		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
		IDENTIFICATION NOWBER:	A. BUILDING:		COMPLETED	
		MHL026-617	B. WING		01/16/2020	
NAME OF F	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	ZID CODE	1 01/10/2020	
CAROLIN	A TDC 47115115 0		ROSE ROAD	E, ZIP CODE		
CAROLIN	A TREATMENT CENTER	OF PAYETTEVILLE	VILLE, NC 28304			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES				
PREFIX TAG	(EACH DEFICIENC)	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			
	An annual survey was 2020. A deficiency was	s completed on January 16, as cited.				
	This facility is licensed category: 10A NCAC Opioid Treatment. The census at the time	d for the following service 27G .3600 Outpatient e of survey was 727.				
V 233	27G .3601 Outpt. Opid	od Tx Scope	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.			PHSR - Mental Here FEB 1 1 2020 Lic. & Cert. Section		

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

TITLE

(X6) DATE

Division of Health Service Regulation PRINTED: 01/27/2020 FORM APPROVED					
STATEME	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL026-617	B. WING		01/16/2020
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	1 01/10/2020
CAROLI	NA TREATMENT CENTER	OF FAYETTEVILLE	LROSE ROAD		
(X4) ID	SLIMMARY ST		VILLE, NC 2830	4	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 23	Continued From page	: 1	V 233		
	failed to provide service constructive changes using methadone in cof rehabilitation and mof 26 sampled clients #6363, #6464, #6647, #6462, #6463). The fill Review on 01/16/2020 revealed: -Admitted on 12/16/19 Use Disorder and preg-Medication record indivas prescribed "Methablood pressureNo evidence in the reof care was completed prescribed the Methablood pressureNo evidence in the reof care was completed prescribed the Methablood pressureAdmitted on 12/19/11 Use Disorder and Epile-Medication record inditook Dilantin 200mg 2 500mg 2 times a dayNo evidence in the reof care was completed prescribed the medication record inditook Dilantin 200mg 2 500mg 2 times a dayNo evidence in the reof care was completed prescribed the medication revealed: -Admitted on 05/30/19 Use Disorder, Post Tra	and record review the facility ces designed to affect in the client's lifestyle by conjunction with the provision nedical services affecting 11 (#3790, #3886, #4303, #5738, #6230, #3606, indings are: Of client #3790's record with diagnosis of Opioid gnant upon admission. licated that Client #3790 adopa 60mg", daily for high cord that the coordination with the physician who lopa or with client #3790's gist (OBGYN). of client #3886's record with diagnosis of Opioid epsy. icated that Client #3886 times a day and Keppra			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE	(X3) DATE SURVEY	
IDENTIFICATION NO		IDENTIFICATION NOWE	A. BUILDING:		COMP	COMPLETED		
		5						
		MHL026-617	-	B. WING		01/	16/2020	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	ATE, ZIP CODE			
CAROLIN	A TREATMENT CENTER	OF FAYETTEVILLE						
			FAYETTEV	LLE, NC 283	304			
PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		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	2		V 233				
	STREET ADDR NA TREATMENT CENTER OF FAYETTEVILLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		V 233					
took "Allopurinol 100mg, Colchincine 0.6mg, Prilosec 20mg, Singulair 10mg, Flonase,								

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE	(X3) DATE SURVEY		
		SEK:	A. BUILDING:		COMP	COMPLETED	
		MHL026-617		B. WING			
NAME OF F	DOMBED OF SUPE	IMITE020-017		D. WINO		01/	16/2020
	ROVIDER OR SUPPLIER				ATE, ZIP CODE		
CAROLIN	A TREATMENT CENTER	OF FAYETTEVILLE		OSE ROAD	204		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	TAILITEVI				
PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		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	3		V 233			
V 233	Albuterol, Symbicort, 600mg". The amount -No evidence in the re of care was completed prescribed the medical Review on 01/16/2020 revealed: -Admitted on 11/13/19 Use Disorder, severe; Hyperactive Disorder Anxiety; Bi-Polar Disorder Carening dated 11/5 #5738 had a primary of neighboring countyNarxCare report dated client #5738 had been from 1/4/19 -10/18/19 -Comprehensive Phys 11/13/19 documented prescriptions for Adder psychiatry providerNo documentation in a coordination of care was physicians who prescriprovided medical care. Review on 01/16/2020	Cardizem 120mg, Neurosas not indicated. Second that the coordinated with the physician whation for Client #6647. Of client #5738's record with diagnoses of Opi Attention Deficit (ADHD); Depression; rder; and PTSD. March 19 documented client care physician in a diagnose of Community providing a community providical Examination dated client #5738 reported rall and Gabapentin from the record that the as completed with the ibed medications and/or the red to the record that the ibed medications and/or the record that the ibed medications and the record that the record that the ibed medications are the record that the record that the ibed medications are the record that the recor	tion no ord oid 8 mg ler. I	V 233			
	revealed: -Admitted on 4/25/18 with diagnoses of Opioid						
	Use Disorder, severe; Disease (GERD); Hype	Gastroesophageal Refertension; Hypothyroidi	flux ism.				
	-Medication Record documented the following medications prescribed by a local physician: Nexium 40 mg, Cardiazen 300 mg, Adipex 37.5						
	mg, Zofran 8 mg, Vitan	nin D 50,000 units.					
	Synthroid mg. Lasix 20 mg.	mg, and Bupropion 15	50				
		client #6230's record th	ant				
-No documentation in client #6230's record that the coordination of care was completed with the							

