

Lic. & Cert. Section

MAR 1 2 2020

DHSR - Mental Health

Facsimile Transmittal

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Company: DHSR/DHUS	
Fax:	Date: 9/5-855-3795
Phone: 915-855-3795	03/12/2020 Pages: X (including cover page)
Subject: BAARG POC	

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MAR/12/2020/THU 09:33 AM BAART Programs

		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL032-412	B. WING		01/29/2020	
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STATE	E, ZIP CODE		
BAART COMMUNITY HEALTHCA	DE	H MANGUM STR NC 27701	REET, SUITE 300 & 400		
	TATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	(AC) (AC	
FACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)		
V 000 INITIAL COMMENT	S	V 000			
29, 2020. Two com (Intake #NC0015830 complaint was subst	A complaint survey was completed on January 29, 2020. Two complaints were unsubstantiated (Intake #NC00158307 & #NC00160210). One complaint was substantiated (Intake #NC00158588). Deficiencies were cited.				
categories: 10A NCAC 27G .36 Treatment 10A NCAC 27G .44 Intensive Outpatien 10A NCAC 27G .45	00 Substance Abuse				
The client census w	tpatient Treatment Program ras 475 at the time of the		চন্ড R - Mental He	ealth	
survey. V 105 27G .0201 (A) (1-7)	Governing Body Policies	V 105	MAR 1 2 2020		
POLICIES (a) The governing by facility or service show written policies for the control of the face (2) criteria for admit (3) criteria for disched (4) admission asset (A) who will perform (B) time frames for (5) client record material (A) persons author (B) transporting record for the control of the con	anagement authority for the sility and services; ssion; sarge; ssments, including: in the assessment; and completing assessment. anagement, including: ized to document; cords; acords against loss, tampering, by unauthorized persons; ecord accessibility to		_ic. & Cert. Sect	ion	
Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDE STATE FORM	ERUSUPPLIER REPRESENTATIVES SIGNATURE IS.	da M. Sm	TITLE Trestment Control CO2M11	Owcilor 03/12 If continuation sheet 1 of A	

1	of Health Service Regu	lation	2		FOI	RM APPROVED	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/OLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DAT	(X3) DATE SURVEY	
	4. 4464.1614	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED	
					1		
		MHL032-412	B. WING		01	1/29/2020	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E ZIR CODE	1 0.	720/2020	
				REET, SUITE 300 & 400			
BAARTC	COMMUNITY HEALTHCAF		I, NC 27701	CE1, SUITE 300 & 400			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	-	500141-703			
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION		(205)	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE	APPROPRIATE	COMPLETE	
	-			DEFICIENCY)			
V 105	Continued From page	: 1	V 105				
	(E) assurance of confi	identiality of records					
	(6) screenings, which	shall include:					
		the individual's presenting				i	
	problem or need;	,					
	(B) an assessment of	whether or not the facility					
		o address the individual's					
	needs; and						
	(C) the disposition, inc	luding referrals and					
	recommendations;	A					
į	activities, including:	and quality improvement					
	(A) composition and a	chivitiae of a quality					
TABLE STATE	assurance and quality	improvement committee;					
	(B) written quality assu	rance and quality					
No. of Street	improvement plan;						
		oring and evaluating the					
1	quality and appropriate	eness of client care,				1	
i	including delineation of	f client outcomes and				i	
	utilization of services;	Professional Age of the Control of t					
	(D) professional or dini	ical supervision, including					
-	a requirement that staff	t who are not qualified					
	professionals and blos	ide direct client services					
	that area of service:	a qualified professional in			,		
	(E) strategies for impro-	ving client care:					
	(F) review of staff qualif	fications and a					
	determination made to	grant			and		
	treatment/habilitation pr						
-	(G) review of all fatalitie	s of active clients who]				
Į 1	were being served in ar	ea-operated or contracted					
į	residential programs at	the time of death;			į		
; ((H) adoption of standard	ds that assure operational				- 1	
	and programmatic perfo	ormance meeting			Ī		
2	applicable standards of	practice. For this				1	
}	ourpose, "applicable sta	andards of practice"			and the same of th		
	neans a level of compe						
	eference to the prevailing	ng and accepted e of knowledge, skill and					
	are exercised by other	practitioners in the field;			and the state of t		
l	and oncrossed by onles	productions in the field;				- 1	
leton of Hoote	Sandan Danislation						

Division o	f Health Service Regu	lation	_		Large Carter Carter Control
	OF DEPICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN O	FCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		
					1
		MHL032-412	B. WING		01/29/2020
		MITLU3Z-41Z			
NAME OF PE	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE	
		800 NOR	TH MANGUM STR	EET, SUITE 300 & 400	
BAART CO	DMMUNITY HEALTHCAP	RE DURHAI	VI, NC 27701		
			ID	PROVIDER'S PLAN OF CORRECTIO	N (XS)
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	DE COMPLETE
PREFIX	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE DATE
				DEFICIENCY)	
	6 ii 16	- 2	V 105		i
V 105	Continued From pag	e 2	V 100		
					\$ I
					1
					!
	Í				
		widened by			
	This Rule is not met	as evidenced by.			
	Based on records re	view and interviews, the			
	facility failed to ensu	re policies and procedures to			
	assure meeting of a	oplicable standards of			
	practice were impler	nented. The findings are:			
	Review on 12/13/19	and 1/24/20 of deceased			į
	client #1's (DC #1's)	record revealed the following	1 1		
	information;				
	- 64 year old male.				
	- Admitted to the fa	cility on 1/11/18.			1
	- Date of death 11/				
	- Last contact with	client at the clinic was on			
	11/9/19 when he atte	empted to dose with his daily			
	Methadone.				
1		contact with Counselor			1
	9/3/19.	100000 100000 100000 100000 100000 100000 1000000			
		t's first time in an Opioid			
	Treatment Program				
	- Diagnoses of Oni	oid Use Disorder - Severe.			
	20 year history of	use/abuse of opioids due to			
	chronic pain.	MANAGED AL ABIGINA MANAGE			
	Cuitohad to harai	n when medications became			
	Switched to neto	was actively using 1/2 to 1			
		RES ACTIVORY HOLLIS TO T			
	gram daily.	nt at 2 different noin			
	- Had been a patie	nt at 2 different pain			
	management clinics	(last one ending in January			į
	2017), but was disc	harged due to continued illicit		-	
	use of other medica				
	- During his time in	treatment, the client			
		I, with no take-home doses of			
	Methadone earned				

Division	of Health Service Regu	lation			FOR	M APPROVED
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	WAL DATE	Called Arthur
ANDPLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE	LETED
		MHL032-412	B. WING			
		(MI)LU02-412	0.11110		01/	29/2020
NAME OF F	PRÓVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
BAARTO	OMMUNITY HEALTHCAR	800 NOR	TH MANGUM STR	EET, SUITE 300 & 400		
		S.Pup	I, NC 27701			
(X4) ID		ATEMENT OF DEFICIENCIES	io !	PROVIDER'S PLAN OF CORRECT	ON	1
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	(XB)
100	The state of the s	ON DESTITION OF THE ORIGINAL (ON)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
14405				DEI TOLLITOT/		<u> </u>
V 105	Continued From page	3	V 105			
	ender the second					-
	Review on 1/27/20 of	DC #1's Intake Assessment				į l
		d the following information;				
	"Client indicates the	t he does not have any				
	mental health issues	11				1
	"Counselor provided	client withpolicies and				i
1	procedures surrounding	g prescription medications,				
	and Benzodiazepines,	alcohol, and barbiturates."				
		he "Patient Handbook"				
1	given to patients upon	admission to the program				
	revealed the following	information;				
i	"I nere are several n	nedications that you should				
4	not take while on Meth	adone Other dangerous			1	
1		ile on Methadone are				
ĺ	Benzodiazepines The					
	depress the neart rate	and respiratory (breathing)				
	systems Wethadone	depresses these systems				
	as well so there is all if	ning these medications"				1
	"Many proporintion di	rugs have possibly fatal				
	results if combined with	Methodopa			ļ	
	Benzodiazepines.") NEU IALDONE				1
	- "Alcohol also depresa	see your beart rate and			i	
i	respiratory eystems It	also interferes with the			į	
	breakdown of Methado	ne in your system and may			-	I
	cause overmedication	or sedation. "				
		RT has a zero tolerance			i	
	policy for alcohol use.	This is because alcohol				
	mixed with Methadone	can be fatal"			1	
.	"Counseling Services	: You will be assigned a	1		1	
	Counselor and you will	see this Counselor			}	1
1	regularly. Regularly col	uld be a couple of times			i	1
	per week or it could me					
; (depends on your individ	lual needs, how long you			-	
1	have been in treatment	and what medications you			;	
	are taking."	, , , , , , , , , , , , , , , , , , , ,				
		be required to provide				
1	urine samples to test for	illicit drug use, no less				
∫ t	han once per month I	Jrinalysis results are		(46)		
	Service Regulation					

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CA		(X3) DATE COMF	SURVEY LETED			
		MHL032-412	8. WING		01	/29/2020			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 800 NORTH MANGUM STREET, SUITE 300 & 400 BAART COMMUNITY HEALTHCARE DURHAM, NC 27701									
(X4) ID PREFIX YAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE			
V 105	useful in making dec your medication and treatment. Review on 1/27/20 or Acknowledgement or signed by DC #1 on following information—"If you are being truse benzodiazepine. Ativan, Klonopin) you chances of accidents others and also poss—"Any use of these documented prescripis considered 'Illicit unon-compliance with—"Use of these med Methadone, even wirisks. Clouded think be subtle and hard to involved. In addition the potential for abu particularly in individual addiction" Review on 1/24/20 or Benzodiazepine Por revealed the followin—" For patient sat Methadone for a paillicit Benzodiazepine Interview on 1/27/20 and the Physician's maximum dose of Madministered to a construction of the potential for a paillicit Benzodiazepines is Benzodiazepines is	isions about your health, your overall success If a form called "Patient of Benzodiazepine Policy" 1/11/18 revealed the seated with Methadone and injuries to yourself or sible death by overdose" In medications without a potion on file with the program expectations" It is a prescription, still carries and seated and slowed reactions can be recognized by the person on the seated dependence, it is a prescription of the clinic's "Medical filey" (Updated on 8/13/18) and information; fety, the 'maximum dose' of the taking prescription or les will be 110 mg" In with the Medical Director Assistant confirmed that the Methadone that should be lient who is taking	V 105						

	of Health Service Regu	ilation			FOR	M APPROVE
STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X2) DATE COMP	
	***	MHL032-412	B. WING		01/2	29/2020
NAME OF F	ROVIDER OR SUPPLIER	STREET	DORESS, CITY, ST	ATE, ZIP CODE		
BAART C	OMMUNITY HEALTHCAR	800 NOF	RTH MANGUM S	TREET, SUITE 300 & 400		
			M, NC 27701			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(XS) COMPLETE DATE
V 105	Continued From page	5	V 105			
	administration records April 2018 revealed th 110 mg. for 4 days fro 115 mg. for 4 days fro 120 mg. for 6 days fro 110 mg. for 7 days fro 110 mg. for 13 days fro 110 mg. for 13 days fro 110 mg. for 13 days fro The above information the maximum or highe total of 34 days. Review on 1/24/20 of I following information; — The North Carolina (Reporting System) was dates; 1/11/18 (on adm 6/29/18, 10/8/18, 1/16/ 9/3/19 and one on 11/2 his death. — The client filled presc 4/11/18 through 10/14/ Klonopin 0.5 mg. to be	is from March 2018 through the following information; m 3/20/18 through 3/23/18 m 3/24/18 through 3/27/18 m 3/28/18 through 4/2/18 m 3/28/18 through 4/2/18 m 4/3/18 through 4/2/18 m 4/9/18 through 4/21/18 om 4/9/18 through 4/21/18 om 4/9/18 through 4/21/18 of 4/9/18 record revealed the controlled Substance is checked on the following hission to the program), 19, 4/25/19, 7/26/19, 10/19 following the report of criptions every month from 19 (1 and 1/2 years) for		The Medical Director made increase the dose in an efffor stabilize the patient. This washort time period and monitor Medical Director then started patient after the patient was	ort to try and as done for a bred. The d tapering the	
3 4 8 8 9 7 8 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	for the Klonopin. Review on 1/27/20 of D following UDS results; 2/20/18 - Negative. 3/5/18 - Negative. 3/23/18 - Positive for Al 3/22/18 - Positive for Al 3/27/18 - Positive for Al 3/27/18 - Positive for Al 3/27/18 - Positive for Al 1/24/18 - Negative. 10/24/18 - Positive for Al 1/9/18 - Positive for Al 1/9/19 - Positive for Al	Icohol. cohol. Icohol. icohol.				

