

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL022-017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/28/2020
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NAME OF PROVIDER OR SUPPLIER MEDMARK TREATMENT CENTERS MURPHY	STREET ADDRESS, CITY, STATE, ZIP CODE 7540 US HIGHWAY 64 BRASSTOWN, NC 28902
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V 000	<p>INITIAL COMMENTS</p> <p>A follow-up and complaint survey was completed on 10/28/20. The complaint was substantiated (Intake #NC00161500). Deficiencies were cited. Current census in this 3600 program was 87.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G.3600 Outpatient Opioid Treatment.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p>	V 105		

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

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V 105	<p>Continued From page 1</p> <p>(7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by:</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>Based on record reviews and interviews, the governing body failed to develop and implement adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0205(c) Assessment and Treatment/Habilitation or Service Plan (V112). Based on record review and interviews the facility failed to ensure the treatment plans included the written consent or agreement by the client or responsible party effecting 3 of 9 audited clients (Clients #6, #8, and #9); failed to ensure treatment was not provided to a new client when the facility was under a suspension of admissions effective 2/7/20, effecting 1 of 1 newly admitted client (Client #5); and failed to ensure treatment was not provided in the form of guest dosing while the facility was under a suspension of admissions effective 2/7/20, effecting 9 of 9 guest dose (GD) clients (GD #10, #11, #12, #13, #14, #15, #16, #17 and #18).</p> <p>Cross Reference: 10A NCAC 27G .3601 Scope (V233). Based on record reviews and interviews, the facility failed to provide coordination of care with medical providers for 3 of 9 audited clients (Clients #1, #4, and #9); and failed to ensure dosing was provided to clients when an emergency arose effecting 8 of 9 audited clients (Clients #1, #2, #3, #4, #6, #7, #8, and #9).</p> <p>Cross Reference: 10A NCAC 27G .3603 Staff (V235). Based on record reviews and interviews, the facility failed to ensure all staff received continuing education to include family therapy for 3 of 3 audited staff (Treatment Center Director (TCD), Counselor #2 and Counselor #3).</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>Cross Reference: 10A NCAC 27G .3604 Compliance with State Authority Regulations (V237). Based on record reviews and interviews the facility failed to ensure they were in compliance with State Authority Regulations.</p> <p>Cross Reference: 10A NCAC 27G .3604 Outpatient Opioid Treatment Operations (V238). Based on 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 and after the first year of treatment attended at least one counseling session per month for 6 of 9 audited clients (Clients #3, #5, #6, #7, #8 and #9); failed to conduct a minimum of one random urine drug screen (UDS) each month for 1 of 9 audited clients (Client #2); and failed to ensure 3 of 9 audited clients (Clients #1, #5 and #6) were not dually enrolled within a 75 miles radius. The findings are:</p> <p>Review on 10/27/20 and 10/28/20 of the Plan of Protection dated 10/28/20 and signed by the Treatment Center Director (TCD) revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <p>V105/V112</p> <p>Treatment Center Director ("TCD") will monitor Treatment Plan due dates and signatures on a daily basis through the facility's new [electronic medical record system] and signature alert page. [Electronic medical record system] is the facility's electronic health record system.</p> <p>The one new admission/transfer accepted in April 2020 was accepted prior to the hire of the current</p>	V 105		
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V 105	<p>Continued From page 4</p> <p>TCD at the facility. No new admissions were accepted other than the one admission, and none are currently being accepted. The facility is referring all admission inquiries to other OTP's [Opioid Treatment Programs] or OBOT's [Office Based Opioid Treatment]. The facility will continue this practice until notified by the state that the facility can resume admissions.</p> <p>The facility was previously not aware that the Suspension of Admissions order also included a prohibition of treating guest dosing individuals who are not admitted as patients of the facility. As of October 27, 2020, the facility will now direct all calls concerning Guest Dosing to the TCD to assist in providing the home clinic with information regarding clinics in the area. Arrangements have been made for the current guest doser to receive guest dosing at a different clinic. As of October 29, 2020 there will be no guest dosing with this facility, there is currently one patient that was guest dosed at the facility on October 23, 2020 who received take homes through 10/29/2020.</p> <p>V233</p> <p>The facility added an EKG [electrocardiogram] machine at the clinic mid-April, 2020. EKG screens will be completed within 1 week of a doctor's order or at the next clinic visit for patients that dose at the clinic bi-weekly or monthly. Results of the EKG or a patient's refusal will be documented in the patient's record. TCD reviewed this with the doctor and nurses on 10/27/2020 and documented this in their training files.</p> <p>The facility also now has nurses from sister clinics that are able to cover if needed. One</p>	V 105		