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MILITIDE CONCEDUCATION	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER	(X3) DATE SURVEY
A. BUILDING:	COMPLETED
MHL026-617 B. WING	01/16/2020
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE ZIP CODE	1 01/16/2020
STATE OF THE STATE	
CAROLINA TREATMENT CENTER OF FAYETTEVILLE 3427 MELROSE ROAD	
FAYETTEVILLE, NC 28304	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF PREFIX (EACH CORPECTIVE ACC	CORRECTION (X5)
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACT TAG CROSS-REFERENCED TO	
DEFICIENT	
V 233 Continued From page 4 V 233	
physicians who prescribed medications and/or	1
provided medical care.	
Review on 01/16/2020 of client #3606's record	
revealed:	
-Admitted on 7/10/19 with diagnoses of Opioid	
Use Disorder, severe; Lupus, Osteoporosis,	
Hypothyroidism; Migraine 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 Mobic.	
-No 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, severe.	>-
-Screening dated 3/4/19 documented client	
#6462 reported he was seen by a primary care	
physician located in a nearby town.	
-Medication Record dated 7/13/19 documented	1
client #6462's primary care provider had	1 1
prescribed Meloxicam 7.5 mg and Tizanidine 2	
mg.	1
-No documentation in #3606's record that the	
coordination of care was completed with client #6462's primary care provider	
"0702 9 printary care provider	
Review on 01/16/2020 of client #6463's record	
revealed:	
-Admitted on 3/6/19 with diagnoses of Opioid Use	
Disorder, severe.	
-Patient Data Sheet dated 3/4/19 documented	
client #6463 reported she was seen by a primary	

