently; -once new counselor starts, will be back to 50.</p> <p>Interview on 1/22/20 with counselor #2 revealed: -started in 2017 at the facility as an interim counselor then became permanent counselor in 9/2018; -currently have 57 clients on his caseload; -absorbed some clients from a counselor who was leaving the facility.</p> <p>Interview on 1/23/20 with the CEO(Chief Executive Director) revealed: -usually do not have turnover in staff; -had two staff leave around same time recently; -have been in the process of hiring to replace the staff who left; -a new staff has been hired and just started, will be taking a caseload soon.; -once fully staffed caseloads will be as required.</p>	V 235	<p>Sanford Treatment Center experienced staff turnover within 2 weeks prior to the DHR audit. During that two week time frame an advertisement for two open CSAC positions was placed, resumes received and interviews were scheduled. Sanford Treatment Center is actively interviewing individuals for these open positions. Interviews are being conducted by the Program Director and the Clinical Supervisor.</p>	
V 238	<p>27G .3604 (E-K) Outpt. Opiod - Operations</p> <p>10A NCAC 27G .3604 OUTPATIENT OPIOD TREATMENT. OPERATIONS.</p> <p>(e) The State Authority shall base program</p>	V 238		

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V 238	<p>Continued From page 8</p> <p>approval on the following criteria:</p> <p>(1) compliance with all state and federal law and regulations;</p> <p>(2) compliance with all applicable standards of practice;</p> <p>(3) program structure for successful service delivery; and</p> <p>(4) impact on the delivery of opioid treatment services in the applicable population.</p> <p>(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.</p> <p>(1) Levels of Eligibility are subject to the following conditions:</p> <p>(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;</p> <p>(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;</p> <p>(C) Level 3. After 180 days of continuous</p>	V 238		

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V 238	<p>Continued From page 9</p> <p>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> <p>(B) A client who tests positive on three drug screens within the same 90-day period shall have</p>	V 238		

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V 238	<p>Continued From page 10</p> <p>all take-home eligibility suspended; and</p> <p>(C) The reinstatement of take-home eligibility shall be determined by each Outpatient Opioid Treatment Program.</p> <p>(3) Exceptions to Take-Home Eligibility:</p> <p>(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.</p> <p>(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.</p> <p>(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:</p> <p>(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.</p> <p>(B) No more than a three-day supply of</p>	V 238		
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V 238	<p>Continued From page 11</p> <p>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 Drug Administration for the treatment of opioid addiction subsequent to November 1, 1998, are</p>	V 238		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/23/2020
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NAME OF PROVIDER OR SUPPLIER SANFORD TREATMENT CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2800 INDUSTRIAL DRIVE SANFORD, NC 27332
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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 238	<p>Continued From page 12</p> <p>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.</p> <p>(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:</p> <ul style="list-style-type: none"> (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. <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the required minimum counseling sessions per month and failed to</p>	V 238		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/23/2020
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V 238	<p>Continued From page 13</p> <p>ensure the required minimum of one random drug test each month affecting 9 of 12 clients (#1, #2, #3, #4, #5, #8, #9, #10 and #11). The findings are:</p> <p>Review on 1/21/20 of client #1's record revealed; -admission date of 11/10/14 with diagnosis of Opioid Use Disorder Severe; -current dose of 110mg of methadone; -on Phase 1 with no take home doses of methadone due to positive urine drug screens for amphetamines and cannabis; -no documentation of counseling sessions for the months of 7/2019, 11/2019 and 12/2019 in the record.</p> <p>Interview on 1/23/20 with client #1 revealed she met with her counselor monthly.</p> <p>Review on 1/22/20 of client #2's record revealed: -admission date of 4/7/12 with diagnosis of Opioid Use Disorder Severe; -current dose of 139mg of methadone; -on Phase 1 with no take home doses of methadone due to 2 consecutive positive urine drug screens on 12/2/19 and 1/10/20; -physician's order dated 7/19/19 to increase urine drug screens twice a month; -documentation of an urine drug screen performed on 8/27/19 negative for all illicit substances; -no documentation of a second urine drug screen performed for the month of 8/2019 in the record.</p> <p>Interview on 1/22/20 with client #2 revealed she was drug screened once a month.</p> <p>Review on 1/22/20 of client #3's record revealed: -admission date of 9/19/12 with diagnosis of Opioid Use Disorder Severe;</p>	V 238	<p>The Program Director and the Clinical Supervisor will be responsible for monitoring the compliance of each counselor facilitating required counseling sessions for individuals seeking treatment at the facility. Counselors will be responsible for submitting a checklist of completed sessions per patient to the Program Director on a monthly basis. The counseling staff will be responsible for notifying the Program Director and Medical Director of specific client non-compliance issues during the weekly Treatment Team meeting and documentation of those situations in the Methasoft system. The Program Director and nursing staff will use the notification system in Methasoft to flag patients that need additional screenings, bottle recalls and/or blood pressure checks as orders are issued by the Medical Director.</p>	

