

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-617	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/16/2020
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NAME OF PROVIDER OR SUPPLIER CAROLINA TREATMENT CENTER OF FAYETTEVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 3427 MELROSE ROAD FAYETTEVILLE, NC 28304
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on January 16, 2020. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment. The census at the time of survey was 727.</p>	V 000		
V 233	<p>27G .3601 Outpt. Opiod Tx. - Scope</p> <p>10A NCAC 27G .3601 SCOPE</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p>	V 233	<p>DHSR - Mental Health</p> <p>FEB 11 2020</p> <p>Lic. & Cert. Section</p>	

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

TITLE

(X6) DATE

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V 233	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on interviews and record review the facility failed to provide services designed to affect constructive changes in the client's lifestyle by using methadone in conjunction with the provision of rehabilitation and medical services affecting 11 of 26 sampled clients (#3790, #3886, #4303, #6363, #6464, #6647, #5738, #6230, #3606, #6462, #6463). The findings are:</p> <p>Review on 01/16/2020 of client #3790's record revealed: -Admitted on 12/16/19 with diagnosis of Opioid Use Disorder and pregnant upon admission. -Medication record indicated that Client #3790 was prescribed "Methadopa 60mg", daily for high blood pressure. -No evidence in the record that the coordination of care was completed with the physician who prescribed the Methadopa or with client #3790's Obstetrician Gynecologist (OBGYN).</p> <p>Review on 01/15/2020 of client #3886's record revealed: -Admitted on 12/19/11 with diagnosis of Opioid Use Disorder and Epilepsy. -Medication record indicated that Client #3886 took Dilantin 200mg 2 times a day and Keppra 500mg 2 times a day. -No evidence in the record that the coordination of care was completed with the physician who prescribed the medications for client #3886.</p> <p>Review on 01/14/2020 of client #4303's record revealed: -Admitted on 05/30/19 with diagnoses of Opioid Use Disorder, Post Traumatic Stress Disorder (PTSD), Generalized Anxiety Disorder, Bi-Polar</p>	V 233		

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V 233	<p>Continued From page 2</p> <p>Disorder, Diabetes, and Acid Reflux. -Medication record indicated that Client #4303 took Novolog and Lantus. The dose and amount was not indicated. -No evidence in the record that the coordination of care was completed with the physician who prescribed the medication for Client #4303.</p> <p>Review on 01/15/2020 of client #6363's record revealed: -Admitted on 10/23/18 with diagnoses of Severe Opioid Use Disorder, Depression, Anxiety and Degeneration of spinal disk. -Medication record indicated that client #6363 took Zoloft 200mg. The amount was not indicated. -No evidence in the record that the coordination of care was completed with the physician who prescribed the medication for Client #6363.</p> <p>Review on 01/15/2020 of client #6464's record revealed: -Admitted on 03/07/19 with diagnosis of Opioid Use Disorder. -Medication record indicated that client #6464 took Diazepam 20mg. The amount was not indicated. -No evidence in the record that the coordination of care was completed with the physician who prescribed the medication for Client #6464.</p> <p>Review on 01/15/2020 of client #6647's record revealed: -Admitted on 10/022020 with diagnoses of Opioid Use Disorder, Bi-Polar Disorder, Depression, Asthma, Heart Failure and Chronic obstructive pulmonary disease (COPD). -Medication record indicated that client #6647 took "Allopurinol 100mg, Colchicine 0.6mg, Prilosec 20mg, Singulair 10mg, Flonase,</p>	V 233		