Division of Health Service Regulation STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION IDENTIFICATION NUMBER! MHILD26-617 STREET ADDRESS, CITY, STATE, ZIP CODE A SILDING. A SILDING. A PROVIDER OR SUPPLIER CAROLINA TREATMENT CENTER OF FAVETTEVILLE AT WELROSE ROAD FAVETTEVILLE, NO 23804 PROVIDERS PLAN OF CORRECTION FA	STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	T (Y2) MI II TIDI	E CONSTRUCTION		
NAME DE PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 427 MELROSE ROAD FREEIX TAG APETITYLLE, NC 28304 V 233 Continued From page 5 care physician located in a nearby town	AND DIANIOF CORPE		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
MME OF PROVIDER OR SUPPLIER CAROLINA TREATMENT CENTER OF FAYETTEVILE 104.10 SUMMARY STATEMENT OF DESIGNANCES TAG SUMMARY STATEMENT OF DESIGNANCES THE RESOLUTORY OR LSC IDENTIFYING INFORMATION V 233 Continued From page 5 care physician located in a nearby town.	- P-000 3000-000044-00000		A. BUILDING:		COMPLETED		
MME OF PROVIDER OR SUPPLIER CAROLINA TREATMENT CENTER OF FAYETTEVILE MAY 1D SUMMAYS STATEMENT OF BENGENNESS REFERENT TAG SUMMAYS STATEMENT OF BENGENNESS BO PROVIDERS PLAN OF CORRECTION SHOULD BE REFERENT TAG COMPLICIT RESOLUTION TO SUMMAY STATEMENT OF BENGENNESS DO PROVIDERS PLAN OF CORRECTION SHOULD BE REFERENT TAG COMPLICIT PRETO TAG V 233 Continued From page 5 Care physician located in a nearby town. -Medication Record dated 4/19/19 documented client #64635 sprimary care provider had prescribed limiters for migraines and Lexapro for depression and anxiety. -Medication Record atted 8/24/19 documented client #64635 dental provider had prescribed hydrocodone 5 mg-Acetaminophen 325 mg (10 tablets) and Climathymic 300 mg, and, her primary care physician had prescribed interview on 01/16/2020 the Program Manager revealed: -The facility had worked very hard the past few months to provide the best care for the clients that were being served. -The amount of clients the facility served was difficult to make sure everything was getting completed. -The coordination of service was an oversight and would be immediately corrected. -The amount of clients the facility to not have any deficiencies for the next annual that would be performed.				i managana ana ana ana ana ana ana ana ana			
ANALO PROVIDER OR SUPPLIER CAROLINA TREATMENT CENTER OF FAYETTEVILLE OVA; ID OVA;			MHL026-617	B. WNG		01/16/2020	
AROLINA TREATMENT CENTER OF FAYETTEVILLE (X4) ID (X4) ID (X4) ID (X5) ID (X6) I	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, ST	TATE ZIP CODE		
INTERVIEW PARTITION OF THE PROPERTY OF THE PRO	CAPOLIN	A TOPATMENT OF UTER					
PASH DEPLOY MUST BE PRECIDED BY FULL PREDICTIONS SUMMARY STATEMENT OF DEFICIENCES SUPPRIEST TAG SUMMARY STATEMENT OF DEFICIENCES SUMMARY STATEMENT OF USE DENTIFYING INFORMATION (SCHOOLD SUMMARY STATEMENT OF USE DENTIFYING INFORMATION) V 233 Continued From page 5 Care physician located in a nearby town. -Medication Record dated 4/19/19 documented client #8463's primary care provider had prescribed Imitrex for migraines and Lexapro for depression and anxiety. -Medication Record dated 4/24/19 documented client #8463's anxiety. -Medication Record dated 4/24/19 documented client #8463's anxiety provider had prescribed Hydrocodone 5 mg-Acetaminophen 325 mg (10 tablets) and Clindamyorin 300 mg, and, her primary care physician had prescribed bluprofen 600 mg. -No documentation in client #6463's record that the coordination of care was completed with the provider who prescribed medications and/or provided medical care. Interview on 01/16/2020 the Program Manager revealed: -The facility had worked very hard the past few months to provide the best care for the clients that were being served. -The amount of clients the facility served was difficult to make sure everything was getting completed. -The coordination of service was an oversight and would be immediately corrected. -The plan of corrected. -The plan of correction for the citation had already been put in place. -His goal was for the facility to not have any deficiencies for the next annual that would be performed.	CAROLIN	A IREAIWENT CENTER			304		
PREFIX TAG V 233 Continued From page 5 care physician located in a nearby town. -Medication Record dated 4/19/19 documented client #6463's primary care provider had prescribed Hydrocodnes 5 mg. Acetaminophen 325 mg (10 tablets) and Clindamyon 300 mg; and, her primary care physician to corrected with the provider who prescribed dimitra Acetaminophen 325 mg (10 tablets) and Clindamyon 300 mg; and, her primary care physician to flear the coordinated with the provider who prescribed with the provider who prescribed medications and/or provider medications a	(X4) ID	SUMMARY STA					
V 233 Continued From page 5 care physician located in a nearby townMedication Record dated 4/19/19 documented client #6463's premayer care provider had prescribed limitrax for migraines and Lexapro for depression and anxietyMedication Record dated 8/24/19 documented client #6463's metal provider had prescribed Hydrocodone 5 mg-Acetaminophen 325 mg (10 tablets) and Clindamycin 300 mg; and, her primary care physician had prescribed libuprofen 600 mgNo documentation in client #6463's record that the coordination of care was completed with the providers who prescribed medications and/or provider who prescribed medications and/or provider who prescribed medications and/or provider who prescribed medicated care. Interview on 01/16/2020 the Program Manager revealed:The facility had worked very hard the past few months to provide the best care for the clients that were being servedThe amount of clients the facility served was difficult to make sure everything was getting completedThe coordination of service was an oversight and would be immediately correctedThe plan of correction for the citation had already been put in placeHis goal was for the facility to not have any deficiencies for the next annual that would be performed.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL		PROVIDER'S PLAN OF CORRECTION	(X5)	
Continued From page 5 care physician located in a nearby townMedication Record dated 4/19/19 documented client #6463's primary care provider had prescribed Imitrex for migraines and Lexapro for depression and anxietyMedication Record dated 8/24/19 documented client #6463's dental provider had prescribed Hydrocodone 5 mgAcetaminophen 325 mg (10 tablets) and Clindamycin 300 mg; and, her primary care physician had prescribed ibuprofen 600 mgNo documentation in client #6463's record that the coordination of care was completed with the providers who prescribed medications and/or provided medical care. Interview on 01/16/2020 the Program Manager revealed: -The facility had worked very hard the past few months to provide the best care for the clients that were being servedThe amount of clients the facility served was difficult to make sure everything was getting completedThe coordination of service was an oversight and would be immediately correctedThe plan of correction for the citation had already been put in placeHis goal was for the facility to not have any deficiencies for the next annual that would be performed.	TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)		CROSS-REFERENCED TO THE APPROPR	3E COMPLET	E