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V 105	<p>Continued From page 5</p> <p>nurse is located in Blairsville, Georgia, [Nurse's name] was hired March 26, 2020 and obtained her multi state LPN (Licensed Practical Nurse) license August 20, 2019. [Nurse] agreed to assist at this facility if needed upon hire. Three nurses from the Durham clinic have agreed as of October 28, 2020 to assist with coverage at this facility should the need arise: [three Nurses' name, license numbers and expiration dates]. Agreements were made with the [name of clinic in Georgia] and the [name of clinics in North Carolina] should the Blairsville, Georgia clinic be unable to accommodate the facility's clinic patients.</p> <p>V235</p> <p>Each staff member is assigned upon hire and annually thereafter the trainings: Learning to Love Group, which meets the states requirements for group therapy training; Assessing Opioid Abuse in Families, which meets the state's requirement for family therapy training; and Harm Reduction and/or Medication Assisted Treatment for Opioid Addiction, both course meet requirements for withdrawal syndrome training. All current staff have completed these trainings. Training completion is monitored by the TCD monthly.</p> <p>[TCD]- Assessing Opioid Abuse in Families completed 07/23/2020 - Family Learning to Love Groups completed 07/27/2020 - Group Medication-Assisted Treatment for Opioid Addiction completed 07/23/2020 - withdrawal syndrome</p> <p>[Counselor #3]-- Assessing Opioid Abuse in Families completed 02/19/2020, 08/04/2020,</p>	V 105		

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V 105	<p>Continued From page 6</p> <p>09/11/2020 - Family</p> <p>[Counselor #2] (No longer with company) - Assessing Opioid Abuse in Families completed 02/18/2020 - Family Learning to Love Groups completed 02/27/2020 - Group</p> <p>V237</p> <p>In the future, the TCD will contact the SOTA's [State Opioid Treatment Authority] office, as well as utilize the Central Registry in case of emergency impacting the ability to dose patients within a hour.</p> <p>V238</p> <p>TCD is monitoring clinical contact through [electronic medical record system] reports and the facility's Compliance Dashboard. TCD facilitates a discussion during each weekly staff meeting regarding the each counselor's progress meeting clinical contact requirements for the month.</p> <p>An Admission Checklist was implemented as of 07/14/2020 which is required to be submitted to the TCD at the end of intake day for review once the order suspending admissions is removed. The TCD will review each new intake record to within 1 business day to ensure that all necessary documentation and requirements are met, including dual enrollment. Any missing documentation will be completed at patient's next clinic visit.</p> <p>TCD will develop a list of all patients who need 2x per month counseling by 11/7/2020. TCD will</p>	V 105		

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V 105	<p>Continued From page 7</p> <p>review this list with the counseling team. All patients on this list, will be flagged in [electronic medical record system] for 2x per month counseling. Counselors will review the list daily to ensure that all patients are meeting the requirement.</p> <p>UDS will be obtained monthly form each patients. Any discrepancies will be documented in the patient's record.</p> <p>TCD will print a monthly patient roster with UDS dates. TCD will monitor the list on a daily basis, checking off patients who have met the required UDS for the month. On the 20th of each month, if any patient missed prior to the 20th, TCD/ Counselors will flag the patient to submit a UDS on their next visit to the clinic. This list will be monitored daily.</p> <p>V118</p> <p>All orders for exceptions will be entered in the RX order section of [electronic medical record system], the doctor will be contacted for verbal orders if needed. The TCD will review medical alerts daily to insure doctor's orders, including exceptions, have been signed. If orders are unsigned at the end of the day the TCD will contact the doctor to sign the order. All verbal orders will be signed by the physician within 72 hours. TCD/Nursing will monitor exceptions on a daily basis. Doctor will be contacted whenever an order reaches 48 hours to sign the order.</p> <p>Describe your plans to make sure the above happens.</p> <p>The facility's Regional OTP Compliance Manager</p>	V 105		

