

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-298	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/07/2020
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NAME OF PROVIDER OR SUPPLIER CROSSROADS TREATMENT CENTER OF ASH	STREET ADDRESS, CITY, STATE, ZIP CODE 6 ROBERTS ROAD, SUITE 103 ASHEVILLE, NC 28803
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on January 7, 2020. The complaint was unsubstantiated (Intake #NC00158295). A deficiency was cited. The census at the time of the survey was 540.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.</p>	V 000		
V 235	<p>27G .3603 (A-C) Outpt. Opiod Tx. - Staff</p> <p>10A NCAC 27G .3603 STAFF</p> <p>(a) A minimum of one certified drug abuse counselor or certified substance abuse counselor to each 50 clients and increment thereof shall be on the staff of the facility. If the facility falls below this prescribed ratio, and is unable to employ an individual who is certified because of the unavailability of certified persons in the facility's hiring area, then it may employ an uncertified person, provided that this employee meets the certification requirements within a maximum of 26 months from the date of employment.</p> <p>(b) Each facility shall have at least one staff member on duty trained in the following areas:</p> <p>(1) drug abuse withdrawal symptoms; and</p> <p>(2) symptoms of secondary complications to drug addiction.</p> <p>(c) Each direct care staff member shall receive continuing education to include understanding of the following:</p> <p>(1) nature of addiction;</p> <p>(2) the withdrawal syndrome;</p> <p>(3) group and family therapy; and</p> <p>(4) infectious diseases including HIV, sexually transmitted diseases and TB.</p>	V 235		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 235	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure that 1 of 4 staff sampled (Senior Substance Abuse Counselor) met the certification requirements within 26 months from the date of employment. The findings are:</p> <p>Review on 1/6/20 of the personnel record for the Senior Substance Abuse Counselor revealed: -Hired on 9/18/17 as a CSAC-I (certified substance abuse counselor-intern). -Certification requirement was due to be met on or around September 18, 2020.</p> <p>Review on 1/6/20 of the Approval of Request for Waiver of Rule 10A NCAC 27G .3603(a) dated 12/16/19 and signed by the Section Chief for the Division of Health Services Regulation revealed: -" ...Pursuant to your request ...I have determined that the request for waiver be approved ..." -" ...In accordance with 10A NCAC 27G .0813, the waiver of Rule 10A NCAC 27G .3603(a) cannot exceed the expiration date of the 2019 license, which is December 31, 2019, and therefore shall be subject to renewal consideration upon the request of the license ..."</p> <p>Interview on 1/6/20 with the Clinical Director revealed: -It was her understanding that the waiver was approved for a year and when the approval letter arrived, she assumed it was a year from the letter date. -She did not realize that another request for a waiver would have to be completed for year 2020.</p> <p>This deficiency constitutes a re-cited deficiency</p>	V 235		

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V 235	Continued From page 2 and must be corrected within 30 days.	V 235		