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL032-412	B. WING		01/29/2020
NAME OF P	ROVIDER OR SUPPLIER		DORESS, CITY, STA	00 70 March 2010 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20
BAART C	OMMUNITY HEALTHGAR	DE	I, NC 27701	TREET, SUITE 300 & 400	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
V 105	2/25/19 - Positive for 3/13/19 - Negative. 4/10/19 - Positive for May 2019 - No UDS positive result). 6/20/19 - Positive for 7/19/19 - Positive for 8/17/19 - Positive for 9/3/19 - Positive for 10/28/19 - Positive for 10/28/19 - Positive for 2/20/18 through for Alcohol and 6 we All of these UDSs will be	Alcohol. Alcoho	V 105	Testing has been changed to by random tests for patients verified perscription for Klonbenzodiazepine. The staff catest at any time. The Controlled Substance (CSRS) is ran quarterly and patient's medical record. This by the clinical staff and med patient that has a benzodiaz will be subject to additional recens to include testing for the results verified.	who have a opin or any an request this Reporting System saved to the is is reviewed ical staff. Any sepine perscription andom UDS

Division	of Health Service Reg	ulation			FO	RM APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MHL032-412	B. WING		0.	1/29/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E. ZIP CODE		1/4-0/15/210
BAARTO	OMMUNITY HEALTHCA	SOO NOR		REET, SUITE 300 & 400		
PAART	OMMUNIT HEALINGA	5 % Refe	8, NC 27701	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(XS) COMPLETE DATE
V 105	Continued From pag	e 7	V 105			<u> </u>
	okay, Oxy (an opiate					1
	prescription) in Augu	st" Inthetic opioid associated				
	with prolonged QT in	tervals and TdP (Torsades				
	de Pointes). As the (QT interval increases, so				Ì
1	does the risk for life to	hreatening arrhythmias. An				1
İ	armythmia is a proble	em with the rate or rhythm of ans that your heart beats too				and the second
	quickly, too slowly, or	with an irregular pattern.				
	Identify high risk patie	ent populations - personal or				
	family history of arrhy	thmias). (On 3/19/19 DC #1		i i		į
	reported to his Couns	elor that his Mother had two				
	heart attacks while sh	e was alive),				
į	1/22/18:					
	- "Pt is on 50 mg (of	Methadone) a day."				
	"Has Neurontin 300	mg. BID (twice a day) and				i
	PRN (as needed) for	migraine prevention"				
		k. Aware of no benzo in with Neurontin and slow				
	breathing"	WILL MEDIC(IUIT AND SlOW				
-	"Hx of some panic a	and has used benzo in past				
1	- but aware of no benz	to and commits to safety"				
	"Committed to no be	enzo use"				
	1/29/18;					
	- "Pt started on pair	management - and				
		past history) after a severe				
	motorcycle accident					
1	times a day) - no other	urontin) 300 mg. TID (three				
		ethadone) is 65 mg. going				
1	to 75 mg"					
		G and evaluate for inc				T COLOR
1	(increased) dose over	next 3 weeks,"				
1;	3/7/18;					
	"Patient started to fe					
		- not sleeping - lot on mind				
	so worries a lot"					

STATEMENT	INISION OF HEARN SERVICE REQUISITION TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X2) MULTIPLE CONSTRUCTION (X		
		MHL032-412	B. WING		01/29/2020	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 800 NORTH MANGUM STREET, SUITE 300 & 400 BAART COMMUNITY HEALTHCARE DURHAM, NC 27701						
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 105	"Plan: inc Methado (every) 4 days then to the time of lowest Metrough level, just before than see again." 4/12/18; "Pt has been askin Methadone dose) me issue" "Plan: dec Methad at 5 mg. a week stand 12/19/18; "Current dose is 60 has been trying to ta "Needs to go to growing in Klonopin scr mg. every other day. "Patient is on Gab 2 (tablets) TID (three	ne to 120 mg. at 5 mg, q rough (a blood test drawn at sthadone level, called a pre the next dose is due), g to dec (decrease et with pt to understand one from 110 mg. to 90 mg. ting 4/23" O mg. (of Methadone) and he per" O ups and get off alcohol and ipt (prescription) - takes 0.5 "apentin (Neurontin) 300 mg. et times a day) - for nerve pain s) BID (twice a day) and is on	V 105			
	exam) and labs and 12/19/18; "Patient presents exam). His current keeps him comfortal UDS EtOH on. Con *See Tag V-238, Ou additional specific indrug testing. Interview on 1/24/20 that he had on one of #1 bring in his present.	for his APE (annual physical dose is at 60 mg. which ole. Pt had recent bronchitis, sider treatment team" tpatient - Operations for formation regarding urine with Counselor #1 revealed occasion requested that DC cription or the bottles with his review by the medical staff.		Ref. previous correction action	оп pg. 7	

Division	of Health Service Regu	lation			FORM APPROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION 3:	(X3) DATE SURVEY COMPLETED
		MHL032-412	B. WING_		01/29/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE	1 01/25/2020
BAARTO	OMMUNITY HEALTHCAR		RTH MANGUM M, NC 27701	STREET, SUITE 300 & 400	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES I 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)	BF COMPLETE
V 105	Continued From page	9	V 105		
V 112	Interview on 1/24/20 v revealed the following — All clients on prescrimedications are required prescription and/or the them to the nursing starccords. — She confirmed that the during DC #1's treatmenths). — She was unable to some occur. This deficiency is cross NCAC 27G .3601 Outp	with the Clinic Director information; ption controlled red to bring in the medications and give aff to document in the client his procedure did not occur ent episode (1 year, 10 tate why this procedure did not occur ent episode (1 year, 10 tate why this procedure did action to 10 A referenced into 10 A ration of the A1 rule violation and in 23 days. Whabilitation Plan ASSESSMENT AND	V 112	A training was conducted for all of staff on 3/2/2020 to discuss the purpose when a patient fails to present curredications in a timely manner. The Medical staff reviews all possocreen(UDS) and any result that for an illicit substance requires the staff to notify the Clinical staff. The clinician will place a dosing hold conduct a session with the patien if it is a legitimate pescription and schedule a medical appointment of Medical staff to address it. Without pescription in the patients chart, the will be considered illicit thus revok privileges such as take home dost. This will also be addressed in a tream meeting to provide the Medical with any additional information revithe patient. The Treatment plan should be revithe patient once a month if they have the patient of the patient once a month if they have the patient on th	ritive urine drug is positive e medical e patients on the patient, it to verify with the it a valid he test king any es. eatment cal Director velant to
	PLAN (c) The plan shall be disassessment, and in particular responsible person admission for clients receive services beyond (d) The plan shall included in client outcome(s) the projected date of achieve (e) strategies; 3) staff responsible; 4) a schedule for reviewed.	eveloped based on the thership with the client or on or both, within 30 days who are expected to d 30 days. de: nat are anticipated to be f the service and a ement;	with BAART for more than a year. Twice month if less than a year. Twice month if less than a year. Coulselors are responsible for this and a training was contained to more than a year. Twice month if less than a year. Coulselors are responsible for this and a training was contained to requirements to them. Patient's goat timeframe for review will have as an obtominimize behaviors that are disruptive patient's daily life skills, including the usuallicit substances, not attending sessioned a primary care provider if physical healts are evident, or obtaining a primary care even through charity care if patient is under the patient once a month if they have be with BAART for more than a year. Twice month if less than a year. Coulselors are responsible for this and a training was contained to responsible for this and a tr		Twice a rs are was conducted to reiterate s goals and in objective uptive to he use of ssions with health issues

DIVISION OF HEARTH SERVICE REQUIRATION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY						
	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED				
		MHL032-412	B. WING		01/29/2020				
NAME OF PE	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
	800 NORTH MANGUM STREET, SUITE 300 & 400								
BAART CO	OMMUNITY HEALTHCA!	DOIGIAIN	, NC 27701						
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE				
V 112	responsible person of (5) basis for evaluation outcome achievement (6) written consent responsible party, or provider stating why obtained. This Rule is not mere based on interview a management failed strategies and interviewed (DC #1). Review on 12/13/19 record revealed the —64 year old male. — Admitted to the fare—base of death 11/1—Last contact with 11/9/19 when he att Methadone. — Last documented 9/3/19. — This was the clier Treatment Program — Diagnoses of Opi—20 year history of chronic pain. — Switched to heroit too expensive and in the state of the pain. — Switched to heroit too expensive and in the state of the pain.	t as evidenced by: and record review, the facility to develop and implement of 2 deceased clients The findings are: and 1/24/20 of DC #1's following information; client at the clinic was on empted to dose with his daily contact with Counselor	V 112	Counselor will review progress or lack of progress on a weekly patient is using benzodiazepir Breathalyzer will continue to be a daily basis for patients who clinic as being intoxicated from patient will not be dosed if presunder the influence of unknow Training was conducted to reisstaff the requirements and experience.	y basis if les or alcohol. le utilized on present at the n alcohol and esented as being on substances. terate to the				
	too expensive and gram daily.								