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V 105	<p>Continued From page 8</p> <p>will continue to perform internal audits to assess for compliance. The facility's counselors will each audit at least 2 patient records weekly. The TCD will perform at least 10 peer reviews on patient records monthly.</p> <p>Program, counselors and TCD, will audit all internal charts by 11/15/2020 for compliance to include treatment plan signatures and which patients need clinical contact twice per month.</p> <p>The facility's [electronic medical record system] Compliance Dashboard that the clinic implemented in September, 2020 allows for all staff to monitor Treatment Plans never completed, Treatment Plan due dates and signature compliance, current and last month counseling, current and last month UDS, and History and Physical due dates. The TCD is monitoring the Compliance Dashboard daily since its implementation.</p> <p>TCD will review assigned trainings, Learning to Love Groups and Assessing Opioid Abuse in Families, to ensure that they meet North Carolina training requirements. If not, TCD will research and assign additional trainings to meet requirements by 11/06/2020. If additional trainings are needed, all staff will be require to complete them by 11/15/2020."</p> <p>This facility served 87 clients at the the time of the survey with a primary diagnoses of Opioid Dependence. The facility admitted one new client and provided treatment in the form of guest dosing for nine clients while the facility was under a suspension of admissions (effective 2/7/20). Clients received guest dosing for a minimum of 2 days to a maximum of 127 days. The State Authority was not contacted when an emergency</p>	V 105		

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V 105	<p>Continued From page 9</p> <p>arose at the facility that left the facility without a nurse to dose clients. The attempted emergency plan for clients to receive their medication at a near-by sister clinic was not successfully executed. It was unable to be determined how many of the 111 clients who were active with the facility at the time the need for emergency dosing arose went without their medication for three days. Treatment plans were not complete to include the client's signature for 3. It was able to be determined if the client was involved with their treatment plan. Coordination of care with medical providers for an EKG was not completed until 3 to 4 months after the physician's order was written for 9 clients. Nine clients failed to receive the two counseling sessions per month for 3 to 6 months. One client failed to receive monthly UDS and 9 clients were not checked to ensure they were not dually enrolled in another treatment facility within a 75-mile radius prior to admission. Three staff failed to complete the required Family Therapy continuing education.</p> <p>This deficiency constitutes a Failure to Correct the Type A1 rule violation originally cited for serious neglect. An administrative penalty of \$500.00 per day is imposed for failure to correct within 23 days.</p>	V 105		
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</p>	V 112		

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V 112	<p>Continued From page 10</p> <p>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. <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure the treatment plans included the written consent or agreement by the client or responsible party effecting 3 of 9 audited clients (Clients #6, #8, and #9); failed to ensure treatment was not provided to a new client when the facility was under a suspension of admissions effective 2/7/20, effecting 1 of 1 newly admitted client (Client #5); and failed to ensure treatment was not provided in the form of guest dosing while the facility was under a suspension of admissions effective 2/7/20, effecting 9 of 9 guest dose (GD) clients (GD #10, #11, #12, #13, #14, #15, #16, #17 and #18). The findings are:</p>	V 112		

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V 112	<p>Continued From page 11</p> <p>Finding #1:</p> <p>Review on 9/23/20 of Client #6's record revealed: -admission date 2/7/20. -diagnoses of Hepatitis C and Opioid Dependence. -treatment plan dated 2/7/20 was not signed until 9/3/20 (after surveyor inquiry).</p> <p>Review on 9/24/20 of Client #8's record revealed: -admission date 1/3/20. -diagnoses of Chronic Neuropathy Pain and Opioid Dependence. -treatment plan dated 1/13/20 was not signed by the client.</p> <p>Review on 9/24/20 of Client #9's record revealed: -admission date 1/17/20. -diagnoses of Diabetes Mellitus and Opioid Dependence. -treatment plan dated 2/17/20 was not signed by the client.</p> <p>Interviews were attempted with clients on 10/12/20. No calls were returned.</p> <p>Interview on 9/25/20 with the Treatment Center Director (TCD) revealed: -she was unable to find the above treatment plans with signatures for Clients #6, #8 and #9.</p> <p>Finding #2:</p> <p>Review on 9/22/20 of Client #5's record revealed: -admission date 4/28/20. -diagnoses of Bipolar Disorder and Opioid Dependence. -admission assessment and history and physical dated 4/28/20.</p>	V 112		