care physician located in a nearby town. -Medication Record dated 4/19/19 documented client #6463's primary care provider had pressoribed Imitrex for migraines and Lexapro for depression and anxiety. -Medication Record dated 8/24/19 documented client #6463's dental provider had prescribed Hydrocodone 5 mg-Acetaminophen 325 mg (10 tablets) and Clindamycin 300 mg, and, her primary care physician had prescribed Ibuprofen 600 mg. -No documentation in client #6463's record that the coordination of care was completed with the providers who prescribed medications and/or provider medical care. Interview on 01/16/2020 the Program Manager revealed: -The facility had worked very hard the past few months to provide the best care for the clients that were being served. -The amount of clients the facility served was difficult to make sure everything was getting completed. -The coordination of service was an oversight and would be immediately corrected. -The plan of correction for the citation had already been put in place. -His goal was for the facility to not have any deficiencies for the next annual that would be performed.						ALC BAIL	
care physician located in a nearby town -Medication Record dated 4/19/19 documented client #6463's primary care provider had prescribed Imitrex for migraines and Lexapro for depression and anxietyMedication Record dated 8/24/19 documented client #6463's dental provider had prescribed Hydrocodone 5 mg-Acetaminophen 325 mg (10 tablets) and Clindamycin 300 mg, and, her primary care physician had prescribed Ibuprofen 600 mgNo documentation in client #6463's record that the coordination of care was completed with the providers who prescribed medications and/or provided medical care. Interview on 01/16/2020 the Program Manager revealed: -The facility had worked very hard the past few months to provide the best care for the clients that were being servedThe amount of clients the facility served was difficult to make sure everything was getting completedThe coordination of service was an oversight and would be immediately correctedThe plan of correction for the citation had already been put in placeHis goal was for the facility to not have any deficiencies for the next annual that would be performed.	V 233	Continued From page	5	1/ 222			\dashv
-Medication Record dated 4/19/19 documented client #6463's primary care provider had prescribed Imitrex for migraines and Lexapro for depression and anxiety. -Medication Record dated 8/24/19 documented client #6463's dental provider had prescribed Hydrocodone 5 mg-Acetaminophen 325 mg (10 tablets) and Clindamycin 300 mg; and, her primary care physician had prescribed Ibuprofen 800 mg. -No documentation in client #6463's record that the coordination of care was completed with the providers who prescribed medications and/or provided medical care. Interview on 01/16/2020 the Program Manager revealed: -The facility had worked very hard the past few months to provide the best care for the clients that were being served. -The amount of clients the facility served was difficult to make sure everything was getting completed. -The coordination of service was an oversight and would be immediately corrected. -The plan of correction for the citation had already been put in place. -His goal was for the facility to not have any deficiencies for the next annual that would be performed.				V 233			
client #6463's primary care provider had prescribed mitrex for migraines and Lexapro for depression and anxiety. -Medication Record dated 8/24/19 documented client #6463's dental provider had prescribed Hydrocodone 5 mg-Acetaminophen 325 mg (10 tablets) and Clindamycin 300 mg; and, her primary care physician had prescribed ibuprofen 600 mg. -No documentation in client #6463's record that the coordination of care was completed with the providers who prescribed medications and/or provided medical care. Interview on 01/16/2020 the Program Manager revealed: -The facility had worked very hard the past few months to provide the best care for the clients that were being served. -The amount of clients the facility served was difficult to make sure everything was getting completed. -The coordination of service was an oversight and would be immediately corrected. -The plan of correction for the citation had already been put in place. -His goal was for the facility to not have any deficiencies for the next annual that would be performed.		care physician located	d in a nearby town.				
prescribed Imitrex for migraines and Lexapro for depression and anxiety. -Medication Record dated 8/24/19 documented client #6463's dental provider had prescribed Hydrocodone 5 mg-Acetaminophen 325 mg (10 tablets) and Clindamycin 300 mg; and, her primary care physician had prescribed libuprofen 600 mg. -No documentation in client #6463's record that the coordination of care was completed with the providers who prescribed medications and/or provided medical care. Interview on 01/16/2020 the Program Manager revealed: -The facility had worked very hard the past few months to provide the best care for the clients that were being served. -The amount of clients the facility served was difficult to make sure everything was getting completed. -The coordination of service was an oversight and would be immediately corrected. -The plan of correction for the citation had already been put in place. -His goal was for the facility to not have any deficiencies for the next annual that would be performed.		-Medication Record da	ated 4/19/19 documented				
depression and anxiety. -Medication Record dated 8/24/19 documented client #6463's dental provider had prescribed Hydrocodone 5 mg-Acetaminophen 325 mg (10 tablets) and Clindamycin 300 mg, and, her primary care physician had prescribed Ibuprofen 600 mg. -No documentation in client #6463's record that the coordination of care was completed with the providers who prescribed medications and/or provided medical care. Interview on 01/16/2020 the Program Manager revealed: -The facility had worked very hard the past few months to provide the best care for the clients that were being served. -The amount of clients the facility served was difficult to make sure everything was getting completed. -The coordination of service was an oversight and would be immediately corrected. -The plan of correction for the citation had already been put in place. -His goal was for the facility to not have any deficiencies for the next annual that would be performed.		client #6463's primary	care provider had	1		1	