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V 238	<p>Continued From page 14</p> <ul style="list-style-type: none"> -discharged date of 11/18/19 after four day no shows from 11/14-19-11/18/19; -readmission date of 1/3/20; -current dose of 10mg of Buprenorphine; -on Phase 1 with no take home doses of Buprenorphine; -physician's order dated 4/19/19 to increase to two urine drug screens per month and two counseling sessions per month; -no documentation of a second counseling session in the months of 5/2019, 6/2019 and 7/2019 in the record; -no documentation of any counseling sessions for the month of 10/2019 in the record; -no documentation of a second urine drug screen for the months of 6/2019, 9/2019 and 10/2019 in the record. <p>Attempts to interview client #3 on 1/22/20 were unsuccessful as she refused to be interviewed.</p> <p>Review on 1/23/20 of client #4's record revealed:</p> <ul style="list-style-type: none"> -admission date of 9/13/19 with diagnosis of Opioid Use Disorder Severe; -current dose of 80mg of methadone; -on Phase 1 with no take home doses of methadone due to positive urine drug screens; -no documentation of the second counseling session for the months of 11/2019 and 12/2019 in the record. <p>Interview on 1/23/20 with client #4 revealed he met with his counselor twice a month.</p> <p>Review on 1/22/20 of client #5's record revealed:</p> <ul style="list-style-type: none"> -admission date of 4/6/09 with diagnosis of Opioid Use Disorder Severe; -current dose of 80mg of methadone; -on Phase 7 and picks up 13 take home doses of methadone at a time; 	V 238		

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V 238	<p>Continued From page 15</p> <p>-no documentation of counseling sessions for the months of 9/2019, 10/2019, 11/2019 and 12/2019 in the record.</p> <p>Interview on 1/21/20 with client #5 revealed he met with his counselor every month.</p> <p>Review on 1/22/20 of client #8's record revealed: -admission date of 7/14/15 with diagnosis of Opioid Use Disorder Severe; -current dose of 120mg of methadone; -on Phase 7 with 27 take home doses of methadone; -no documentation of counseling sessions for the months of 7/2019 and 12/2019 in the record.</p> <p>Interview on 1/21/20 with client #8 revealed she tried to see her counselor once a month.</p> <p>Review on 1/23/20 of client #9's record revealed: -admission date of 1/14/12 with diagnosis of Opioid Use Disorder Severe; -current dose of 98mg of methadone; -on Phase 1 with no take home doses of methadone due to positive urine screens for Cannabis; -no documentation of urine drug screens for the months of 9/2019 and 10/2019 in the record.</p> <p>Interview on 1/21/20 with client #9 revealed he was drug screened once a month.</p> <p>Review on 1/21/20 of client #10's record revealed: -admission date of 8/22/14 with diagnosis of Opioid Use Disorder Severe; -current dose of 75mg of methadone; -on Phase 1 with no take home doses of methadone due to positive urine screens for Cannabis and Benzos;</p>	V 238		