Division	of Health Service Regu	ulation			FOR	KM APPROVED
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		SURVEY
			A. BUILDING: _		COM	PLETED
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		200 1/20		REET, SUITE 300 & 400		
BAARIC	OMMUNITY HEALTHCAR		1, NC 27701	THE I, OUT I SOU OF ADD		
(X4) ID		ATEMENT OF DEFICIENCIES	ID i	PROVIDER'S PLAN OF CORE	SECTION	1
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V 112	Continued From page	11	V 112			
	management dinics (last one ending in January				
	2017), but was discha	rged due to continued illicit				
	use of other medication					
	- During his time in tr					!
		with no take-home doses of				1
	Methadone earned.					
1	Review on 1/27/20 of	DC #1's record revealed the				
4	following information:	DO #1 8 100010 16 Vealed tile				į
i		nent plan dated 1/11/18				
i	identified a Panic Disc	rder diagnosis. This				4
i	treatment plan was sig	med by the treatment team				
	and the Medical Direct	tor on 1/11/18.				
	Review on 1/27/20 of I	DC #1's record revealed the				
1	following information;					
i	- DC #1's current trea	tment plan dated 1/16/19				
	signed by the treatmer	nt team including Counselor				
	#1 and the same Med	ical Director on 1/16/19				
i	document the following	information;				
	 "No Mental Health D "Panic Attacks: Deni 	lagnoses."				
	- "Anxiety: Denies Syr	es symptoms." notoms "			}	
	5					
		DC #1's current treatment			1	
		ealed the following goals;			į	
	#1 Abstinence from				l	
	#2 Medical/Primary c #3 Mental Health.	are.				
	THE PERSON PROMITE				a de la companya de l	1
-	To obtain his goals the	following interventions will				
	pe used;			El		
1-	- "[DC #1] will attend a	program orientation group				
1	within the 1st 30 days o	of treatment. Frequency: 1			Į	1
1	ime in the first 30 days	or treatment."				
1.	~ "[DC #1] will participa attending all scheduled	individual course line			İ	
	sessions. Frequency: 1				-	
	needed."	unit a monin or 85			- Indiana	
,	- "[DC #1] will participa	te in treatment by			approximate and the second	1
-	Service Regulation	doddinon by				

Division o	of Health Service Regu	nauon				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE	SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	
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					1 01.	
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STATE	E, ZIP CODE		
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	PM 15 05 05 05 05 05 05 05 05 05 05 05 05 05	W		PROVIDER'S PLAN OF CORR	ECTION	! (X5)
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PREFIX		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE AP		DATE
				DEFICIENCY)		
	Centing	0.12	V 112			
V 112	Continued From page	E 12	V 114			
	attending group coun	seling sessions to provide				
	treatment support an					1
1	Frequency: 1 unit a v					į
1	- "IDC #11 will account	de random drug screens				i
		served) when requested.				
		month and when requested				i
		month only when requested				
1	by staff."					
	Davidson - damage	FDC Hala aumant teachers				
		f DC #1's current treatment				
1		evealed updates to this	1			
	treatment plan on 1/	16/19, 4/25/19, 7/26/19 and				
1	9/3/19 documenting	the following information;				
		y urine drug screens both				
1	negative and positive	e for alcohol.				
	- All updates identify	y the client picking up				
	prescribed Klonopin	every month.				
1		te "[DC #1] continues to meet				
		oid substitution therapy) and				
		continue services, including				
	dosing counseling	group counseling, medication				
	management and me	edical support."				1
	In cavious on 7/16	6/19 and 9/3/19 the client and				
1		discussing and working				
	toward a transition/d					
		9 documents "All current	Assert			
	medications; Klonop					
		2 on 1/16/19 revealed the				
		n; "A letter has been faxed to				
	any current medical					
		n necessary for proper				
	coordination of care	(intake date, current dose,				
	contact information)	and requesting information				
1	on any medications	that he is currently	1			
j	prescribed"		1			i
1		interventions to address				Ì
		onsumption or use of a				
1	Benzodiazepine whi					
1						
	Review on 1/24/20	of DC #1's record revealed the				
	following Individual					
1	I TOHOWING INDIVIDUEL	Courseior Hotes,	1			

	Division of Health Service Regulation FORM APPROVE						
-		OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MULTIP	LE CONSTRUCTION	(X8) DATE SURVEY COMPLETED	
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t			MHL032-412	B. 1411(G	01/29/2020		
١	NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
l	BAART	OMMUNITY HEALTHCAR			STREET, SUITE 300 & 400		
ŀ		1		8, NC 27701			
	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE		
	V 112	Continued From page	13	V 112			1
	35 ap agent 7 a	No documentation of a April or May 2018. 6/29/18 (DC #1's first if #1); Current dose of Metition—"Counselor introduce new counselor and patie recent UDS (urine drug 6/22/18 positive for EtC positive for EtCH; 4/9/1—"Counselor provided dangers of mixing drug Methadone Patient in unaware of the danger taking opiates and that information given to him combinations and contribution in the combinations and contribution with friends having dinner," reported issues with eliminating remains on Methadone.	meeting with Counselor madone 90 mg. a day. ed himself to patient as a nducted a brief check-in" ent reviewed patient's g screen) results: DH (alcohol); 5/23/18 18 negative" information regarding s like alcohol and eported that he was of drinking alcohol while he appreciates the n today about drug raindications." The and his wife 'drank at their house while I that he foresees no his drinking while he"		All the current counselors are averaguirments for sessions and moby the Clinical Supervisor, Treating Director and Corporate Compliant	onitored ment Center	
	i	No documentation of ar July, August or Septem	ly individual counseling in ber 2018.		Ref. above correction action		
		10/8/18; Current dose of Methandrian "Counselor and patien recent UDS results: 9/24 positive for EtOH; 7/10/ Counselor completed a (North Carolina) CSRS (Reporting System) - as (Klonopin Rx (prescriptio) (quantity) 30 (tablets), D 9/19/18)."	nt reviewed patient's 4/18 negative; 8/27/18 18 positive for EtOH check of patient's NC (Controlled Substance expected, patient has n) 0.5 mg., QTY:				
T.		- Conside Description				i	

MALE OF PROVIDER OR SUPPLER BART COMMUNITY HEALTHCARE SUMMANN TO STORY MAY SEE TO SUPPLER BART COMMUNITY HEALTHCARE SUMMANN TO STORY MAY SEE THE SUPPLEN SEE THE SUMMANN T	STATEMENT	of Health Service Regul or DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
BART COMMUNITY HEALTHCARE SUMMARY STATEMENT OF DEFICIENCIES (PARTIN TAGE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR I.SC. IDENTIFYINS INFORMATION). V112 Continued From page 14 "Patient reported understanding and accepting potential dangers of BZP (benzodiazepine) Rx and that he has kept his primary care provider and OPT (Opticid treatment) provider informed about all RX. Patient reports that "I do enjoy just having a been while watching a forball game;" but that he has stopped drinking while in MAT (Methadone assisted treatment) program" 11/16/18; - Current dose of Methadone 60 mg, a day. - "Counselor and patient reviewed patient's recent UDS results: 11/9/18 positive for EIOH; 10/24/18 positive for EIOH; 9/24/18 negative - "Patient reported that he does drink very infrequently and 'really only when I'm watching a forball game or relaxing at home." Counselor and patient discussed dangers of mixing alcohol and opiates. Patient reported committing to not drinking through the holidays and returning for another session to evaluate how he enjoyed holiday time while not drinking" 12/5/18; - Current dose of Methadone 60 mg, a day. - "Counselor and patient reviewed patient's recent, UDS results: 11/9/18 positive for EIOH; 10/24/18 positive for EIOH; 9/24/18 negative" - "Patient reported committing to not drinking through the holidays and returning for another session to evaluate how he enjoyed holiday time while not drinking" - "Patient reported or EIOH; 9/24/18 negative" - Current dose of Methadone 60 mg, a day.			MHL032-412	8. WING		01/2	29/2020
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"Patient reported success in decreasing his alcohol use and being confident that his next UDS will be negative for all substances except Methadone 1/16/19; Current dose of Methadone 60 mg. a day.		10/24/18 positive for	r FtOH: 9/24/18 negative"				
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1,000		"Counselor and p	atient reviewed patient's				İ
recent UDS results: 12/14/18 negative; 11/9/18 positive for EtOH; 10/24/18 positive for EtOH"		recent UDS results	12/14/18 negative; 11/9/18				

Division	of Health Service Regi	ulation			FOI	RM APPROVE
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	(X3) DAT	E \$URVEY
AND TOWN	OI CONNECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
		MHL032-412	B. WING		01	1/29/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET	ODRESS, CITY, STATE	E, ZIP CODE		
BAARTC	OMMUNITY HEALTHCAP	RE 800 NOF	RTH MANGUM STE	REET, SUITE 300 & 400		
		DURHAI	WI, NC 27701			
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	10	PROVIDER'S PLAN OF	CORRECTION	(X5)
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	I PREFIX	(EACH CORRECTIVE ACT) CROSS-REFERENCED TO TO	ON SHOULD BE	COMPLETE
				DEFICIENC		DATE
V 112	Continued From page	15	V 112			
10 m	"Counselor complet	ted a check of patient's NC				
	CSRS - as expected,	Klonopin Rx (last filled				
	1/13/19, 45, 0.5 mg. f	or 22 days)."				
	- "Counselor informe	d patient of requirement to				1
į		is for counting and approval				
	by BAART medical sta	aff				1
	2/12/19;					1
	- Current dose of Met	thadana 60 ma a day				
	- "Counselor and pati	ent reviewed patient's				
	recent UDS results: 1/	18/19 positive for EtOH;				
	12/14/18 negative; 11/	9/18 positive for EtOH."				
	3/19/19;					
ĺ	- Current dose of Met	hadone 60 mg. a day.				the second
į	"Counselor and patie	ent reviewed patient's 13/19 negative; 2/25/19				Personal Control of the Control of t
	positive for FtOH: 1/18	3/19 positive for EtOH."				
į	"Patient reported ha	ving completed an MRI				
i	(magnetic resonance i	maging test) at [name of				
1	local hospital] on 3/14/	19 per follow-up from his				İ
ĺ	primary care provider of	concerning patient's				
	episodes of shortness	of breath. Patient reported				•
		heart attacks while she				
1 1	was alive"	ef having a 25t %				
	- rauent expenence t	of having used Nyquil and by BAART lead Nurse to				
	use a different medicat	ion due to patient testing				
! !	positive for EtOH"	ion and to benderic tooking				
	4/25/19:					
	- Current dose of Meth	veh a nm 08 enobe				
-	- "Counselor and patie	nt reviewed nationt's				
ļr	ecent UDS results: 4/1	0/19 positive for EtOH;			an agenta	
1 3	3/13/19 negative; 2/25/	19 positive for EtOH."			i	1
-	- "Counselor complete	d a check of patient's NC				
10	CSRS - Patient continu	es to fill regular Klonopin				- 1
	Rx (QTY: 30, 0.5 mg, 1	5 days, last filled on			ĺ	
	1/16/19).					
	 "Patient reported "I wanted Service Regulation 	as nappy about the				-

