

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-298</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R 01/07/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CROSSROADS TREATMENT CENTER OF ASH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6 ROBERTS ROAD, SUITE 103 ASHEVILLE, NC 28803</b>
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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	<b>INITIAL COMMENTS</b>  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.  This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.	V 000	The employee in question was granted a waiver from DHHS on 01/29/2020. The waiver is valid through 12/31/2020. A copy of the approved waiver is attached. The certifications for counseling staff will be monitored by the Program Director and Clinical Director monthly to ensure that this is prevented in the future.	01/29/20
V 235	<b>27G .3603 (A-C) Outpt. Opiod Tx. - Staff</b>  10A NCAC 27G .3603 STAFF (a) A minimum of one certified drug abuse counselor or certified substance abuse counselor to each 50 clients and increment thereof shall be on the staff of the facility. If the facility falls below this prescribed ratio, and is unable to employ an individual who is certified because of the unavailability of certified persons in the facility's hiring area, then it may employ an uncertified person, provided that this employee meets the certification requirements within a maximum of 26 months from the date of employment. (b) Each facility shall have at least one staff member on duty trained in the following areas: (1) drug abuse withdrawal symptoms; and (2) symptoms of secondary complications to drug addiction. (c) Each direct care staff member shall receive continuing education to include understanding of the following: (1) nature of addiction; (2) the withdrawal syndrome; (3) group and family therapy; and (4) infectious diseases including HIV, sexually transmitted diseases and TB.	V 235	<b>RECEIVED</b> <b>APR 27 2020</b> <b>DHSR-MH Licensure Sect</b>	

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-298</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/07/2020</b>
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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		

Division of Health Service Regulation

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



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

January 29, 2020

Christen Taylor, Clinical Director  
6 Roberts Road, Ste. 103  
Asheville, North Carolina 28803

RE: Approval of Request for Renewal of Waiver of Rule 10A NCAC  
27G.3603(a) for Crossroads Treatment Center of Asheville, PC, MHL-  
011-298, Buncombe County

Email: [ctaylor@crossroadstreatmentcenters.com](mailto:ctaylor@crossroadstreatmentcenters.com)

Dear Ms. Taylor:

Pursuant to your request contained in your letter dated January 7, 2020, which was received January 16, 2020 and after review by our staff, I have determined that the request for waiver be approved for licensure year 2020. This is based on delegation of authority given to me by Mark Payne, Director of the Division of Health Service Regulation, on April 23, 2018.

Rule 10A NCAC 27G.3603(a) provides, "[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."

Renewal of the waiver will allow an uncertified employee ("KC") who was employed on September 18, 2017, to provide direct care at the facility until she meets her certification requirement which is expected to be on or around September 18, 2020.

I hereby approve your request for renewal of waiver of Rule 10A NCAC 27G.3603(a) based on the following representations:

- Kandace Coates is a Certified Substance Abuse Counselor-Intern (CSAC-I). She is registered with the NC Substance Abuse Professional Practice Board.
- She is receiving clinical supervision and has completed 5,000 hours of the required 6,000 work hours.
- Ms. Coates has passed the International Certification & Reciprocity Consortium (IC&RC) exam.

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

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603  
MAILING ADDRESS: 2711 Mail Service Center, Raleigh, NC 27699-2701  
[www.ncdhhs.gov/dhsr](http://www.ncdhhs.gov/dhsr) • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Christen Taylor, Clinical Director  
January 29, 2020

- She will graduate with a Master of Science in Clinical Psychology in September 2020, at which time, she should be certified.
- There are no identified health, safety or welfare concerns for the residents of this facility associated with approval of this waiver.
- Both her clinical supervisor, Christen Taylor and Anna Gaddy, the President of Clinical Operations at Crossroads Treatment Center of Asheville support this waiver request.
- Vaya Health, the Local Management Entity – Managed Care Organization (LME-MCO) for the catchment area where the facility is located, supports approval of this waiver.

In accordance with 10A NCAC 27G .0813, the waiver of Rule 10A NCAC 27G.3603(a) cannot exceed the expiration date of the 2020 license which is December 31, 2020; and, therefore shall be subject to renewal consideration upon the request of the licensee.

Should you have any questions regarding this matter, please contact me at (919) 855-3750.

Sincerely,

*Stephanie Gilliam*

Stephanie Gilliam  
Chief, Mental Health Licensure & Certification Section

SG:pp

cc: Dr. Carrie Brown, Chief Medical Officer, DMH/DD/SAS  
Denise Baker, Esq., DMH/DD/SAS  
Latonya Baker, DMH/DD/SAS  
LaToya Onque, DMH/DD/SAS  
Patti Escala, DMH/DD/SAS  
Mary Tripp, DMH/DD/SAS  
Mark Payne, DHR



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

April 6, 2020

Susan Harding, Program Director  
Crossroads Treatment Center of Asheville, PC  
55 Beattie Place, Suite 810  
Greenville, SC 29601

Re: Annual, Follow up and Complaint Survey completed January 7, 2020  
Crossroads Treatment Center of Asheville, PC, 6 Roberts Road, Suite 103, Asheville,  
NC 28803  
MHL # 011-298  
E-mail Address: [sharding@crossroadstreatmentcenters.com](mailto:sharding@crossroadstreatmentcenters.com)  
(Intake #NC00158295)

Dear Ms. Harding:

Thank you for the cooperation and courtesy extended during the annual, complaint and follow up survey completed January 7, 2020. The complaint was unsubstantiated.

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

**Type of Deficiencies Found**

- A re-cited standard level deficiency.

**Time Frames for Compliance**

- Re-cited standard level deficiencies must be **corrected** within 30 days from the exit of the survey, which is February 6, 2020.

**What to include in the Plan of Correction**

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

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

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

April 6, 2020  
Susan Harding  
Crossroads Treatment Center of Asheville, PC

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

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

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Sonia Eldridge at 828-665-9911.

Sincerely,

*Kem Roberts*

Kem Roberts  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: [dhhs@vayahealth.com](mailto:dhhs@vayahealth.com)  
Smith Worth, SOTA Director  
Pam Pridgen, Administrative Assistant