

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL044-062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/13/2020
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NAME OF PROVIDER OR SUPPLIER BHG CLYDE TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 414 HOSPITAL DRIVE CLYDE, NC 28721
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on May 13, 2020. The complaint was unsubstantiated (#NC00162013). Deficiencies were cited. The census was 157.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment and 10A NCAC 27G.4400 Substance Abuse Intensive Outpatient Program.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. 	V 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to get written consent from the client to continue treatment goals for 1 of 1 audited clients (#1). The findings are:</p> <p>Review on 5/11/20 of the record for Client #1 revealed: -Admission date: 7/2/19. -Diagnoses: Opioid Dependence. -There was no signature page for the 1/20/19 review of the plan's two goals to evidence the review was done in consultation with the client. -Treatment plan dated 7/15/19 expired on the review date for the two goals of 1/20/20.</p> <p>Note: Client #1 declined to be interviewed on 5/11/20.</p> <p>Interview on 5/12/20 with Counselor #1 revealed: -Clients can sign their treatment plans at the front desk and do not have to meet with the counselor in person. Signatures can get overlooked. Clients can give verbal approval of their treatment plans. -Staff can get overwhelmed by the number of clients on their caseload and not get the plans signed on time.</p> <p>Interview on 5/13/20 with the Program Director (PD) revealed: -Did not believe that the "periodic reviews" of the target dates identified in the plan required a client signature. -Believed that client signatures were only needed if the plan was modified and the update/revision</p>	V 112		

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V 112	Continued From page 2 form was added to the plan. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		
V 235	27G .3603 (A-C) Outpt. Opiod Tx. - Staff 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. This Rule is not met as evidenced by: Based upon record reviews and interviews the	V 235		

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V 235	<p>Continued From page 3</p> <p>facility failed to maintain a staffing ratio of one certified counselor to each 50 clients. The findings are:</p> <p>Review on 5/8/20 of the current census for the facility dated 5/7/20 revealed: -157 clients were listed as "active."</p> <p>Review on 5/11/20 and 5/13/20 of the counselor case load reports revealed: -May 2020: Counselor #2 had a case load of 56. -April 2020: Counselor #2 had a case load of 52. -March 2020: Counselor #3 had a case load of 51. -February 2020: Counselor #3 had a case load of 52. -January 2020: Counselor #3 had a case load of 51.</p> <p>Interview on 5/12/20 with Counselor #1 revealed: -There were currently 3 counselors employed by the facility. -The facility is considered "fully staffed" if there were 4 counselors. -Clinic was fully staffed with 4 counselors once in the last year for a 2-month period. -When the clinic was fully staffed, counselors had caseloads under 50 clients. -Consistent staff turnover was the cause for consistently large caseloads.</p> <p>Interview on 5/13/20 with the Program Director (PD) revealed: -Counselors never went over 52 clients. -"Overall average was always under 200 with 4 counselors." -Carried a small caseload himself to try to keep the counselors in ratio.</p> <p>This deficiency constitutes a re-cited deficiency</p>	V 235		

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V 235	Continued From page 4 and must be corrected within 30 days.	V 235		
V 238	27G .3604 (E-K) Outpt. Opiod - Operations 10A NCAC 27G .3604 OUTPATIENT OPIOD TREATMENT. OPERATIONS. (e) The State Authority shall base program approval on the following criteria: (1) compliance with all state and federal law and regulations; (2) compliance with all applicable standards of practice; (3) program structure for successful service delivery; and (4) impact on the delivery of opioid treatment services in the applicable population. (f) Take-Home Eligibility. Any client in comprehensive maintenance treatment who requests unsupervised or take-home use of methadone or other medications approved for treatment of opioid addiction must meet the specified requirements for time in continuous treatment. The client must also meet all the requirements for continuous program compliance and must demonstrate such compliance during the specified time periods immediately preceding any level increase. In addition, during the first year of continuous treatment a patient must attend a minimum of two counseling sessions per month. After the first year and in all subsequent years of continuous treatment a patient must attend a minimum of one counseling session per month. (1) Levels of Eligibility are subject to the following conditions: (A) Level 1. During the first 90 days of continuous treatment, the take-home supply is limited to a single dose each week and the client shall ingest all other doses under supervision at	V 238		

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V 238	<p>Continued From page 5</p> <p>the clinic;</p> <p>(B) Level 2. After a minimum of 90 days of continuous program compliance, a client may be granted for a maximum of three take-home doses and shall ingest all other doses under supervision at the clinic each week;</p> <p>(C) Level 3. After 180 days of continuous treatment and a minimum of 90 days of continuous program compliance at level 2, a client may be granted for a maximum of four take-home doses and shall ingest all other doses under supervision at the clinic each week;</p> <p>(D) Level 4. After 270 days of continuous treatment and a minimum of 90 days of continuous program compliance at level 3, a client may be granted for a maximum of five take-home doses and shall ingest all other doses under supervision at the clinic each week;</p> <p>(E) Level 5. After 364 days of continuous treatment and a minimum of 180 days of continuous program compliance, a client may be granted for a maximum of six take-home doses and shall ingest at least one dose under supervision at the clinic each week;</p> <p>(F) Level 6. After two years of continuous treatment and a minimum of one year of continuous program compliance at level 5, a client may be granted for a maximum of 13 take-home doses and shall ingest at least one dose under supervision at the clinic every 14 days; and</p> <p>(G) Level 7. After four years of continuous treatment and a minimum of three years of continuous program compliance, a client may be granted for a maximum of 30 take-home doses and shall ingest at least one dose under supervision at the clinic every month.</p> <p>(2) Criteria for Reducing, Losing and Reinstatement of Take-Home Eligibility:</p>	V 238		