depression and anxiety. -Medication Record dated 8/24/19 documented client #6463's dental provider had prescribed Hydrocodone 5 mg-Acetaminophen 325 mg (10 tablets) and Clindamycin 300 mg, and, her primary care physician had prescribed Ibuprofen 600 mg. -No documentation in client #6463's record that the coordination of care was completed with the providers who prescribed medications and/or provided medical care. Interview on 01/16/2020 the Program Manager revealed: -The facility had worked very hard the past few months to provide the best care for the clients that were being served. -The amount of clients the facility served was difficult to make sure everything was getting completed. -The coordination of service was an oversight and would be immediately corrected. -The plan of correction for the citation had already been put in place. -His goal was for the facility to not have any deficiencies for the next annual that would be performed.		prescribed Imitrex for	migraines and Lexapro for	1			
client #6463's dental provider had prescribed Hydrocodone 5 mg-Acetaminophen 325 mg (10 tablets) and Clindamycin 300 mg; and, her primary care physician had prescribed Ibuprofen 600 mg. -No documentation in client #6463's record that the coordination of care was completed with the providers who prescribed medications and/or provided medical care. Interview on 01/16/2020 the Program Manager revealed: -The facility had worked very hard the past few months to provide the best care for the clients that were being served. -The amount of clients the facility served was difficult to make sure everything was getting completed. -The coordination of service was an oversight and would be immediately corrected. -The plan of correction for the citation had already been put in place. -His goal was for the facility to not have any deficiencies for the next annual that would be performed.		depression and anxiet	ty.				
Hydrocodone 5 mg-Acetaminophen 325 mg (10 tablets) and Clindamycin 300 mg; and, her primary care physician had prescribed lbuprofen 600 mg. -No documentation in client #6463's record that the coordination of care was completed with the providers who prescribed medications and/or provided medical care. Interview on 01/16/2020 the Program Manager revealed: -The facility had worked very hard the past few months to provide the best care for the clients that were being served. -The amount of clients the facility served was difficult to make sure everything was getting completed. -The coordination of service was an oversight and would be immediately corrected. -The plan of correction for the citation had already been put in place. -His goal was for the facility to not have any deficiencies for the next annual that would be performed.		 Medication Record da 	ated 8/24/19 documented	1			
Hydrocodone 5 mg-Acetaminophen 325 mg (10 tablets) and Clindamycin 300 mg; and, her primary care physician had prescribed lbuprofen 600 mg. -No documentation in client #6463's record that the coordination of care was completed with the providers who prescribed medications and/or provided medical care. Interview on 01/16/2020 the Program Manager revealed: -The facility had worked very hard the past few months to provide the best care for the clients that were being served. -The amount of clients the facility served was difficult to make sure everything was getting completed. -The coordination of service was an oversight and would be immediately corrected. -The plan of correction for the citation had already been put in place. -His goal was for the facility to not have any deficiencies for the next annual that would be performed.		client #6463's dental p	provider had prescribed	1			
tablets) and Clindamycin 300 mg, and, her primary care physician had prescribed Ibuprofen 600 mg. -No documentation in client #6463's record that the coordination of care was completed with the providers who prescribed medications and/or provided medical care. Interview on 01/16/2020 the Program Manager revealed: -The facility had worked very hard the past few months to provide the best care for the clients that were being served. -The amount of clients the facility served was difficult to make sure everything was getting completed. -The coordination of service was an oversight and would be immediately corrected. -The plan of correction for the citation had already been put in place. -His goal was for the facility to not have any deficiencies for the next annual that would be performed.		Hydrocodone 5 mg-Ad	cetaminophen 325 mg (10	1			
-No documentation in client #6463's record that the coordination of care was completed with the providers who prescribed medications and/or provided medical care. Interview on 01/16/2020 the Program Manager revealed: -The facility had worked very hard the past few months to provide the best care for the clients that were being served. -The amount of clients the facility served was difficult to make sure everything was getting completed. -The coordination of service was an oversight and would be immediately corrected. -The plan of correction for the citation had already been put in place. -His goal was for the facility to not have any deficiencies for the next annual that would be performed.		tablets) and Clindamy	cin 300 mg; and, her	i			- 1
-No documentation in client #6463's record that the coordination of care was completed with the providers who prescribed medications and/or provided medical care. Interview on 01/16/2020 the Program Manager revealed: -The facility had worked very hard the past few months to provide the best care for the clients that were being served. -The amount of clients the facility served was difficult to make sure everything was getting completed. -The coordination of service was an oversight and would be immediately corrected. -The plan of correction for the citation had already been put in place. -His goal was for the facility to not have any deficiencies for the next annual that would be performed.		primary care physiciar	had prescribed Ibuprofen				
the coordination of care was completed with the providers who prescribed medications and/or provided medical care. Interview on 01/16/2020 the Program Manager revealed: -The facility had worked very hard the past few months to provide the best care for the clients that were being served. -The amount of clients the facility served was difficult to make sure everything was getting completed. -The coordination of service was an oversight and would be immediately corrected. -The plan of correction for the citation had already been put in place. -His goal was for the facility to not have any deficiencies for the next annual that would be performed.		600 mg.					- 1