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 80 NORTH MANQUIS STREET, SUITE 300 & 490 DURHAM, NO 27701 PROVIDER OR SUPPLIER BART COMMUNITY MEALTHCARE SON NORTH MANQUIS STREET, SUITE 300 & 490 DURHAM, NO 27701 PROVIDERS PLAN OF CORRECTION SECULATORY OR LIS IDENTIFYING INFORMATION) V112 Continued From page 16 progress I had made to taper my Methadone dose, but here in the last month, I have been waking up in the night with withdrawals, shaking terribly, sommach issues, issues going to the bathroom, sweating. 14 like to ask for a small increase to my Methadone 60 mg, a day. - "Courselor and patient reviewed patient's recent UDS results." 410719 positive for EICH1; 3/13/19 negative, 225/19 positive for EICH; """ - "Patient reported being give he has struggled to make progress toward his treatment goals due to his continued experience of physical health problems. Patient reported being give he has struggled to make progress toward his treatment goals due to his continued experience of physical health problems. Patient reported being confident that his May UDS results would be negative for all illicit substances and EICH" - "Quenselor and patient processed patient's recent experience increasing his Methadone dose only to immediately decreased due to excessive drowsiness, processed patient fears associated with overmedication." - "Patient reported having an MRI scheduled for tomorrow 8:45 and to assess stomach/liver pain he has had for about a week" 8/4/19; - Current dose of Methadone 60 mg, a day. - "Counselor and patient reviewed patient's recent UDS results: 4/70/19 positive for EICH1; 1726/19; - Current dose of Methadone 62 mg, a day. - "Counselor and patient reviewed patient's recent UDS results: 7/19/19 positive for EICH1; 1726/19; - Current dose of Methadone 62 mg a day. - "Counselor and patient reviewed patient's recent UDS results: 7/19/19 positive for EICH1; 1726/19 positive for EICH1, 4/10/19 positive for EICH1;	Division o	f Health Service Regu	lation			
MAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE_ZIP CODE 808 NORTH MANADUM STREET, BUITE 300 & 460 DUNHAM, NC 27701 (A4) D PRETEX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED OF YILL) PRESULTION OF DEFICIENCY MUST BE PRECEDED OF YILL RESULTION OF DEFICIENCY OF THE DEFICIENCIES (EACH OF DEFICIENCY OF THE DEFICIENCY OF THE DEFICIENCY) V112 Continued From page 18 progress I had made to taper my Methadone dose, but here in the last month, I have been walking up in the night with withdrawlas, shaking terribly, stomach issues, issues going to the bathroom, sweating. If dilk to ask for a smell increase to my Methadone dose today'" 5/30/19; — Current dose of Methadone 60 mg. a day, — "Counselor and patient reviewed patient's recent UDS results would be negative for all illicit substances and ECOH" — "Patient reported being confident that his May UDS results would be negative for all illicit substances and ECOH" — "Counselor and patient processed patient's recent experience increasing his Methadone dose only to immediately decrease due to excessive drowsiness, processed patient's recent upser and a sesses stomach/liver pain he has had for about a week" 8/14/19; — Current dose of Methadone 60 mg. a day, — "Counselor and patient reviewed patient's recent upser and a sesses stomach/liver pain he has had for about a week" 8/14/19; — Current dose of Methadone 60 mg. a day, — "Counselor and patient reviewed patient's recent UDS results: 4/10/19 positive for ECOH; 3/13/19 negative; 2/25/19 positive for ECOH; 3/13/19 negative; 2/25/19 positive for ECOH; 3/13/19 negative; 2/25/19 positive for ECOH; 7/26/19; — Current dose of Methadone 52 mg. a day, — "Counselor and patient reviewed patient's recent UDS results: 7/16/19 positive for ECOH; 7/26/19 positive for ECOH; 7/26/19 positive for ECOH; 7/26/19 positive for ECOH; 7/26/19 positive for ECOH; 7/26/19 positive for ECOH; 7/26/19 positive for ECOH; 7/26/19 positive for ECOH; 7/26/19 positive for ECOH; 7/26/19 positive					ONSTRUCTION	(X3) DATE SURVEY COMPLETED
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PREFIX TAG PREFIX TAG PRESULATORY OR LSC IDENTIFYING INFORMATION) V 112 Continued From page 16 progress I had made to taper my Methadone dose, but here in the last month, I have been waking up in the night with withdrawais, shaking terribly, stomach issues, issues going to the bathroom, sweating. I'd like to ask for a small increase to my Methadone dose to my Methadone dose to my Methadone dose today'' 5/30/19; — Current dose of Methadone 60 mg. a day, — 'Counselor and patient reviewed patient's recent UDS results: 4/10/19 positive for EIOH; 3/13/19 negative; 2/25/19 positive for EIOH, " — "Patient reported feeling like he has struggled to make progress toward his treatment goals due to his continued experience of physical health problems. Patient reported being confident that his May UDS results would be negative for all illicit substances and EIOH" — "Counselor and patient processed patient's recent experience increasing his Methadone dose only to immediately decreased use to excessive drowsiness, processed patient's fears associated with overmedication" — "Patient reported heaving an MRI scheduled for tomorrow 8/45 am to assesses stomach/liver pain he has had for about a week" 8/14/19; — Current dose of Methadone 60 mg. a day. — "Counselor and patient reviewed patient's recent UDS results: 4/10/19 positive for EIOH; 3/13/19 negative; 2/25/19 positive for EIOH; 3/13/19 negative; 2/25/19 positive for EIOH; 3/13/19 negative; 2/25/19 positive for EIOH; 3/13/19 negative; 2/25/19 positive for EIOH; 6/20/19 positive for EIOH; 6/20/19 positive for EIOH; 6/20/19 positive for EIOH; 6/20/19 positive for EIOH; 6/20/19 positive for EIOH; 6/20/19 positive for EIOH; 6/20/19 positive for EIOH; 6/20/19 positive for EIOH; 6/20/19 positive for EIOH; 6/20/19 positive for EIOH; 6/20/19 positive for EIOH; 6/20/19 positive for EIOH; 6/20/19 positive for EIOH; 6/20/19 positive for EIOH; 6/20/19 positive for EIOH; 6/20/19 positive for EIOH; 6/20/19 positive for EIOH; 6/20/19 positive for EIOH; 6/20/19 positiv	BAART CO	OMMUNITY HEALTHCAF) <u>F</u>		EET, SUITE 300 & 400	
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EtOH."	V 112	progress I had made dose, but here in the waking up in the nighterribly, stomach issubathroom, sweating, increase to my Metha 5/30/19; — Current dose of Metha 7/20/19; — "Counselor and parecent UDS results: 3/13/19 negative; 2/2—"Patient reported for to make progress to to his continued expiproblems. Patient rehis May UDS results: illicit substances and parecent experience in only to immediately drowsiness, process with overmedication—"Patient reported I tomorrow 8:45 am to he has had for about 6/14/19; — Current dose of Metha 9/10/19; /19/19/19/19/19/19/19/19/19/19/19/	to taper my Methadone last month, I have been at with withdrawals, shaking les, issues going to the I'd like to ask for a small adone dose today'" ethadone 60 mg. a day. Itient reviewed patient's 4/10/19 positive for EtOH; leeling like he has struggled ward his treatment goals due erience of physical health exported being confident that would be negative for all at EtOH" Intent processed patient's creasing his Methadone dose decrease due to excessive sed patient's fears associated" Inaving an MRI scheduled for assess stomach/liver pain that a week" Jethadone 60 mg. a day. It as a	V 112		

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Division	of Health Service Regu	lation			FORM APPROV
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X8) DATE SURVEY COMPLETED
		MHL032-412	B. WING	-	01/29/2020
NAME OF F	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	ATE ZIP CODE	O II E SI E DE U
PAARTO	OMBRIANTS HEAT THEAT	AAA 11AB		TREET, SUITE 300 & 400	
DAMK! U	OMMUNITY HEALTHCAF		M, NG 27701		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 112	Continued From page	17	.V 112		!
	Rx (last filled 7/13/19; days)." "Patient reported the	at he continues to taper at a			
	EtOH."	ent reviewed patient's 7/19 positive for EtOH; OH; 6/20/19 positive for ons to have blood sugar			
	client); Current dose of Meti "Counselor and patie recent UDS results: 8/7 7/19/19 positive for EtO EtOH." "Counselor complete CSRS - continues to fil	ent reviewed patient's 7/19 positive for EtOH; DH; 6/20/19 positive for d a check of patient's NC			
	No documentation of all October or November 2 Urine Drug Screens we (except for in May 2019 collected in the 21 monthrough 10/28/19, 14 wand 6 were negative.	re obtained monthly I), and of the 20 UDSs th period from 2/20/18		Ref. previous corrective action on	pg. 14
	Review on 1/27/20 of the Counseling notes reveated to strategies or intentional Regulation	led the following;			

Division o	f Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	S.	MHL032-412	B. WING		01/29/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DORESS, CITY, ST	ATE, ZIP CODE		
		800 NOR		TREET, SUITE 300 & 400		
BAART CO	MMUNITY HEALTHCAF	DURHAN	I, NC 27701			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
V 112	#1's continued UDSs - No strategies or inf #1's continued inges Klonopin. This deficiency is cro NCAC 27G .3601 Or	positive for alcohol. lerventions to address DC tion of the Benzodiazepine less referenced into 10A utpatient Opioid Treatment Type A1 rule violation and	V 112	A training was conducted on 2 address the regulations regard that results in an illicit substantal alcohol and what happens as the illicit screen.	ling any sceen ce to include	
V 233	provides periodic se individual an opportu changes in his lifest other medications all treatment in conjunct rehabilitation and me (b) Methadone and for use in opioid treatment in (c) For the purpose and other medication treatment shall be a doses for a period n (d) For individuals ophysiologically additionate and other medication methadone and other medication treatment shall be a doses for a period n (d) For individuals ophysiologically additionate one year before methadone and other use in opioid treatment methadone and other use in opioid treatment dispensed in exces	oid treatment facility rvices designed to offer the unity to effect constructive yle by using methadone or oproved for use in oploid ution with the provision of edical services. other medications approved utment are also tools in the shabilitation process of an	V 233			

Division	of Health Service Regu	ulation			FORM APPROVED
STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL032-412	B, WING		01/29/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	FATE ZIP CODE	01/29/20/20
BAARTO	OMMUNITY HEALTHCAP	555 Lea		STREET, SUITE 300 & 400	
572411	- TEALITOAL		A, NC 27701		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFIGIENCY)	BE COMPLETE
V 233	Continued From page	: 19	V 233		
	management failed to to affect constructive of lifestyle by using meth the provision of medic provide coordination of provide coordination of providers affecting 1 of reviewed (DC #1). The Review on 12/13/19 at record revealed the following for experience of male. — 64 year old male. — Admitted to the facility— Date of death 11/19/1— Last contact with clied 11/9/19 when he attern Methadone. — Last documented con 9/3/19. — This was the client's Treatment Program. — Diagnoses of Opioid to 20 year history of use chronic pain. — Switched to heroine was gram daily. — Had been a patient at management clinics (last 2017), but was discharguse of other medication— During his time in treated.	and record review the facility provide services designed changes in the client's hadone in conjunction with all services, and failed to a force with medical of 2 deceased clients e findings are: and 1/24/20 of DC #1's llowing information; by on 1/11/18. 19. ant at the clinic was on peted dose with his daily antact with Counselor first time in an Oploid Use Disorder - Severe, elabuse of opioids due to when medications became actively using 1/2 to 1 t 2 different pain st one ending in January ged due to continued illicit		During the course of treatment, to was not allowed to recieve any plas take home doses. The patient screened consistently and given tests on multiple occasions result refusals to dose. This is an example clinics repeated efforts to encour patient to discontinue the use of	rivileges such t was breathalyzer ting in multiple age the
ision of Health	Service Regulation				