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V 112	<p>Continued From page 12</p> <p>-Medication Administration Record (MAR) on 4/28/20 reflected he was dosed 30 milligrams (mg) of methadone.</p> <p>Interview on 9/23/20 with Client #5 revealed: -he started treatment at a nearby clinic since the facility could not accept new admissions. -he had a "special transfer" in May when he started coming to this clinic.</p> <p>Interview on 9/2/20 with the TCD revealed: -she became the TCD on 7/6/20 and was aware the facility was under suspension of admissions. -the Former TCD and Former Regional Director of Operations approved Client #5's admission. -since he had been in treatment for a month guest dosing they went ahead and admitted him. -no other clients were admitted for guest dosing (GD).</p> <p>Finding #3:</p> <p>Review on 9/2/20 of the facility's current census revealed: -a total of 89 clients. -"Guest-Methadone" was next to two names.</p> <p>Review on 9/24/20 of Discharges from 2/17/20 - 9/2/20 revealed: -there were a total of 9 clients who guest dosed after a suspension of admission was issued on 2/7/20. -GD #10 - dosed 2 days. -GD #11 - dosed 27 days. -GD #12 - dosed 127 days. -GD #13 - dosed 12 days. -GD #14 - dosed 14 days. -GD #15 - dosed 8 days. -GD #16 - dosed 24 days. -GD #17 - dosed 4 days.</p>	V 112		

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NAME OF PROVIDER OR SUPPLIER MEDMARK TREATMENT CENTERS MURPHY	STREET ADDRESS, CITY, STATE, ZIP CODE 7540 US HIGHWAY 64 BRASSTOWN, NC 28902
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V 112	Continued From page 13 -GD #18 - dosed 8 days. Interview on 9/24/20 with the TCD revealed: -the two names on the 9/2/20 census list and the discharge list were clients who guest dosed. -they received no other services at the clinic other than their dose of methadone. -they did not count them as actual admissions and did not see this as a violation of their suspension of admissions. This deficiency is cross referenced into 10A NCAC 27G .0201 Governing Body Policies (V105) for failure to correct a Type A1 rule violation.	V 112		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name;	V 118		

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V 118	<p>Continued From page 14</p> <p>(B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure take-home doses of medication were administered on the written order of a physician for 1 of 9 audited clients (Client #2). The findings are:</p> <p>Review on 10/6/20 of Client #2's record revealed: -admitted 9/22/17 with diagnosis of Opioid Dependence. -physician's orders dated 2/23/20 - start at 90 milligrams (mg) of methadone cascading by 10 every day ending at 140 mg. -physician's order dated 2/24/20 - level 6 (Take home on Sunday only). -there were no physician orders for any take home exceptions.</p> <p>Review on 10/6/20 of Client #2's Medication Administration Records for February 2020 - May 2020 revealed: -Tuesday, 2/25/20 - Take Home (TH) exception - 100 mg. -Wednesday, 2/26/20 - TH exception 110 mg.</p>	V 118		

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V 118	<p>Continued From page 15</p> <p>-Thursday, 3/12/20, Tuesday, 3/17/20, Wednesday, 3/18/20, and Thursday, 3/19/20 - TH exceptions - 140 mg.</p> <p>Interview attempted on 9/3/20 with Client #2 but he refused.</p> <p>Interview on 10/15/20 with the Treatment Center Director (TCD) revealed: -the above dates were exceptions that only required doctor approval due to his time in treatment. -this was done through the grant exceptions function in their computer system. -there were no signed physician orders for the exceptions.</p> <p>Review on 10/27/20 and 10/28/20 of the Plan of Protection dated 10/28/20 and signed by the TCD revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <p>V105/V112</p> <p>Treatment Center Director ("TCD") will monitor Treatment Plan due dates and signatures on a daily basis through the facility's new [electronic medical record system] and signature alert page. [Electronic medical record system] is the facility's electronic health record system.</p> <p>The one new admission/transfer accepted in April 2020 was accepted prior to the hire of the current TCD at the facility. No new admissions were accepted other than the one admission, and none are currently being accepted. The facility is referring all admission inquiries to other OTP's [Opioid Treatment Programs] or OBOT's [Office</p>	V 118		