the coordination of care was completed with the providers who prescribed medications and/or provided medical care. Interview on 01/16/2020 the Program Manager revealed: -The facility had worked very hard the past few months to provide the best care for the clients that were being served. -The amount of clients the facility served was difficult to make sure everything was getting completed. -The coordination of service was an oversight and would be immediately corrected. -The plan of correction for the citation had already been put in place. -His goal was for the facility to not have any deficiencies for the next annual that would be performed.		-No documentation in	client #6463's record that				- 1
provided medical care. Interview on 01/16/2020 the Program Manager revealed: -The facility had worked very hard the past few months to provide the best care for the clients that were being served. -The amount of clients the facility served was difficult to make sure everything was getting completed. -The coordination of service was an oversight and would be immediately corrected. -The plan of correction for the citation had already been put in place. -His goal was for the facility to not have any deficiencies for the next annual that would be performed.		the coordination of car	e was completed with the		The state of the s		
Interview on 01/16/2020 the Program Manager revealed: -The facility had worked very hard the past few months to provide the best care for the clients that were being served. -The amount of clients the facility served was difficult to make sure everything was getting completed. -The coordination of service was an oversight and would be immediately corrected. -The plan of correction for the citation had already been put in place. -His goal was for the facility to not have any deficiencies for the next annual that would be performed.		providers who prescrib	ped medications and/or				- 1
revealed: -The facility had worked very hard the past few months to provide the best care for the clients that were being servedThe amount of clients the facility served was difficult to make sure everything was getting completedThe coordination of service was an oversight and would be immediately correctedThe plan of correction for the citation had already been put in placeHis goal was for the facility to not have any deficiencies for the next annual that would be performed.		provided medical care					- 1
revealed: -The facility had worked very hard the past few months to provide the best care for the clients that were being servedThe amount of clients the facility served was difficult to make sure everything was getting completedThe coordination of service was an oversight and would be immediately correctedThe plan of correction for the citation had already been put in placeHis goal was for the facility to not have any deficiencies for the next annual that would be performed.							
-The facility had worked very hard the past few months to provide the best care for the clients that were being served. -The amount of clients the facility served was difficult to make sure everything was getting completed. -The coordination of service was an oversight and would be immediately corrected. -The plan of correction for the citation had already been put in place. -His goal was for the facility to not have any deficiencies for the next annual that would be performed.			20 the Program Manager				
months to provide the best care for the clients that were being served. -The amount of clients the facility served was difficult to make sure everything was getting completed. -The coordination of service was an oversight and would be immediately corrected. -The plan of correction for the citation had already been put in place. -His goal was for the facility to not have any deficiencies for the next annual that would be performed.							
that were being served. -The amount of clients the facility served was difficult to make sure everything was getting completed. -The coordination of service was an oversight and would be immediately corrected. -The plan of correction for the citation had already been put in place. -His goal was for the facility to not have any deficiencies for the next annual that would be performed.		months to provide the	ed very hard the past few	<u> </u>			- 1
-The amount of clients the facility served was difficult to make sure everything was getting completedThe coordination of service was an oversight and would be immediately correctedThe plan of correction for the citation had already been put in placeHis goal was for the facility to not have any deficiencies for the next annual that would be performed.		that were being a	best care for the clients				
difficult to make sure everything was getting completed. -The coordination of service was an oversight and would be immediately corrected. -The plan of correction for the citation had already been put in place. -His goal was for the facility to not have any deficiencies for the next annual that would be performed.							- 1
completed. -The coordination of service was an oversight and would be immediately corrected. -The plan of correction for the citation had already been put in place. -His goal was for the facility to not have any deficiencies for the next annual that would be performed.		difficult to make average	the facility served was				
-The coordination of service was an oversight and would be immediately correctedThe plan of correction for the citation had already been put in placeHis goal was for the facility to not have any deficiencies for the next annual that would be performed.		completed	verything was getting				
would be immediately corrected. -The plan of correction for the citation had already been put in place. -His goal was for the facility to not have any deficiencies for the next annual that would be performed.			w.w.				
-The plan of correction for the citation had already been put in placeHis goal was for the facility to not have any deficiencies for the next annual that would be performed.		- The coordination of se	ervice was an oversight and				- 1
been put in place. -His goal was for the facility to not have any deficiencies for the next annual that would be performed.		The plan of a service would be immediately	corrected.				
-His goal was for the facility to not have any deficiencies for the next annual that would be performed.		hoop put in place	for the citation had already			1	
deficiencies for the next annual that would be performed.			2004				
performed.		-nis goal was for the fa	acility to not have any				- 1
			ct annual that would be				- 1
vision of Health Service Deputation	регтогтеа.						
vision of Health Service Deputation							
vision of Health Service Regulation							
vision of Health Service Regulation							
vision of Health Senice Perulation							
vision of Health Senios Regulation							
vision of Health Sonice Population							
vision of Health Sonice Population							
vision of Health Soning Population			1				
	vision of Ha-1	th Condes Deal 1					