Division o	Division of Health Service Regulation						
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL032-412	B. WING	~	01/29/2020		
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, ST				
BAART C	OMMUNITY HEALTHCAF	3E	TH MANGUM S , NC 27701	TREET, SUITE 300 & 400			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES IY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTS (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE		
V 233	Cross Reference: Ta .0201, GOVERNING Based on records refacility failed to ensure assure meeting of appractice were implemed to complement failed for the reviewed (DC #1). Cross Reference: Ta .0205, ASSESSMENTREATMENT/HABIL PLAN. Based on interview a management failed for the strategies and interviewed (DC #1). Cross Reference: Ta .3604, OUTPATIENTOPERATIONS. Based on interview a management failed from the arrow of the arrow of the strategies and interview and the strategies and interview and the strategies and interview and the strategies and interview and the strategies and interview and the strategies and interview and the strategies and interview and the strategies and interview and the strategies a	g V-105, 10A NCAC 27G BODY POLICIES. view and interviews, the re policies and procedures to oplicable standards of mented. g V-112, 10A NCAC 27G IT AND ITATION OR SERVICE and record review, the facility to develop and implement tentions to address the of 2 deceased clients ag V-238, 10A NCAC 27G IT OPIOID TREATMENT. and record review, the facility to ensure program reas of Individual Counseling, (UDSs) frequency, UDS s, take home doses of entation to the program reased clients reviewed (DC	V 233	Testing was done to identify ar use. Sessions were done to enpatient to address his identified was noted that a stated goal for was to primary care as noted of this report. The Medical Direct to keep this patient in the clinic we feel was the right decision with the finding that we failed to strategy that was the best for the strategy that was the best for the strategy that was the strategy th	courage the I needs. It I the patient In pg. 12 of or's decision I is one that and disagree o develop a		

Division	Division of Health Service Regulation FORM APPROVE					
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE	SURVEY
		MHL032-412	B. WING		01	/29/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE	1 017	2012020
BAARTC	OMMUNITY HEALTHCAR	800 NO		STREET, SUITE 300 & 400		
		DURHA	M, NC 27701			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(XS) COMPLETE DATE
V 233	Continued From page	21	V 233		***************************************	!
	taking Nyquil' writer in should take cough syn alcohol."	formed patient that he up that doesn't contain				
	am prior to dosing. Results000, Clien Methadone. No documentation rebreathalyzer test. 10/9/19 - Nurse's Note "Patient came in to do Nurse at first dosing with come to the second with (breathalyzer alcohol teleave clinic without BZ "Patient came back in closing asking if he count in a BZ would have to Patient stated that's who doesn't feel well stating "Patient did not perform to dosed today. UDS' positive for EtOH (alcohol BZ tomorrow." "Counselor notified by 10/10/19 - Nurse's Note	egarding reason for sose today early am - ndow advised patient to ndow to have BZ est). Patient elected to and dosing." n afternoon close to ald dose, Nurse informed be done prior to dosing. by he won't do the BZ, he he is sick." rm BZ and therefore was s 9/6, 7/19, 6/20/19 nol). Patient flagged for by BAART email."		A training was conducted with the staff on 2/27/2020 to ensure that complete the notes for any testing. They are aware that they should a patient if they percieve that the is not in an adequate physical contour recieve the medication. Ref. above corrective action	they g done. not dose patient	
-		eathalyzer test at 7;23 am		TOTAL ABOVE CONTROLLING MOUNT		
- t t	preathylized - patient vo	ld come back later to be			per e completations come are and a processor space pa	

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	х.	MHL032-412	B. WING		01/29/2020	
	ROVIDER OR SUPPLIER	800 NOR	DDRESS, CITY, STA	ATE, ZIP CODE TREET, SUITE 300 & 400		
BAART C	DMMUNITY HEALTHCAF	DURHAN	I, NC 27701			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
V 233	"Counselor notified 11/7/19 - Nurse's Not "Patient missed 2n voice mail at [phone patient, so unable to 11/8/19 - Nurses's Not Client was given a prior to dosing Results058, Clie "No dose due to po 3 (three) days." "Counselor has be incident report has be incident report has be Director)." 11/9/19 - Nurses's Notient prior to his dea "Patient present to hands shaky, stating have not drank in two days of dosing." Bre 9:08 am) .076 no do Patient has missed fill and patient has missed fill and patient after being abs death was reported despite having multipreathalyzer tests, a his Methadone dose	ient did not return to dose." per BAART email." e; d day of dosing. Patient's number] does not identify leave a message." ote; breathalyzer test at 7:43 am ent not dosed. ositive breathalyzers previous en informed, and a Level 1 een submitted to CD (Clinic ote (last clinic contact with oth on 11/19/19); dosing window; skin flushed, 'I should be fine today as I o days and missed three athalyser reading today (at ose given per protocol. our (4) days of dosing." ER (emergency room) for seizures." of DC #1's record revealed no by attempted outreach to the sent from the clinic until his (11 days later). This was pole recent positive alcohol and being unable to receive due to this. with the Medical Director	V 233	A Training was conducted on 2 and 3/2/2020 that covered the freiterating the procedures. The clinical staff are required to patient that misses two consecutions and any patient that misses 3 days requires an incident repowhich is reviewed by the Medicand Treatment Center Director returns after 3 consecutive mister they must be reinstated by the Director. The patients are discripted to reach out any those previous	collowing collow	
	and his Physician's neither of them were	Assistant revealed that informed of the positive			-	

Division	of Health Service Regu	lation			FOR	MAPPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	LE CONSTRUCTION	(X3) DATE	SURVEY
		IDENTIFICATION NUMBER:	A. BUILDING		COMPL	LETED
		MHL032-412	8. WING			
NAME OF D	ROVIDER OR SUPPLIER	Manage Ma			01/2	29/2020
I ISOME OF F	NOTIDER OR SUPPLIER			TATE, ZIP CODE		
BAARTC	OMMUNITY HEALTHCAR	h lad	, NC 27701	STREET, SUITE 300 & 400		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(005)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	SE IATE	COMPLETE
				DEFICIENCY)	N'C	
V 233	Continued From page	23	V 233	All positive tests are to be given t	o the	
	breathalyzer tests.			Medical Staff. Training was condi-	ucted on	
	Ellipino vo			this on		
	FINDING #2; Review on 1/27/20 of	DC #1's record revealed the			ļ	
	following information;	DD #1 3 100010 16460160 tile	THE STATE OF THE S			
İ	- A Release Of Inform	nation (ROI) dated 1/11/18,			i	
	signed by the dient pe information with his Pr	rmitting exchange of			į	
į	- A fax cover sheet in	dicating that the ROI was				
1	sent to the client's Phy	rsician.				
	The North Carolina	Controlled Culeaters				
		CSRS) was checked on			900	
	the following dates; 1/	11/18 (on admission to the			1 -Arbanda	
	program), 6/29/18, 10/	8/18, 1/16/19, 4/25/19,				
	report of his death.	e on 11/20/19 following the				
	- Results of the above	NC CSRS reports				
	revealed the client filled	d prescriptions every			-	
		ough 10/14/19 for Klonopin ce a day, and there were 4			1	
į	different prescribing Ph	ysician's for this Klonopin.			***	
1					***	
	1/29/18 - Medical Direc "Оп Gabapentin (Nei	aor note; urontin) 300 mg. TID (three		Ref. previous corrective action on	pg.7	
į	times a day) - no other	drugs"				
	12/19/18 - Medical Dire	otor noto:				
		ng. (of Methadone) and he				
	has been trying to tape	r"				
	· "Needs to go to group	os and get off alcohol and				
	oring in Kionopin script ng. every other day."	(prescription) - takes 0.5				
-	- "Patient is on Gabapa	entin (Neurontin) 300 mg.				
12	2 (tablets) TID (three tir	nes a day) - for nerve pain	2			
	only takes 2 (tablets) I Nyquil and PRN Klonop	BID (twice a day) and is on			1	
	ry qual talle i Talle (Clottop	·····				
	3/19/19 - Counselor No	(5)				
	- "Patient reported havi	ng completed an MRI			ļ	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A, BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL032-412	B. WING		01/29/2020
	PROVIDER OR SUPPLIER	800 NOR	DDRESS, CITY, STA TH MANGUM STA I, NC 27701	TE, ZIP CODE FREET, SUITE 300 & 400	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PRO			PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETE	
V 23	(magnetic resonance local hospital) on 3/1 Primary Care Provide episodes of shortnes that his Mother had the was alive" 4/25/19 - Counselor " [DC #1] reports provider started him medication last monduring one of [DC #1] No documentation received by the clien No documentation were made to estable Physician, or obtain DC #1. Review on 1/24/20 writter revealed the following "What immediate accensure the safety of The Clinic Director von Monday, January of Protection due to [DC #1's patient nur contributed to his decompositive UA (urinally Benzodiazepines to The Clinical Direct Management Team	imaging test) at [name of 4/19 per follow-up from his er concerning patient's s of breath. Patient reported we heart attacks while she note; that his primary care on a new blood pressure the due to an irregularity found 's] MRI" that any information was it's Physician. that any additional attempts ish contact with this any medical information on the Plan Of Protection in by the Clinic Director in ginformation; tion will the facility take to consumers in your care? will meet with counseling staff if 27, 2020 to discuss the Plan possible neglect of patient inber] that could have eath. In this point forward will review in results for all patients seload and communicate any sis) results for the Clinical Director. or will call a meeting with the that includes the Medical	V 233	Training was conducted of Coordination of Care (Coordination of Care (Coordination) improved upon. The clinic is also recuriting that will also serve a role of Care liaison for the clinic will have a background in to establish contacts in the the needs of our referred	c) and how this can be g for a clinician as the Coordination ic. This person CoC and work e area that meet
	Benzodiazepines to - The Clinical Direct Management Team Director to discuss	the Clinical Director. or will call a meeting with the that includes the Medical next steps for the patient, on of care with the patient's			

Division	of Health Service Regu	lation			FORM APPROVED
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	1.0.		COMPLETED
		The state of the s			1
		MHL032-412	B. WING		01/29/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE 712 COOK	1 01/20/2020
			- 10 m		
BAARTC	OMMUNITY HEALTHCAF	N, Seen.	A, NG 27701	TREET, SUITE 300 & 400	
(X4) ID	CIMMANDVCT	ATEMENT OF DEFICIENCIES		1	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I	BE COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	IATE DATE
				DEFICIENCY)	
V 233	Continued From page	25	V 233		
	- The Medical Directo	r will meet with each patient			İ
	who presents with a p	ositive Benzodiazepine			ĺ
1	result at least once a				
!		and continued coordination			<u> </u>
	of care.				ì
į	- Counselors will conti	nue to meet with patients			
		positives at least twice a			ì
į	month to monitor patie	ent progress.	distribution of the control of the c		I
	- Counselors will deve	lop a spreadsheet of the			i
1		will submit it to the Clinic			,
į		each counseling session			į
	Medical Director."	wards patient follow up with			
	DC #1 had a 20 year h	istory of Opiate use and			
	misuse with Heroin us				İ
		and Benzodiazepines on			İ
		ion to his Methadone for			
		on to this issue, and during	1 1		
j	that extended period, h	ne was administered			
	Methadone at or above	what the facility's policy			. Percentage
	states is safe thereby	creating an additional risk			
1	of over sedation and he	eart irregularities.			
Ì	The facility failed to coo	ordinate care with the			
	prescriber of the client				
		ed in the 21-month period			
	for Alcohol and 6 were	0/28/19, 15 were positive			
	He began continuously				
		id had 7 consecutive urine			
1	drug screens positive for	or alcohol prior to his death			
	on 11/19/19.	9	1 1.	Nul.	
į n	There were no goals or	strategies developed or		The patient was given multiple bre	athalyzer
1	mplemented to address	s his alcohol use. Weekly	1	tests and was not allowed to dose	on multiple
l	urine drug screens wen	e never implemented, and		occasions due to his alcohol use.	The patient
		not indicate attention to		was denied privileges as a result o	falcohol
	nis alcohol or Benzodia			use.	
		at the facility for almost 2			
	years (1 year and 10 mg				
	adhere to multiple clinic	policies and			