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V 118	<p>Continued From page 16</p> <p>Based Opioid Treatment]. The facility will continue this practice until notified by the state that the facility can resume admissions.</p> <p>The facility was previously not aware that the Suspension of Admissions order also included a prohibition of treating guest dosing individuals who are not admitted as patients of the facility. As of October 27, 2020, the facility will now direct all calls concerning Guest Dosing to the TCD to assist in providing the home clinic with information regarding clinics in the area. Arrangements have been made for the current guest doser to receive guest dosing at a different clinic. As of October 29, 2020 there will be no guest dosing with this facility, there is currently one patient that was guest dosed at the facility on October 23, 2020 who received take homes through 10/29/2020.</p> <p>V233</p> <p>The facility added an EKG [electrocardiogram] machine at the clinic mid-April, 2020. EKG screens will be completed within 1 week of a doctor's order or at the next clinic visit for patients that dose at the clinic bi-weekly or monthly. Results of the EKG or a patient's refusal will be documented in the patient's record. TCD reviewed this with the doctor and nurses on 10/27/2020 and documented this in their training files.</p> <p>The facility also now has nurses from sister clinics that are able to cover if needed. One nurse is located in Blairsville, Georgia, [Nurse's name] was hired March 26, 2020 and obtained her multi state LPN (Licensed Practical Nurse) license August 20, 2019. [Nurse] agreed to assist at this facility if needed upon hire. Three nurses</p>	V 118		
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V 118	<p>Continued From page 17</p> <p>from the Durham clinic have agreed as of October 28, 2020 to assist with coverage at this facility should the need arise: [three Nurses' name, license numbers and expiration dates]. Agreements were made with the [name of clinic in Georgia] and the [name of clinice in North Carolina] should the Blairsville, Georgia clinic be unable to accommodate the facility's clinic patients.</p> <p>V235</p> <p>Each staff member is assigned upon hire and annually thereafter the trainings: Learning to Love Group, which meets the states requirements for group therapy training; Assessing Opioid Abuse in Families, which meets the state's requirement for family therapy training; and Harm Reduction and/or Medication Assisted Treatment for Opioid Addiction, both course meet requirements for withdrawal syndrome training. All current staff have completed these trainings. Training completion is monitored by the TCD monthly.</p> <p>[TCD]- Assessing Opioid Abuse in Families completed 07/23/2020 - Family Learning to Love Groups completed 07/27/2020 - Group Medication-Assisted Treatment for Opioid Addiction completed 07/23/2020 - withdrawal syndrome</p> <p>[Counselor #3]-- Assessing Opioid Abuse in Families completed 02/19/2020, 08/04/2020, 09/11/2020 - Family</p> <p>[Counselor #2] (No longer with company) - Assessing Opioid Abuse in Families completed 02/18/2020 - Family</p>	V 118		

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V 118	<p>Continued From page 18</p> <p style="text-align: right;">Learning</p> <p>to Love Groups completed 02/27/2020 - Group</p> <p>V237</p> <p>In the future, the TCD will contact the SOTA's [State Opioid Treatment Authority] office, as well as utilize the Central Registry in case of emergency impacting the ability to dose patients within a hour.</p> <p>V238</p> <p>TCD is monitoring clinical contact through [electronic medical record system] reports and the facility's Compliance Dashboard. TCD facilitates a discussion during each weekly staff meeting regarding the each counselor's progress meeting clinical contact requirements for the month.</p> <p>An Admission Checklist was implemented as of 07/14/2020 which is required to be submitted to the TCD at the end of intake day for review once the order suspending admissions is removed. The TCD will review each new intake record to within 1 business day to ensure that all necessary documentation and requirements are met, including dual enrollment. Any missing documentation will be completed at patient's next clinic visit.</p> <p>TCD will develop a list of all patients who need 2x per month counseling by 11/7/2020. TCD will review this list with the counseling team. All patients on this list, will be flagged in [electronic medical record system] for 2x per month counseling. Counselors will review the list daily to ensure that all patients are meeting the</p>	V 118		

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V 118	<p>Continued From page 19 requirement.</p> <p>UDS will be obtained monthly form each patients. Any discrepancies will be documented in the patient's record.</p> <p>TCD will print a monthly patient roster with UDS dates. TCD will monitor the list on a daily basis, checking off patients who have met the required UDS for the month. On the 20th of each month, if any patient missed prior to the 20th, TCD/ Counselors will flag the patient to submit a UDS on their next visit to the clinic. This list will be monitored daily.</p> <p>V118</p> <p>All orders for exceptions will be entered in the RX order section of [electronic medical record system], the doctor will be contacted for verbal orders if needed. The TCD will review medical alerts daily to insure doctor's orders, including exceptions, have been signed. If orders are unsigned at the end of the day the TCD will contact the doctor to sign the order. All verbal orders will be signed by the physician within 72 hours. TCD/Nursing will monitor exceptions on a daily basis. Doctor will be contacted whenever an order reaches 48 hours to sign the order.</p> <p>Describe your plans to make sure the above happens.</p> <p>The facility's Regional OTP Compliance Manager will continue to perform internal audits to assess for compliance.</p> <p>The facility's counselors will each audit at least 2 patient records weekly. The TCD will perform at least 10 peer reviews on patient records monthly.</p>	V 118		