Plan of Correction: Addendum to STATE FORM

This Plan of Correction is intended to address all Areas of Improvement noted as a result of the onsite survey. Thank you.

Carolina Treatment Center of Fayetteville

3427 Melrose Rd

Fayetteville, NC 28304

Audit Dates: 1/14/2020-1/16/2020

Clinic Director: Louis Leake

Regional Director: Erin McCarthy

POC Anticipated Completion

Date: 3/1/2020

POC Developed by: Louis Leake

Title: Clinic Director

Date POC Developed: 2/3/2020

Date POC Submitted: 2/5/2020

DHSR - Mental Health

FEB 1 1 2020

Lic. & Cert. Section

Area of Improvement	Action to be Taken	Completio Date (Actual or Estimated)
V233	 Plan of Correction for Coordination of Care The physician/designee will utilize the state Prescription Drug Monitoring Program (PDMP) and review the patient's prescriptions for any medications that could have potential interactions with methadone. This will be completed and reviewed, at a minimum, upon admission (prior to dosing), during the Annual Physical Assessment and upon request for takehome increases. Upon patient confirmation/or reports of current prescriptions, the nurse or designee will document all medications. Documentation will include: 	3/6/2020
	 The name of the patient The dosage and frequency Instructions for use The name of the prescribing professional The name of the dispensing pharmacy 	
	 The patient will be informed about any potential interaction between their CTC medication and other medications, including potential side effects or contraindications. Staff will document that this information was communicated in a medical progress note. 	
	4. The patient will be asked to sign a <i>Release of Information</i> allowing the program staff to correspond with the prescriber of the prescriptions identified in the PDMP. Patients who refuse to sign a release of information for the prescriber will be discussed by the Multi-Disciplinary Treatment Conference and a determination will be made as to the patient's treatment options.	
	5. Once the patient has signed a Release of Information, the prescriber will be contacted so that care can be coordinated regarding the patient's diagnosis, treatment plan and anticipated length of treatment. Coordination of care will be documented in the patient's record.	