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V 233	<p>Continued From page 3</p> <p>Albuterol, Symbicort, Cardizem 120mg, Neurontin 600mg". The amount was not indicated. -No evidence in the record that the coordination of care was completed with the physician who prescribed the medication for Client #6647.</p> <p>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 PTSD. -Screening dated 11/5/19 documented client #5738 had a primary care physician in a neighboring county. -NarxCare report dated 11/5/19 documented client #5738 had been prescribed Suboxone 8 mg from 1/4/19 -10/18/19 by a community provider. -Comprehensive Physical Examination dated 11/13/19 documented client #5738 reported prescriptions for Adderall and Gabapentin from a psychiatry provider. -No documentation in the record that the coordination of care was completed with the physicians who prescribed medications and/or provided medical care.</p> <p>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. -Medication Record documented the following medications prescribed by a local physician: Nexium 40 mg, Cardiazem 300 mg, Adipex 37.5 mg, Zofran 8 mg, Vitamin D 50,000 units, Synthroid mg. Lasix 20 mg, and Bupropion 150 mg. -No documentation in client #6230's record that the coordination of care was completed with the</p>	V 233		

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V 233	<p>Continued From page 4</p> <p>physicians who prescribed medications and/or provided medical care.</p> <p>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.</p> <p>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 client #6462's primary care provider had prescribed Meloxicam 7.5 mg and Tizanidine 2 mg. -No documentation in #3606's record that the coordination of care was completed with client #6462's primary care provider</p> <p>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</p>	V 233		

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V 233	<p>Continued From page 5</p> <p>care physician located in a nearby town.</p> <p>-Medication Record dated 4/19/19 documented client #6463's primary care provider had prescribed Imitrex for migraines and Lexapro for depression and anxiety.</p> <p>-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.</p> <p>-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.</p> <p>Interview on 01/16/2020 the Program Manager revealed:</p> <p>-The facility had worked very hard the past few months to provide the best care for the clients that were being served.</p> <p>-The amount of clients the facility served was difficult to make sure everything was getting completed.</p> <p>-The coordination of service was an oversight and would be immediately corrected.</p> <p>-The plan of correction for the citation had already been put in place.</p> <p>-His goal was for the facility to not have any deficiencies for the next annual that would be performed.</p>	V 233		

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.

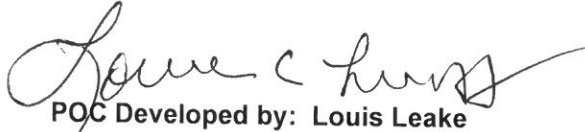
**Carolina Treatment Center of Fayetteville
3427 Melrose Rd
Fayetteville, NC 28304**

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 11 2020

Lic. & Cert. Section

Area of Improvement	Action to be Taken	Completion Date (Actual or Estimated)
V233	<p style="text-align: center;">Plan of Correction for Coordination of Care</p> <ol style="list-style-type: none"> 1. 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: <ul style="list-style-type: none"> · The name of the patient · The dosage and frequency · Instructions for use · The name of the prescribing professional · The name of the dispensing pharmacy 3. 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 <i>Release of Information</i>, 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. 	3/6/2020

6. 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.
8. 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.
9. 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

	<p>manager will also follow up on coordination of care when performing a monthly quality record review.</p>	
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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:

1. 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
3. 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.
7. 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 *Comprehensive Treatment Plan*.



Carolina Treatment Center of Fayetteville

Comprehensive Treatment Center

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 the following prescribed by you:

According to treatment guidelines, we need to verify the medical indication for all medications with potential for abuse (i.e., supplemental opioids, benzodiazepines and other sedatives, psychostimulants, etc.) due to the risk of toxicity when combined with opioid agonists.

Attached is a signed consent authorizing communication between you and our clinic staff regarding his or her medication history and current progress in treatment.

Please complete the following and fax back to our office:

Patient name: _____ DOB: _____

Medication(s)/dose prescribed: _____

Diagnosis/reason prescribed: _____

Is patient making progress/compliant with your treatment plan? _____

Next follow up date: _____ Prescription contract? Yes No

Please describe any concerns you have about patient's use of the medication(s)? _____

Any other information you would like us to know about this patient's treatment? _____

Physician Signature: _____ Date: _____

Physician's Specialty: _____

Because this patient suffers from chemical dependency, we respectfully ask that you consider alternative non-addictive medication(s) to minimize risk, We will alert you to any concerns we have and will contact you regularly to request updates. We appreciate your willingness to coordinate care. Please contact us

with any questions.

Sincerely,

Alan S, Davis, MD

Medical Director

Primary Counselor