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V 118	<p>Continued From page 20</p> <p>Program, counselors and TCD, will audit all internal charts by 11/15/2020 for compliance to include treatment plan signatures and which patients need clinical contact twice per month.</p> <p>The facility's [electronic medical record system] Compliance Dashboard that the clinic implemented in September, 2020 allows for all staff to monitor Treatment Plans never completed, Treatment Plan due dates and signature compliance, current and last month counseling, current and last month UDS, and History and Physical due dates. The TCD is monitoring the Compliance Dashboard daily since its implementation.</p> <p>TCD will review assigned trainings, Learning to Love Groups and Assessing Opioid Abuse in Families, to ensure that they meet North Carolina training requirements. If not, TCD will research and assign additional trainings to meet requirements by 11/06/2020. If additional trainings are needed, all staff will be require to complete them by 11/15/2020."</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>This facility served 87 clients with a primary diagnoses of Opioid Dependence. One client had TH exceptions for 6 days of medication with no physician orders. The physician granted TH exceptions via the facility computer system, but did not sign an order. This failure constitutes a Failure to Correct the Type A1 rule violation originally cited for serious neglect. An administrative penalty of \$500.00 per day is imposed for failure to correct within 23 days.</p>	V 118		

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V 233	Continued From page 21	V 233		
V 233	<p>27G .3601 Outpt. Opiod Tx. - Scope</p> <p>10A NCAC 27G .3601 SCOPE</p> <p>(a) An outpatient opioid treatment facility provides periodic services designed to offer the individual an opportunity to effect constructive changes in his lifestyle by using methadone or other medications approved for use in opioid treatment in conjunction with the provision of rehabilitation and medical services.</p> <p>(b) Methadone and other medications approved for use in opioid treatment are also tools in the detoxification and rehabilitation process of an opioid dependent individual.</p> <p>(c) For the purpose of detoxification, methadone and other medications approved for use in opioid treatment shall be administered in decreasing doses for a period not to exceed 180 days.</p> <p>(d) For individuals with a history of being physiologically addicted to an opioid drug for at least one year before admission to the service, methadone and other medications approved for use in opioid treatment may also be used in maintenance treatment. In these cases, methadone and other medications approved for use in opioid treatment may be administered or dispensed in excess of 180 days and shall be administered in stable and clinically established dosage levels.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide coordination of care with medical providers for 3 of 9 audited clients (Clients #1, #4, and #9); and failed to ensure dosing was provided to clients when an emergency arose effecting 8 of 9 audited clients</p>	V 233		

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V 233	<p>Continued From page 22</p> <p>(Clients #1, #2, #3, #4, #6, #7, #8, and #9). The findings are:</p> <p>Finding #1:</p> <p>Review on 9/25/20 of Client #1's record revealed: -admission date 12/13/19. -diagnosis of Opioid Dependence. -2/28/20 - physician orders 110 mg methadone - needs scheduling for Electrocardiography (EKG). -3/6/20 - physician orders 110 mg - needs scheduling for EKG. -4/27/20 - an EKG was done.</p> <p>Review on 9/25/20 of Client #4's record revealed: -admission date 12/3/18. -diagnosis of Opioid Dependence. -2/20/20 - physician orders 135 mg methadone - schedule EKG. -4/10/20 - physician orders 132 mg - higher dose but having positive urine drug screens - needs EKG. -5/22/20 - an EKG was done.</p> <p>Review on 9/25/20 of Client #9's record revealed: -admission date 1/17/20. -diagnoses of Diabetes Mellitus and Opioid Dependence. -3/5/20 - physician orders - 115 mg methadone - schedule EKG. -3/11/20 - physician orders 125 mg - need to schedule EKG. -4/3/20 - physician orders 140 mg - get EKG done. -5/12/20 - physician orders - 145 mg - EKG today if feasible. -5/12/20 - an EKG was done.</p> <p>Interview on 10/12/20 with the Treatment Center Director (TCD) revealed:</p>	V 233		

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V 233	<p>Continued From page 23</p> <p>-they used to send clients out to other providers for their EKGs and this was why it too so long at times.</p> <p>-no they have an EKG machine in the facility and can get them done more timely when ordered.</p> <p>Finding #2:</p> <p>Interview on 9/3/20 with the Licensed Practical Nurse (LPN) revealed:</p> <p>-on Thursday, 2/20/20, she was hurting pretty bad, however she was able to finish dosing for the day.</p> <p>-she let the Former Director know she wasn't feeling well and the Former Director started setting up guest dosing.</p> <p>-she ended up in the hospital for emergency surgery and was not able to work Friday, Saturday or Sunday (2/21/20 - 2/23/20).</p> <p>-the facility Registered Nurse was out of town on vacation during this time.</p> <p>-a sister facility agreed to guest dose their clients over the weekend.</p> <p>-all the clients were notified that evening to go to the sister clinic.</p> <p>-once the clients started arriving the nurse refused to dose them.</p> <p>-the clients were then told to go to the emergency room to dose.</p> <p>Interview on 9/3/20 with Client #6 revealed:</p> <p>-one time the facility was not able to dose due to a medical emergency.</p> <p>-a lot of people just went to the sister clinic to dose.</p> <p>-"I just went to the house. I was fine."</p> <p>Interview on 9/22/20 and 10/12/20 with the State Opioid Treatment Authority (SOTA) revealed:</p> <p>-based on her audit in February there was a</p>	V 233		

