



behavioral health group

5001 Spring Valley Road, Suite 600 East  
Dallas, TX 75244

May 27, 2020

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

Dear Ms. Takala,

Please find the following Plan of Correction for the deficiencies identified during the May 13, 2020, desk audit for the investigation of the complaint related to the Behavioral Health Group Clyde Treatment Center. This document was sent electronically, via email, and is also being sent via overnight mail. Please let us know if you have any questions or need any additional information.

Sincerely,

A handwritten signature in black ink that reads "James Casey". The signature is fluid and cursive, with a large, sweeping flourish at the end.

James Casey  
BHG Program Director  
828-454-0560  
[James.casey@bhgrecovery.com](mailto:James.casey@bhgrecovery.com)

A handwritten signature in black ink that reads "Angelia Clark". The signature is cursive and elegant, with a distinct loop at the end.

Angelia Clark  
BHG Regional Director  
757-493-1452  
[Angelia.clark@bhgrecovery.com](mailto:Angelia.clark@bhgrecovery.com)

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL044-062</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/13/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BHG CLYDE TREATMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>414 HOSPITAL DRIVE CLYDE, NC 28721</b>
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V 000	<p><b>INITIAL COMMENTS</b></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><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></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> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p> <p><i>Angela Clark</i></p>	V 112	<p><b>V112:</b> A team member training will be held on June 1, 2020, and will cover North Carolina PCP policies regarding target dates and required signatures. Documentation of the training will be available for review at the treatment center.</p> <p>Moving forward, the Program Director will be responsible for ensuring completion of patient chart audits per BHG policy. Any identified deficiencies will be corrected within the assigned time frame. The Regional Director will also do periodic monitoring of the chart audit process to ensure policy and regulations are being followed.</p> <p><i>J. P. Casey</i></p>	6/1/2020 and ongoing

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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	<b>V235:</b> As of May 27, 2020, the counselor-to-client ratios are in compliance with state regulation of 1:50. The treatment center is currently recruiting for future expansion and to remain in compliance with regulations.  Internal processes will continue to be utilized to ensure staffing issues are promptly addressed in attempts to prevent vacancies. When vacancies do occur, the Program Director and Regional Director will work with the BHG Human Resources team to promptly begin the candidate search process.	5/27/20 and ongoing

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V 235	Continued From page 4 and must be corrected within 30 days.	V 235		
V 238	<p>27G .3604 (E-K) Outpt. Opiod - Operations</p> <p>10A NCAC 27G .3604 OUTPATIENT OPIOID TREATMENT. OPERATIONS.</p> <p>(e) The State Authority shall base program approval on the following criteria:</p> <p>(1) compliance with all state and federal law and regulations;</p> <p>(2) compliance with all applicable standards of practice;</p> <p>(3) program structure for successful service delivery; and</p> <p>(4) impact on the delivery of opioid treatment services in the applicable population.</p> <p>(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.</p> <p>(1) Levels of Eligibility are subject to the following conditions:</p> <p>(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</p>	V 238	<p><b>V238:</b> A team member training will be held on June 2, 2020, at which time the BHG policies regarding caseload management and individual counseling session requirements will be reviewed. The North Carolina requirements for counseling will also be reviewed during this training session. Documentation of this training will be available for review at the treatment center.</p> <p>The June 2nd, 2020 training will include instruction on proper clinical documentation to utilize when patient appointments are rescheduled or should a patient not show for their appointment. All patients will be educated regarding their role in ongoing treatment and the expectation that they attend their scheduled counseling sessions. This information will be appropriately documented in the clinical record.</p> <p>Moving forward, the Program Director will be responsible for ensuring completion of patient chart audits per BHG policy. Any identified deficiencies will be corrected within the assigned time frame. The Regional Director will also do periodic monitoring of the chart audit process to ensure policy and regulations are being followed.</p>	6/2/20 and ongoing

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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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**BHG CLYDE TREATMENT CENTER** **414 HOSPITAL DRIVE**  
**CLYDE, NC 28721**

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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"> <li>(1) dual enrollment prevention measures that consist of client consents, and either program contacts, participation in the central registry or list exchanges;</li> <li>(2) call-in's for bottle checks, bottle returns or solid dosage form call-in's;</li> <li>(3) call-in's for drug testing;</li> <li>(4) drug testing results that include a review of the levels of methadone or other medications approved for the treatment of opioid addiction;</li> <li>(5) client attendance minimums; and</li> <li>(6) procedures to ensure that clients properly ingest medication.</li> </ol>	V 238		