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V 238	<p>Continued From page 6</p> <p>(A) A client's take-home eligibility is reduced or suspended for evidence of recent drug abuse. A client who tests positive on two drug screens within a 90-day period shall have an immediate reduction of eligibility by one level of eligibility;</p> <p>(B) A client who tests positive on three drug screens within the same 90-day period shall have all take-home eligibility suspended; and</p> <p>(C) The reinstatement of take-home eligibility shall be determined by each Outpatient Opioid Treatment Program.</p> <p>(3) Exceptions to Take-Home Eligibility:</p> <p>(A) A client in the first two years of continuous treatment who is unable to conform to the applicable mandatory schedule because of exceptional circumstances such as illness, personal or family crisis, travel or other hardship may be permitted a temporarily reduced schedule by the State authority, provided she or he is also found to be responsible in handling opioid drugs. Except in instances involving a client with a verifiable physical disability, there is a maximum of 13 take-home doses allowable in any two-week period during the first two years of continuous treatment.</p> <p>(B) A client who is unable to conform to the applicable mandatory schedule because of a verifiable physical disability may be permitted additional take-home eligibility by the State authority. Clients who are granted additional take-home eligibility due to a verifiable physical disability may be granted up to a maximum 30-day supply of take-home medication and shall make monthly clinic visits.</p> <p>(4) Take-Home Dosages For Holidays: Take-home dosages of methadone or other medications approved for the treatment of opioid addiction shall be authorized by the facility physician on an individual client basis according</p>	V 238		

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V 238	<p>Continued From page 7</p> <p>to the following:</p> <p>(A) An additional one-day supply of methadone or other medications approved for the treatment of opioid addiction may be dispensed to each eligible client (regardless of time in treatment) for each state holiday.</p> <p>(B) No more than a three-day supply of methadone or other medications approved for the treatment of opioid addiction may be dispensed to any eligible client because of holidays. This restriction shall not apply to clients who are receiving take-home medications at Level 4 or above.</p> <p>(g) Withdrawal From Medications For Use In Opioid Treatment. The risks and benefits of withdrawal from methadone or other medications approved for use in opioid treatment shall be discussed with each client at the initiation of treatment and annually thereafter.</p> <p>(h) Random Testing. Random testing for alcohol and other drugs shall be conducted on each active opioid treatment client with a minimum of one random drug test each month of continuous treatment. Additionally, in two out of each three-month period of a client's continuous treatment episode, at least one random drug test will be observed by program staff. Drug testing is to include at least the following: opioids, methadone, cocaine, barbiturates, amphetamines, THC, benzodiazepines and alcohol. Alcohol testing results can be gathered by either urinalysis, breathalyzer or other alternate scientifically valid method.</p> <p>(i) Client Discharge Restrictions. No client shall be discharged from the facility while physically dependent upon methadone or other medications approved for use in opioid treatment unless the client is provided the opportunity to detoxify from the drug.</p>	V 238		

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V 238	<p>Continued From page 8</p> <p>(j) Dual Enrollment Prevention. All licensed outpatient opioid addiction treatment facilities which dispense Methadone, Levo-Alpha-Acetyl-Methadol (LAAM) or any other pharmacological agent approved by the Food and Drug Administration for the treatment of opioid addiction subsequent to November 1, 1998, are required to participate in a computerized Central Registry or ensure that clients are not dually enrolled by means of direct contact or a list exchange with all opioid treatment programs within at least a 75-mile radius of the admitting program. Programs are also required to participate in a computerized Capacity Management and Waiting List Management System as established by the North Carolina State Authority for Opioid Treatment.</p> <p>(k) Diversion Control Plan. Outpatient Addiction Opioid Treatment Programs in North Carolina are required to establish and maintain a diversion control plan as part of program operations and shall document the plan in their policies and procedures. A diversion control plan shall include the following elements:</p> <ol style="list-style-type: none"> (1) dual enrollment prevention measures that consist of client consents, and either program contacts, participation in the central registry or list exchanges; (2) call-in's for bottle checks, bottle returns or solid dosage form call-in's; (3) call-in's for drug testing; (4) drug testing results that include a review of the levels of methadone or other medications approved for the treatment of opioid addiction; (5) client attendance minimums; and (6) procedures to ensure that clients properly ingest medication. 	V 238		

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V 238	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based upon record reviews and interviews the facility failed to ensure that during the first year of continuous treatment each client attended a minimum of two counseling sessions per month for 1 of 1 audited clients (#1). The findings are:</p> <p>Review on 5/11/20 of the record for 1/1/20 to 3/31/20 for Client #1 revealed: -Admission date: 7/2/19. -Diagnoses: Opioid Dependence. -Counseling session notes dated: 1/3/20, 1/29/20, 2/3/20, and 3/11/20. -The 3/11/20 counseling note was signed 5/6/20.</p> <p>Note: Client #1 declined to be interviewed 5/11/20.</p> <p>Interview on 5/12/20 with Counselor #1 revealed: -There were months outside of the date range reviewed where client #1 was seen 4 times per month. -February and March of 2020 only had 1 session due to counselor #1 being out of town with a family emergency. -Other clinic staff were not able to fill in for Counselor #1 in his absence due to their caseload size.</p> <p>This deficiency has been cited 3 times since the original cite on 1/26/18 and must be corrected within 30 days.</p>	V 238		