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V 233	<p>Continued From page 24</p> <p>medical emergency and the facility had no nurse to dose clients. -there was no emergency back-up plan. -numerous clients missed their dose.</p> <p>Review on 10/9/20 of Medication Administration Records (MARs) for Clients #1, #2, #3, #4, #6, #7, #8 and #9 revealed: -they missed their doses of methadone from 2/21/20 - 2/23/20.</p> <p>Interviews on 10/12/20 and 10/16/20 with the TCD revealed: -the missed doses on the above MARs meant they were not dosed at their clinic. -this happened before she became the TCD in July. -as far as she could tell from the records Client #2 did not dose 2/21/20-2/23/20. -Clients #1, #3, #4, #6, #7, #8 and #9 dosed at their sister clinic on 2/21/20. -the above clients were not dosed on 2/22/20 or 2/23/20 because the nurse at the sister facility refused. -the sister clinic remains to be their first choice in the event of another emergency. -the nurse that refused to dose no longer worked there. -of the 111 clients enrolled in the program it was not possible to determine how many clients missed dosing.</p> <p>Interview on 10/15/20 with the Medical Director revealed: -he was very upset with the sister clinic. -he gave orders to guest dose and they should have honored this. -the most important client was their pregnant client and they ensured she was able to get dosed.</p>	V 233		

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NAME OF PROVIDER OR SUPPLIER MEDMARK TREATMENT CENTERS MURPHY	STREET ADDRESS, CITY, STATE, ZIP CODE 7540 US HIGHWAY 64 BRASSTOWN, NC 28902
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V 233	Continued From page 25 -he was not aware of any huge repercussions from not being dosed. -clients came in that following Monday and had "short symptoms" from missing their doses. This deficiency is cross referenced into 10A NCAC 27G .0201 Governing Body Policies (V105) for failure to correct a Type A1 rule violation.	V 233		
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.	V 235		

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V 235	<p>Continued From page 26</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure all staff received continuing education to include family therapy for 3 of 3 audited staff (Treatment Center Director (TCD), Counselor #2 and Counselor #3). The findings are:</p> <p>Review on 9/18/20 of Counselor #2's employee file revealed: -hired 8/30/18. -8/4/20 - Assessing Opioid Abuse in Families. -8/5/20 - Learning to Love Groups. -there was no training specific to family therapy.</p> <p>Review on 9/18/20 of Counselor #3's employee file revealed: -hired 9/3/20. -8/4/20 - Assessing Opioid Abuse in Families. -8/4/20 - Learning to Love Groups. -there was no training specific to family therapy.</p> <p>Review on 9/18/20 of the TCD's employee file revealed: -hired 7/6/20. -7/23/20 - Assessing Opioid Abuse in Families. -7/27/20 - Learning to Love Groups. -there was no training specific to family therapy.</p> <p>Interview on 10/27/20 with the TCD revealed: -these were trainings in the Relias Learning system that everyone completes upon hire and annually. -she felt the above trainings addressed the Family Therapy required training. -she will research this curriculum to determine if it meets the requirement.</p>	V 235		

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V 235	Continued From page 27 This deficiency is cross referenced into 10A NCAC 27G .0201 Governing Body Policies (V105) for failure to correct a Type A1 rule violation.	V 235		
V 237	27G .3604 (A-D) Outpt. Opiod - Operations 10A NCAC 27G .3604 OPERATIONS (a) Hours. Each facility shall operate at least six days per week, 12 months per year. Daily, weekend and holiday medication dispensing hours shall be scheduled to meet the needs of the client. (b) Compliance with The Substance Abuse and Mental Health Services Administration (SAMHSA) or The Center for Substance Abuse Treatment (CSAT) Regulations. Each facility shall be certified by a private non-profit entity or a State agency, that has been approved by the SAMHSA of the United State Department of Health and Human Services and shall be in compliance with all SAMHSA Opioid Drugs in Maintenance and Detoxification Treatment of Opioid Addiction regulations in 42 CFR Part 8, which are incorporated by reference to include subsequent amendments and editions. These regulations are available from the CSAT, SAMHSA, Rockwall II, 5600 Fishers Lane, Rockville, Maryland 20857 at no cost. (c) Compliance With DEA Regulations. Each facility shall be currently registered with the Federal Drug Enforcement Administration and shall be in compliance with all Drug Enforcement Administration regulations pertaining to opioid treatment programs codified in 21 C.F.R., Food and Drugs, Part 1300 to end, which are incorporated by reference to include subsequent amendments and editions. These regulations are	V 237		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