Division o	f Health Service Regu	lation			
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL032-412	B. WING		01/29/2020
NAME OF PE	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STATE	E, ZIP CODE	
5 1 1 T 7 O	SHEEL BALLTSO LOCAL TILC AE		TH MANGUM STE	REET, SUITE 300 & 400	
BAARIC	DIMINUNITY HEALTHCAF	DURHAM	, NC 27701		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 233	Continued From page	≥ 26	V 233		
	this client at a signific	es and regulations placed cant increased risk of entral nervous system or fatal			
	serious neglect and r days. An administrat imposed. If the viola 23 days an additiona \$500.00 per day will	pe A1 rule violation for must be corrected within 23 tive penalty of \$15,000.00 is tion is not corrected within I administrative penalty of be imposed for each day the diance beyond the 23rd day.			
V 238	10A NCAC 27G .360 TREATMENT. OPEF (e) The State Authorapproval on the follo (1) compliance law and regulations; (2) compliance standards of practice (3) program st service delivery; and (4) impact on treatment services in (f) Take-Home Eligit comprehensive main requests unsupervis methadone or other treatment of opioid a specified requirement treatment. The clier requirements for con and must demonstra the specified time po any level increase.	rity shall base program wing criteria: with all state and federal with all applicable ructure for successful the delivery of opioid the applicable population.	V 238		

	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY
		MHL032-412	s. wing		0.	1/29/2020
ME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		172312020
		****		EET, SUITE 300 & 400		
AART C	OMMUNITY HEALTHCA		W, NG 27701	inni, out the above above		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIEI	THE APPROPRIATE	(X5) COMPLE DATE
V 238	Continued From page	e 27	V 238			
	attend a minimum of	two counseling sessions per				
	month. After the first	year and in all subsequent				
	years of continuous to	reatment a patient must				i
1		one counseling session per				
;	month.					
į	(1) Levels of El	igibility are subject to the				
ĺ	following conditions:	2 , , , ,	1. 1			
	(A) Level 1. Du	ring the first 90 days of				
		the take-home supply is				1
1		e each week and the client				į
	shall ingest all other of	loses under supervision at				1
1	the clinic;	•				1
1	(B) Level 2. Aft	ter a minimum of 90 days of				
í	continuous program o	ompliance, a client may be			*	
		m of three take-home doses				
		ner doses under supervision				
	at the clinic each wee					
	(C) Level 3. Aft	er 180 days of continuous				
	treatment and a minim					1
	continuous program o	ompliance at level 2, a				
	client may be granted	for a maximum of four				
		shall ingest all other doses				
	under supervision at the					
	(D) Level 4. After	er 270 days of continuous				
	treatment and a minim					
	continuous program co					į
	client may be granted					
i	take-nome doses and	shall ingest all other doses				
	under supervision at th					1
1		er 364 days of continuous				
	treatment and a minim	ompliance, a client may be				
1	ranted for a maximum	on of six take-home doses		KI		
13	and shall ingest at leas	t one dose under			-	
	supervision at the clinic					
		r two years of continuous				
	reatment and a minim					W
10	continuous program co	mpliance at level 5, a				
1	client may be granted f	or a maximum of 12				
1	may be granted	S. S. INDAMINATION TO	1			

Division o	f Health Service Regu	ilation			
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL032-412	B. WING		01/29/2020
NAME OF PE	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, ST	ATE, ZIP CODE	
			TH MANGUM S	TREET, SUITE 300 & 400	
BAART CO	MMUNITY HEALTHCAF	DURHAN	A, NC 27701		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 238	Continued From page	e 28	V 238		
	take-home doses and	d shall ingest at least one			
		ion at the clinic every 14		physics in the second district of the second	
	days; and				
	(G) Level 7. A	fter four years of continuous			:
	treatment and a mini	mum of three years of			
		compliance, a client may be			
	and shall ingest at le	um of 30 take-home doses			1
	supervision at the cli	nic every month			
	(2) Criteria for	Reducing, Losing and	***************************************		
	Reinstatement of Tal				
	(A) A client's ta	ke-home eligibility is reduced			
1	or suspended for evi	idence of recent drug abuse.			
	A client who tests po	sitive on two drug screens			
		od shall have an immediate			
		y by one level of eligibility;			
		no tests positive on three drug ame 90-day period shall have	1		
	all take-home eligibil				
		atement of take-home			
		termined by each Outpatient		1 3	į
	Opioid Treatment Pr				
10	(3) Exceptions	s to Take-Home Eligibility:			
	(A) A client in t	the first two years of			
		nt who is unable to conform to			
	the applicable mand	latory schedule because of			
	exceptional circums	tances such as illness,	and the second		
	personal or family of	risis, travel or other hardship			
	may be permitted a	temporarily reduced schedule ty, provided she or he is also			
	found to be respons	ible in handling opioid drugs.			
		involving a client with a			
	verifiable physical d	isability, there is a maximum			
1	of 13 take-home do	ses allowable in any two-week			
	period during the fire	st two years of continuous			
	treatment.				į
		ho is unable to conform to the			į
		ry schedule because of a			
	veritiable physical d	lisability may be permitted			
1	i		1	7014	1

Division of Health Service Regulation					
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:_		COMPLETED
		A CONTRACTOR OF THE CONTRACTOR			
		MHL032-412	B, WING		01/29/2020
NAME OF P	ROVIDER OR SUPPLIER	CTOCCT	I DEDEGO OIN (A		01/29/2020
BAARTC	OMMUNITY HEALTHCAR			REET, SUITE 300 & 400	
			M, NG 27701		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION	
TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	
				DEFICIENCY)	IMIE DAIE
V 238	Continued From page	20	V 238		
			0 230		
	additional take-home	eligibility by the State			
	authority. Clients who	are granted additional	1 1		
		ue to a verifiable physical			
	disability may be gran				i
		home medication and shall			! !
-	make monthly clinic vi				I
	(4) Take-Home	Dosages For Holidays:			
i	Take-home dosages o				
		for the treatment of opioid			
-	addiction shall be auth	dual dient basis according			
	to the following:	rual chent basis according			
		one-day supply of			
		edications approved for the			
	treatment of opinid add	diction may be dispensed			
	to each eligible client (recerdless of time in	1 -		
-	treatment) for each sta	ite holiday			
		n a three-day supply of			
	T 178	edications approved for the			i I
		diction may be dispensed			
		cause of holidays. This			
	restriction shall not app				
		edications at Level 4 or			
;	above.				
:	(g) Withdrawai From N	fledications For Use In			
- 1	Opioid Treatment. The				j
		done or other medications			
	approved for use in opi				
	discussed with each cli				
	treatment and annually				
		Random testing for alcohol			
	and other drugs shall b	e conducted on each			
1 8	active opioid treatment	client with a minimum of			-
		ach month of continuous			
1 1	reatment. Additionally,	In two out of each			La Carlo
	hree-month period of a				
	will be observed by acc	east one random drug test gram staff. Drug testing is			
1	o include at least the fo	yram stan. Drug testing is			
1,	o morado ar least tile it	nowing. opidius,			;
fision of Health	Service Regulation				

Division o	f Health Service Regu	lation			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL032-412	B. WING		01/29/2020
NAME OF PE	ROVIDER OR SUPPLIER		DRESS, CITY, STAT		1
BAART CO	DMMUNITY HEALTHGAF	2F	NC 27701	REET, SUITE 300 & 400	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
	Continued From page methadone, cocaine, amphetamines, THC. alcohol. Alcohol testi by either urinalysis, be alternate scientifically (i) Client Discharge Fibe discharged from the dependent upon methapproved for use in collent is provided the the drug. (j) Dual Enrollment Fibroutpatient opioid add which dispense Metrice Levo-Alpha-Acetyl-Mipharmacological age Drug Administration addiction subsequent required to participat Registry or ensure the enrolled by means or exchange with all op within at least a 75-n program. Programs participate in a computational pagement and Wisystem as established State Authority for Octoid Treatment Princedures and document the procedures. A divertitle following element (1)	barbiturates, benzodiazepines and ing results can be gathered ireathalyzer or other valid method. Restrictions. No client shall he facility while physically hadone or other medications upioid treatment unless the opportunity to detoxify from Prevention. All licensed liction treatment facilities hadone, lethadol (LAAM) or any other int approved by the Food and for the treatment of opioid to November 1, 1998, are let in a computerized Central hat clients are not dually f direct contact or a list licid treatment programs hille radius of the admitting are also required to outerized Capacity laiting List Management led by the North Carolina pioid Treatment. In Plan. Outpatient Addiction orgams in North Carolina are and maintain a diversion of program operations and olian in their policies and leion control plan shall include	V 238	DEFICIENCY	
		articipation in the central			

CO2M11

STATEMEN	of Health Service Regi of OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE SURVEY	
IND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
		MHL032-412	B. WING			<i>i (</i> 20./20.00
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	719 CODE	1 0	1/29/2020
		244 1101		REET, SUITE 300 & 400		
AARI U	OMMUNITY HEALTHCA		M, NC 27701			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPL DATE
V 238	Continued From page	31	V 238	White the same of		
	(2) call-in's for I	bottle checks, bottle returns				İ
	or solid dosage form	callin's.				
		drug testing;				
		results that include a				
	review of the levels of	methadone or other				1
		for the treatment of opioid				!
-	addiction;					į
1	(5) client attendance minimums; and					
		to ensure that clients				1
	properly ingest medica	ation.				ļ
į			1			!
i						į
						i
1						į
!	This Rule is not met a	is evidenced by:				P STORY
-		d record review, the facility				
İ	management failed to	ensure program				
	compliance in the area	s of Individual Counseling,				
4	Urine Drug Screens (L	JDSs) frequency, UDS				İ
1	testing requirements, t	ake home doses of				i
i	Methadone and orienta	ation to the program				
		sed clients reviewed (DC				1
	#1). The findings are:					
i	Review on 12/13/19 ar	nd 1/24/20 of DC #1's				
	record revealed the fol					1
	- 64 year old male.	-				
	 Admitted to the facilit 	ty on 1/11/18.				}
	- Date of death 11/19/					:
	 Last contact with clie 					į
	11/9/19 when he attem	pted dose with his daily				
	Methadone.					
	 Last documented cor 	ntact with Counselor				
4	9/3/19. This was the allest's:	first time is an Calaid				
	 This was the client's Treatment Program 	mst ame in an Obiola				
		Use Disorder - Severe.				
		use bisorder - Severe. 2/abuse of opioids due to				
	- 20 year restory or use chronic pain.	adulac of obiolog die to				
	h Service Regulation					