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V 238	<p>Continued From page 16</p> <p>-physician's order dated 11/15/19 to increase urine drug screens to twice monthly; -no documentation of a second urine drug screen for the month of 12/2019 in the record.</p> <p>Interview on 1/21/20 with client #10 revealed he was drug screened once a month and twice in 11/2019.</p> <p>Review on 1/21/20 of client #11's record revealed: -admission date of 6/22/18 with diagnosis of Opioid Use Disorder Severe; -current dose of 120mg of methadone; -on Phase 3 with 4 take home doses of methadone; -no documentation of monthly counseling session for the month of 11/2019.</p> <p>Attempted interview on 1/21/20 and 1/22/20 with client #11 were unsuccessful as client #11 did not answer phone calls and no message was left due to phone not having voicemail.</p> <p>Interview on 1/23/20 with the CEO(Chief Executive Officer) revealed: -not sure if documentation issue or missing counseling sessions; -will ensure issues are addressed; -been short staffed recently and in process of hiring new staff.</p>	V 238		

42 CFR 2.64 - Procedures and criteria for orders authorizing disclosures for noncriminal purposes.

§ 2.64 Procedures and criteria for orders authorizing disclosures for noncriminal purposes.

(a) Application. An order authorizing the disclosure of patient records for purposes other than criminal investigation or prosecution may be applied for by any person having a legally recognized interest in the disclosure which is sought. The application may be filed separately or as part of a pending civil action in which it appears that the patient records are needed to provide evidence. An application must use a fictitious name, such as John Doe, to refer to any patient and may not contain or otherwise disclose any patient identifying information unless the patient is the applicant or has given a written consent (meeting the requirements of these regulations) to disclosure or the court has ordered the record of the proceeding sealed from public scrutiny.

(b) Notice. The patient and the person holding the records from whom disclosure is sought must be given:

(1) Adequate notice in a manner which will not disclose patient identifying information to other persons; and

(2) An opportunity to file a written response to the application, or to appear in person, for the limited purpose of providing evidence on the statutory and regulatory criteria for the issuance of the court order.

(c) Review of evidence: Conduct of hearing. Any oral argument, review of evidence, or hearing on the application must be held in the judge's chambers or in some manner which ensures that patient identifying information is not disclosed to anyone other than a party to the proceeding, the patient, or the person holding the record, unless the patient requests an open hearing in a manner which meets the written consent requirements of these regulations. The proceeding may include an examination by the judge of the patient records referred to in the application.

(d) Criteria for entry of order. An order under this section may be entered only if the court determines that good cause exists. To make this determination the court must find that:

(1) Other ways of obtaining the information are not available or would not be effective; and

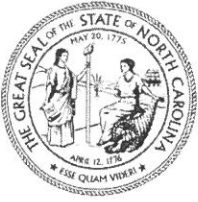
(2) The public interest and need for the disclosure outweigh the potential injury to the patient, the physician-patient relationship and the treatment services.

(e) Content of order. An order authorizing a disclosure must:

(1) Limit disclosure to those parts of the patient's record which are essential to fulfill the objective of the order;

(2) Limit disclosure to those persons whose need for information is the basis for the order; and

(3) Include such other measures as are necessary to limit disclosure for the protection of the patient, the physician-patient relationship and the treatment services; for example, sealing from public scrutiny the record of any proceeding for which disclosure of a patient's record has been ordered.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

January 30, 2020

Macy Hamm, CEO
Sanford Treatment Center, LLC.
1112 Silver Oaks Court
Raleigh, NC 27614

Re: Annual, Complaint and Follow up Survey completed 1/23/20
Sanford Treatment Center, 2800 Industrial Drive, Sanford, NC 27332
MHL # 053-044
E-mail Address: macy.hamm@gmail.com, stc.otp.nc@gmail.com
Intake: #NC158764

Dear Ms. Hamm:

Thank you for the cooperation and courtesy extended during the annual, complaint and follow up survey completed January 23, 2020. The complaint was substantiated.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Standard level deficiencies were cited.
- Re-cited standard level deficiency was cited.

Time Frames for Compliance

- Standard level deficiencies must be corrected within 60 days from the exit date of the survey, which is March 24, 2020;
- Re-cited standard level deficiencies must be corrected within 30 days from the exit date of the survey, which is February 22, 2020.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

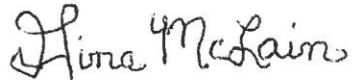
January 30, 2020
Macy Hamm
Sanford Treatment Center, LLC.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.
Send the original completed form to our office at the following address within 10 days of receipt of this letter.

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

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at (704)596-4072.

Sincerely,



Gina McLain
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures:

File
DHSR_Letters@sandhillscenter.org