- The release of information and coordination of care letter (see attached) will then be faxed to the provider and the confirmation will be documented in the patient's EMR record.
- 7. This information will be presented to the physician/prescriber who will review for potential interaction or conflict with treatment plan.
- Designated CTC staff will document in the results of the Prescription Drug Monitoring Program in the patient record. Furthermore, any plan of action indicated by those results will be documented.
- Counselor will annotate in EMR patient record the date the coordination of care was sent to provider.
- 10. The medical or mental health condition/diagnosis/treatment will be added to the patient's treatment plan and reviewed during counseling sessions. If the patient's outside treatment course or medication changes, this will be documented in the counseling session notes and new ROI's and COC's will be obtained as clinically necessary.
- 11. Primary counselor will annotate in Methasoft that coordination of care was sent to provider.
- 12. Upon receipt of the coordination of care from said provider, the clinic physician will review the documentation and sign off on the coordination of care and a note will be annotated in Methasoft. The clinic physician will determine if additional discussions with the outside prescriber or treatment decisions for the patient are needed at this time.
- 13. The Counselor / Medical staff will update the coordination of care for all known physicians and providers as needed.
- 14. Clinical manager will perform a weekly review of all new intakes to ensure that all coordination of cares have been completed where a patient discloses at screening or assessment that they are prescribed other medications. Clinical

manager will also follow up on coordination of care when performing a monthly quality record	
review.	



Effective Date: July 2016

Revised: April 2019, July 2018, May 2018,

January 2018, November 2016 Reviewed: September 2019

5.2.1 GENERAL MEDICAL - PRESCRIPTION MONITORING

Policy:

CTCs will monitor medications that are administered or dispensed to patients by the program and prescribed medications from other medical professionals. The intent of this policy is to ensure that patients' current prescriptions are not contraindicated with methadone as well as monitor for potential diversion. It is also to ensure that patients and the entire medical staff are knowledgeable about potential interactions between methadone and other medications.

Procedure:

- The physician/designee will utilize the state Prescription Drug Monitoring Program (PDMP) and review the patient's prescriptions for any medications that could have potential interactions with methadone. This will be completed and reviewed, at a minimum, upon admission (prior to dosing), during the Annual Physical Assessment and upon request for take-home increases.
- 2. Upon patient confirmation/or reports of current prescriptions, the nurse or designee will document all medications. Documentation will include:
 - The name of the patient
 - The dosage and frequency
 - Instructions for use
 - The name of the prescribing professional
 - The name of the dispensing pharmacy
- The patient will be informed about any potential interaction between their CTC medication and other medications, including potential side effects or contraindications. Staff will document that this information was communicated in a medical progress note.
- 4. The patient will be asked to sign a *Release of Information* allowing the program staff to correspond with the prescriber of the prescriptions identified in the PDMP. Patients who refuse to sign a release of information for the prescriber will be discussed by the Multi-Disciplinary Treatment Conference and a determination will be made as to the patient's treatment options.
- 5. Once the patient has signed a *Release of Information*, the prescriber will be contacted so that care can be coordinated regarding the patient's diagnosis, treatment plan and anticipated length of treatment. Coordination of care will be documented in the patient's record.
- 6. This information will be presented to the physician/prescriber who will review for potential interaction or conflict with treatment plan.
- Designated CTC staff will document in the results of the Prescription Drug Monitoring Program in the patient record. Furthermore, any plan of action indicated by those results will be documented.

Monitoring of Patient Medication Not Prescribed by the CTC

 The CTC Division prohibits the staff from handling any patient medication not prescribed by the CTC or engaging in the practice of "pill-counting."

•	The CTC Division will not observe the patient ingesting non-CTC medications as an accountability measure. Any accountability issues with other medication may be addressed in the patient's <i>Comprehensive Treatment Plan</i> .



Carolina Treatment Center · 3427 Melrose Rd · Fayetteville, North Carolina 28304 · Phone: 910.864.8739 · Fax: 910.864.8222

Date:						
Dear Dr						
Your patient,(name/DOB), is currently under our care for management of opioid dependence and is receiving a daily dose of methadone or buprenorphine (circle),						
The patient reports that he/she is also taking						
According to treatment guidelines, we need to (i.e., supplemental opioids, benzodiazepines) when combined with opioid agonists.	to verify the medical indication for all medications with potential for abuse s and other sedatives, psychostimulants, etc.) due to the risk of toxicity					
Attached is a signed consent authorizing com history and current progress in treatment.	munication between you and our clinic staff regarding his or her medication					
Please complete the following and fax back t	o our office:					
Patient name:	DOB					
Medication(s)/dose prescribed:						
Diagnosis/reason prescribed:						
Is patient making progress/compliant with your trea	tment plan?					
Next follow up date:						
Please describe any concerns you have about patient						
Any other information you would like us to know abo	out this patient's treatment?					
Physician Signature:	Data					
Physician's Specialty:	Date:					
Because this nationt suffers from above and de-						
medication(s) to minimize risk, We will alert updates. We appreciate your willingness to co	ependency, we respectfully ask that you consider alternative non-addictive tyou to any concerns we have and will contact you regularly to request pordinate care. Please contact us					
with any questions.						
Sincerely,						
Alan S, Davis, MD Medical Direct	or Primary Counselor					