P. 034

Division o	of Health Service Regu	lation				
STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		SURVEY
		MHL032-412	B. WING	G01/29/2020		
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	ODRESS, CITY, STA	TE, ZIP CODE		
			TH MANGUM S'	TREET, SUITE 300 & 400		
BAARTC	OMMUNITY HEALTHCAR	DURHAI	W, NC 27701			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCE	ON SHOULD BE HEAPPROPRIATE	(X5) COMPLEYE DATE
V 238	Continued From page	e 32	V 238			
	Switched to hemin	e when medications became				
		as actively using 1/2 to 1		4		-
	gram daily.	, , , , , , , , , , , , , , , , , , , ,				
	- Had been a patient					!
	management clinics	(last one ending in January				
	use of other medicati	arged due to continued illicit				
	- During his time in t					
		with no take-home doses of				
	Methadone earned.					
	FINDING #1 - (Indivi	dual Counseling				
	requirements: "during	g the first year of continuous				
		t attended a minimum of two				
		per month, and after the first				
	year of treatment att					
		of DC #1's record revealed the				
	following information					-
		on to the program on 1/11/18				
		selor #1 was assigned to his		İ		
		did not have a consistent				
	assigned Counselor.					
		with the client in February. 8 (prior to Counselor #1	- 1			
	becoming responsib	le in June 2018).				
	There was no doc	umentation of any contact				1
	with a Counselor in					
	Additional review on	1/24/20 of DC #1's record				
	revealed the following					
		with him 1 time a month	1			
		of treatment for individual				
		lowing months: June, , December 2018 and in				
	January 2019.	, Decelline 2010 and its				
		cumentation of any individual				
1		August or September 2019				
	during his first year	in treatment.				
	During each of the	e above documented				

Division	of Health Service Regu	ulation			FUR	MAPPROVE
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE COMP	SURVEY
		MHL032-412	B. WING		01/	29/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S'	TATE 250 CODE	7 017	#U12020
		800 NO		STREET, SUITE 300 & 400		
BAART C	OMMUNITY HEALTHCAF	N.Low	M, NG 27701	TREET, SUITE 300 & 400		
(X4) ID PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	IO PREFIX	PROVIDER'S PLAN OF CORRECTS (EACH CORRECTIVE ACTION SHOUL		(X5)
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)		DATE
V 238	Tarimitan () o m page		V 238			
	individual counseling the client reviewed his	sessions, Counselor #1 and s UDS results.	and the second s			T C C C C C C C C C C C C C C C C C C C
		DC #1's record revealed the		Dof maniana and day		
1	following information;	data below of standard and		Ref. previous corrected action o	n pg. 14	
	during his second year	vith him 1 time a month or of treatment for individual				
1	counseling in the follow	wing months: February,				
	March, April, May, Jur					
	September 2019.					
-	- During each of the a	bove documented				
	the client reviewed his	sessions, Counselor #1 and				
		nentation of any individual		Pof corrective entire an au 44		
	counseling in October	or November 2019 during	-	Ref. corrective action on pg. 14		
į	his second year in trea	tment despite his last 7				
	UDSs being positive for				1	
	Interview on 1/24/20 w the following information	ith Counselor #1 revealed	The second secon			
	He was hired by the				- 1	
	He had been DC #1"	s Counselor since 6/29/18.			i	
}.	DC #1 had not been	attending Individual			į	
	Counseling the last fev	v months of his treatment			{ [
		medical problems, and him			į	
1.0	having to attend to the	T. (T.)		Attempts were made to get the	actions to	
	He did not provide an	ny further information ling the required amount of		attend the required sessions. The	a helief	
1	Individual Counseling r	prior to his last few months		was withholding his dose would	nut the	
	n treatment.	TO THE MAIN TOTAL STREET		patient at greater risk.	partito	
1	FINDING #2 - (Urine D	rug Screening				
ı	equirements: "Randon	testing for alcohol and				
	other drugs shall be con	nducted on each active				
ļ	pioid treatment client	with a minimum of one				
	andom drug test each	month of continuous				
	reatment");	0 141.				
		C #1's record revealed the				
	ollowing UDS results; 2/20/18 - Negative.					
Name and Address of the Owner, where the Owner, which is the Owner,	Service Regulation		1	Control of the contro	i	

Division o	f Health Service Requ	lation			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL032-412	B. WING		01/29/2020
NAME OF PE	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		800 NORT	H MANGUM S	REET, SUITE 300 & 400	I
BAART CO	OMMUNITY HEALTHCAF	RE DURHAM	NC 27701		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 238	Continued From page	e 34	V 238		
	3/5/18 - Negative.				
	4/9/18 - Negative				
	5/23/18 - Positive fo	r Alcohol.			İ
	6/22/18 - Positive fo	r Alcohol.			Ì
	7/10/18 - Positive for	Alcohol.			
	8/27/18 - Positive for	Alcohol.			
	9/24/18 - Negative.				
	10/24/18 - Positive fo				ı
	11/9/18 - Positive for	Alcohol.			
	12/14/18 - Negative.	Alaskal			
	1/18/19 - Positive for				
	2/25/19 - Positive for 3/13/19 - Negative.	Alcohor			
	4/10/19 - Positive for	Alcohol			
		obtained (this results in a			
	positive result).	bottomod (that tooling to a			
	6/20/19 - Positive for	Alcohol.			
	7/19/19 - Positive for				
	8/17/19 - Positive for				
	9/3/19 - Positive for	Alcohol.			
	10/28/19 - Positive for	or Alcohol.			
		ected in the 21 month period			İ
		10/28/19, 15 were positive			
	for Alcohol and 6 we	re negative.			
	All of these UDSs w	are tected for		Ref. previous corrective action of	on pg.7
		d the results were negative.	A STATE OF THE STA		
	FINDING #3 - (UDS	Requirements: "Drug testing			
		the following: opioids,	1		
10.3	methadone, cocaine				
		, benzodiazepines and			
		ting results can be gathered			
	by either urinalysis,	breathalyzer or other			Ì
	alternate scientifical	ly valid method.");			1
	Review on 1/27/20 of	of DC #1's record revealed the			
	following information				
		DSs were tested for			
1	Benzodiazenines ar	nd the results were all		1	1

Division	of Health Service Regi	ulation			FO	RM APPROVED
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	O(3) DAT	E SURVEY
ANDPLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
				7,		
		MHL032-412	B. WING			1/29/2020
NAME OF P	PROVIDER OR SUPPLIER	Crystal by Lands			1 01	1/29/2020
		000 1/00	ODRESS, CITY, STATE	President Str. Materials		
BAARTC	OMMUNITY HEALTHCAI	75	O, NC 27701	EET, SUITE 300 & 400		
(X4) ID	SHMMADVCT	ATEMENT OF DEFICIENCIES	, , ,			
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT)	CORRECTION ION SHOULD BE	(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO T	HE APPROPRIATE	DATE
				DEFICIENC	מ	i i
V 238	Continued From page	35	V 238			
	negative.					
		Controlled Substance				
	Reporting System (No	C CSRS) was checked on				
3	the following dates; 1,	/11/18 (on admission to the				1
1	program), 6/29/18, 10	V8/18, 1/16/19, 4/25/19,				
		ne on 11/20/19 following the				
!	report of his death Results of the above	o NC CORP ranada				
1	revealed the client file	e NC CORO TEPORIS				1
	month from 4/11/18 th	rough 10/14/19 for Klonopin				i
	0.5 mg. to be taken tw	vice a day, and there were 4				
1	different prescribing P	hysician's for this Klonopin.				
1						
		the "Patient Handbook"				
i	revealed the following	admission to the program				
	"There are several r	nedications that you should				
ļ	not take while on Meth	nadone Other dangerous				
	medications to take with	nile on Methadone are				
99	Benzodiazepines Th	ese medications all				
1	depress the heart rate	and respiratory (breathing)				
1	systems Methadone	depresses these systems				
į	as well so there is an i	ncreased risk of overdose ning these medications"				
	"Many prescription d	rugs have possibly fatal				!
i	results if combined with	h Methadone including		i		j
1	Benzodiazepines."	-				
	"Alcohol also depres	ses your heart rate and				
	respiratory systems. It	also interferes with the				
	breakdown of Methado	one in your system and may				1
	cause overmedication					
		RT has a zero tolerance This is because alcohol				
	mixed with Methadone				-	
		3: You will be assigned a				
10	Counselor and you will	see this Counselor				
r	regularly. Regularly co	uld be a couple of times				
	per week or it could me	ean once per month; it				
9	depends on your individ	dual needs, how long you				1
	nave been in treatment	and what medications you				

Division of	f Health Service Requ	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE S	
AND PLAN O	FCORRECTION	The task to a ready to the control to the state of	A. BUILDING:			
		*****	B. WING		01/3	29/2020
		MHL032-412			1 1111	
NAME OF PE	ROVIDER OR SUPPLIER		DRESS, CITY, STATE			
DAADT CC	MMUNITY HEALTHCAF			REET, SUITE 300 & 400		
DAMIN CO		DORHAM	, NC 27701			1 2/0
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO	DULD BE	(X5) COMPLETE
PREFIX TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APP DEFICIENCY)	ROPRIATE	DATE
						-
V 238	Continued From page	e 36	V 238			
	are taking."					
	"Drug Testing: You	will be required to provide				
	urine samples to test	for illicit drug use, no less				
		Urinalysis results are				
	useful in making dec your medication and	isions about your health.				
	your medication and treatment."	your overall success				
	u camen.		1			
	Review on 1/27/20 o	f a form called "Patient				
	Acknowledgement o	f Benzodiazepine Policy"				
	signed by DC #1 on					
	following information	eated with Methadone and				
	use Benzodiazepine	s (such as: Valium, Xanax,				
	Ativan, Klonopin))	ou may increase your				
	chances of accident	s and injuries to yourself or				
	others and also poss	sible death by overdose"				
	"Any use of these	medications without a ption on file with the program				
	is considered 'illicit L	use' and is considered				
	non-compliance with	program expectations"				
	- "Use of these med	dications while also taking				100
	Methadone, even w	ith a prescription, still carries				
	risks. Clouded think	ding and slowed reactions can to recognize by the person	and the second s			1
	involved in addition	n, these medications all have				
	the potential for abu	ise and dependence,		04		
	particularly in individ	duals with histories of				ł
	addiction"					
	Daylow on 4/04/00	of The Substance Abuse and	and the second			
	Mental Health Seni	ices Administration (SAMHSA)				
	and The Center for	Substance Abuse Treatment				
		revealed the following				
	information;					
		types of UDSs, a screening				
	and a confirmatory	test.	_			
		assay (IAs = screening) tests /drug metabolites (what a				
	substance become	s when the body breaks it				

Division	of Health Service Regu	lation			FO	RMAPPROVED
	T OF DEFICIENCIES	(X1) PROVIDER/GUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	CX3) DAT	E SURVEY
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
		MHL032-412	B. WING			1/00/0000
NAME OF P	ROVIDER OR SUPPLIER		LODECCO AIDA OTAT	70000	1 01	//29/2020
	MANNEY BU DOLLFIEL		ADDRESS, CITY, STATE			
BAARTC	OMMUNITY HEALTHCAR			EET, SUITE 300 & 400		
	,		M, NC 27701			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL	io l	PROVIDER'S PLAN OF CO		(XS)
TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE		COMPLETE
			1 1/10	DEFICIENCY)		DATE
V 238	Continued From page	37	V 238			
			V 250			
	down).					
	Confirmatory tests det					
	absence, and concent	ration, of a specific	1			
	medication/drug.					i
	Clinicians need to und	erstand that initial testing				
		optive results that can be				
	confusing with potentia	al false-positive and				1
1	false-negative results.					
į	All Initial testing con-	ducted with IAs need to be				
į	with potential false per	e and can be confusing				1
-	resulte Clinician no	sitive and false-negative d to use clinical judgment,				
į	nationt history and col	laborative information to				
	decide whether confirm	natory testing is necessary				
!	for optimal patient care	Confirmatory teeting				
-	should always he cond	lucted when making legal,				
1	forensic, academic, em	tolovment or other				
i	decisions that have sig	nificant ramifications.	1 1			i
į	- Cutoff values for UD	Ss define the				
-		to produce positive results				
	for IAs and confirmation	n testing. Results lower				
	than the established cu	toff values are reported as				
	negative. Therefore, a	negative result does not				!
	indicate that a substant	ce is not present, but that				
1	the concentration was I	ower than the established				
1	cutoff concentration.					
		widely prescribed for use				
	as sedatives, hypnotics					
1	anticonvulsants, and m	uscle relaxants. Because				
		ties, Benzodiazepines are				
		abused, and chronic use				
	can lead to physiologica					
		for Benzodiazepines is				
	commonly used to chec					
		use/misuse or to identify				
		e or emergency situations.				
i.	- perizudiazepines are	secondary to opiates in				
		overdose situations and				
	are commonly prescribe				ļ	
	h Service Regulation	of the widespread use of	1			

Division o	f Health Service Regu				(VO) DATE BUILDING
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ci		(X3) DATE SURVEY COMPLETED
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:			
		MHL032-412	B. WING		01/29/2020
			DRESS, CITY, STA	TE ZIR CODE	,
NAME OF PI	ROVIDER OR SUPPLIER				
BAARTC	OMMUNITY HEALTHCAF	DE .		REET, SUITE 300 & 400	
MUNITED IN		DURHAW	I, NC 27701		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL)	
PREFIX TAG		LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	CROSS-REFERENCED TO THE APPROP	
ina				DEFICIENCY)	
	S	- 00	V 238		
V 238	Continued From pag	e 38	V 256		
	Benzodiazepines, it i	s important that clinicians			
	evaluate patient's me	edication regimen extensively			
	when evaluating UDS	S results. Interpretation of			
	urine Benzodiazepin	e IAs can be complex due to			
	Benzodiazepine's me	etabolic pathway, half-life,			
	potencies and the inc	ability to differentiate			
	between individual B	enzodiazepines.			
	There are 2 signific	cant limitations of			
	Benzodiazepine IAs	that may lead to			
	false-negative result	s: (1) the IA's inability to			
	(etabolites and (2) high cutoff			
	values.				
	The importance of co	onfirmatory testing is			j
		re an accurate and reliable			
I	UDS result.				
		with the SOTA (State Opioid			į ·
	Treetment Authority	Coordinator revealed the			
	following information				
	She confirmed that				
		IDSs obtained from clients			
	have the capability of				
	Benzodiazepines.	7, 20, 20 mig 101 on		· ·	
		oin does not show up on a		Ref. corrective action on pg. 7	
	screening UDS (IAs				
		o do confirmatory testing on			
	clients known to have				
	Benzodiazepines ar	nd other medications that do			
	not show up on their	r standard screening UDSs			
	(some Benzodiazep	ines, Fentanyl, some sleeping	-		
	pills, etc.).		1		
	- Without the confir	matory testing the clinic can't			V
	accurately address	the use of these medications			
	with clients.				
	- The risk of respira	atory depression, and even			
	death while taking I	Methadone is increased with	- Transaction		-
	combined use of the	ese medications.			İ
		0 with the Medical Director			
	revealed that he ha	d instructed DC #1 to bring in			į

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL032-412	B. WING_		01/29/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, S	TATE, ZIP CODE		
	O775011111111111111111111111111111111111	000 100		STREET, SUITE 300 & 400	•	
SAAK! L	OMMUNITY HEALTHCAP	7C	W, NC 27701	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMP	
V 238	Continued From page	39	V 238		· ·	
	his Klanonin to the oli	nic. (This is reflected one				
		Director saw the client on			in a second	
ĺ	12/19/18 *See Tag V-		A Thirties			
i	Policies for further spe				İ	
	Interview on 1/24/20	with Counselor #1 revealed				
		casion requested that DC				
		ption or the bottles with his		2	1	
1	Klonopin in them for n	eview by the medical staff.			and the same of th	
The state of the s	Interview on 1/24/20 with the Clinic Director					
	revealed she was not aware that DC #1 had not					
ŀ		prescription and/or his bottle			1	
		nursing staff to review.			1	
.	Interview on 1/24/20 v	vith the Physician's				
1	Assistant revealed that	t ideally clients should bring		1		
		ibed controlled substances				
		w it to the nursing staff				
-	when they are about h	alf way done with it, then				
	the nursing staff can in client's are taking the i	nore accurately determine if medications as prescribed.				
ļ					1	
		ff interviewed were able to		Ref. corrective action on pg. 26		
į	was not followed for D	d substance procedure			ë -	
tor come	AND HOLIOMORING IN D	∪π 1.		,	Page 14. V	
		ith Counselor #1 revealed		-	-	
	no one on DC #1's tres				university of the second	
		ay need a higher level of				
	care.					
	FINDING #4 - (Take-H	ome Eligibility: "Any client				
1	in comprehensive mair	itenance treatment who				
1	requests unsupervised	or take-home use of			į	
		edications approved for				
	treatment of opioid add				i	
	specified requirements					
	treatment. The client m requirements for contin					
	h Service Regulation	iuuus program	1			

STATEM	n of Health Service Reg ent of deficiencies an of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL032-412	B. WING		01/29/2020
	F PROVIDER OR SUPPLIER	ARE 800 NOR	A commence	TE, ZIP CODE REET, SUITE 300 & 400	
(X4) II PREF TAG	SUMMARY X (EACH DEFICIEI	DURHAN STATEMENT OF DEFICIENCIES NOY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V2	Benzodiazepine Porevealed the follow "Patients using Be prescription will not dosages" Review on 1/27/20 following documen 9/12/18; "Miscellaneous - Plan to prevent a patient signed the "The patient will 9/16 (3 days) at the was offered addition of emergency" (I overdoses of Methodients who have dote 12/7/18; "Miscellaneous Plan to prevent a patient signed the clients who have dote 12/7/18; "Miscellaneous Plan to prevent a patient signed the "The patient will 12/10/18 (2 days patient was offered case of emergence Based on review of counseling session UDS results, the deligible for any take during his stay in the triple of the stay in the stay in 1/24/10/18 (2 days patient was offered case of emergence Based on review of the stay in the stay in 1/24/10/18 (2 days patient was offered case of emergence Based on review of the stay in 1/24/10/18 (2 days patient was offered case of emergence Based on review of the stay in 1/24/10/18 (2 days patient was offered case of emergence Based on review of the stay in 1/24/10/18 (2 days patient was offered case of emergence Based on review of the stay in 1/24/10/18 (2 days patient was offered case of emergence Based on review of the stay in 1/24/10/18 (2 days patient was offered case of emergence Based on review of the stay in 1/24/10/18 (2 days patient was offered case of emergence Based on review of the stay in 1/24/10/18 (2 days patient was offered case of emergence Based on review of the stay in 1/24/10/18 (2 days patient was offered case of emergence Based on review of the stay in 1/24/10/18 (2 days patient was offered case of emergence Based on review of the stay in 1/24/10/18 (2 days patient was offered case of emergence Based on review of the stay in 1/24/10/18 (2 days patient was offered case of emergence Based on review of the stay in 1/24/10/18 (2 days patient was offered case of emergence Based on review of the stay in 1/24/10/18 (2 days patient was offered case of emergence Based on review of the stay in 1/24/10/18 (2 days patient	of the clinic's "Medical - olicy" (Updated on 8/13/18) ing information; ienzodiazepines by receive any Take-Home of DC #1's record revealed the tation; The patient read the Safety cossible overdose and signed bod how to remain safe. The Safety Plan" pick up take homes for 9/14 - e dosing window. The patient onal NARCAN to have in case NARCAN is the antidote to adone and is used to revive ied from an overdose) The patient read the Safety cossible overdose and signed bod how to remain safe. The Safety Plan" pick up take homes for 12/9/18) at the dosing window. The d additional NARCAN to have in y" of the above individual ons, and the client's monthly dient should not have been the home doses of methadone	V 238		

Division	of Health Service Regi	ulation			101	RM APPROVE
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MHL032-412	B. WING		01	/29/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DORESS, CITY, STATI	E. ZIP CODE		720720
DAADT A	OBSESSION OF A THE A	800 NOE		REET, SUITE 300 & 400		
DAART C	OMMUNITY HEALTHGAI	No.	A, NC 27701	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIPYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE 'HE APPROPRIATE	(XS) COMPLETE DATE
V 238	Continued From page	41	V 238			
	home doses.					
and states and all	Group); Review on 1/24/20 of initial treatment plan of subsequent one dated information; "To obtain his goals the be used; [DC #1] will a group within the 1st 3. Frequency: 1 time in the treatment." Review on 1/27/20 of dated 1/11/18 reveale—"Client was informed.	d 1/16/19 with the following the following interventions will attend a program orientation 0 days of treatment, the first 30 days of DC #1's Intake Assessment d the following information; d of the requirement of the don within the two weeks				
	following documentation 67 "Patient attended an Program Orientation a opiate addiction and it Medication Assisted Tri Methadone, signs of other medications part and alcohol""The Counselor revie BP (benzodiazepine) pavailability through the The client was admittend was required to att within the first 30 days.	d participated in the ddressing the nature of the treatment using reatment (MAT) via the overdose, interactions with incularly benzodiazepines were with the patients the policy use of NARCAN and clinic"				

	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-412	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 01/29/2020	
NAME OF PROVIDER OR SUPPLIER	STREETA	ODRESS, CITY, STA	ATE, ZIP CODE		
BAART COMMUNITY HEALTHCARE		TH MANGUM ST	TREET, SUITE 300 & 400		
CEACH DEFICIENCY MUS	ENT OF DEFICIENCIES BT BE PRECEDED BY FULL DENTIFYING INFORMATION)	FD PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 238 Continued From page 42 Interview on 1/24/20 with no further information reg. Orientation Group. This deficiency is cross re NCAC 27G .3601 Outpati Scope (V-233) for a Type must be corrected within the	arding the above eferenced into 10A ient Opioid Treatment A1 rule violation and	V 238	Group sessions are offered in patients choose to only attent sessions with their individual patient in question did attent some time when they felt coral group session. We encour participation however only we patient's attendence will not treatment.	id one on one counselor. It group but o mfortable atte age group setten we feel to	he hly after ending ssion he