MEDMARK TREATMENT CENTERS MURPHY **7540 US HIGHWAY 64**
BRASSTOWN, NC 28902

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V 237	<p>Continued From page 28</p> <p>available from the United States Government Printing Office, Washington, D.C. 20402 at the published rate.</p> <p>(d) Compliance With State Authority Regulations. Each facility shall be approved by the North Carolina State Authority for Opioid Treatment, DMH/DD/SAS, which is the person designated by the Secretary of Health and Human Services to exercise the responsibility and authority within the state for governing the treatment of addiction with an opioid drug, including program approval, for monitoring compliance with the regulations related to scope, staff, and operations, and for monitoring compliance with Section 1923 of P.L. 102-321. The referenced material may be obtained from the Substance Abuse Services Section of DMH/DD/SAS.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure they were in compliance with State Authority Regulations. The findings are:</p> <p>Interviews on 9/22/20, 10/12/20 and 10/19/20 with the State Opioid Treatment Authority (SOTA) revealed:</p> <ul style="list-style-type: none"> -in February there was a medical emergency and the facility had no nurse to dose clients. -they were not contacted immediately regarding notification of having no one to dose their clients for 3 days. -there was no emergency back-up plan. -numerous clients missed their dose. -the Central Registry was not utilized to communicate with clients about the emergency and to provide them instructions on how to receive their medications. 	V 237		

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V 237	<p>Continued From page 29</p> <p>Interview on 9/3/20 with Client #6 revealed: -one time the facility was not able to dose due to a medical emergency. -a lot of people just went to the sister clinic to dose. -"I just went to the house. I was fine."</p> <p>Interviews on 9/3/20 face-to-face with clients were attempted and on 10/12/20 via telephone. No calls were returned.</p> <p>Interview on 9/3/20 with the Licensed Practical Nurse (LPN) revealed: -on Thursday, 2/20/20, she was hurting pretty bad, however she was able to finish dosing for the day. -she let the Former Director know she wasn't feeling well and the Former Director started setting up guest dosing. -she ended up in the hospital for emergency surgery and was not able to work Friday, Saturday or Sunday (2/21/20 - 2/23/20). -the facility Registered Nurse was out of town on vacation during this time. -a sister facility agreed to guest dose their clients over the weekend. -all the clients were notified that evening to go to the sister clinic. -once the clients started arriving at the sister facility the nurse refused to dose them. -the clients were then told to go to the emergency room to dose.</p> <p>Review on 10/9/20 of Medication Administration Records (MARs) for Clients #1, #2, #3, #4, #6, #7, #8 and #9 revealed: -they missed their doses of methadone from 2/21/20 - 2/23/20.</p> <p>Interviews on 10/12/20 and 10/16/20 with the</p>	V 237		

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V 237	<p>Continued From page 30</p> <p>Treatment Center Director (TCD) revealed: -the missed doses on the above MARs meant they were not dosed at their clinic. -this happened before she became the TCD in July. -Client #2 did not dose 2/21/20-2/23/20. -Clients #1, #3, #4, #6, #7, #8 and #9 dosed at their sister clinic on 2/21/20. -the above clients were not dosed on 2/22/20 or 2/23/20 because the nurse at the sister facility refused. -the sister clinic remains to be their first choice in the event of another emergency. -the nurse that refused to dose no longer worked there. -of the 111 clients enrolled in the program it was not possible to determine how many clients missed dosing.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0201 Governing Body Policies (V105) for failure to correct a Type A1 rule violation.</p>	V 237		
V 238	<p>27G .3604 (E-K) Outpt. Opiod - Operations</p> <p>10A NCAC 27G .3604 OUTPATIENT OPIOD 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</p>	V 238		

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V 238	<p>Continued From page 31</p> <p>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 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</p>	V 238		

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V 238	<p>Continued From page 32</p> <p>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> <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</p>	V 238		

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V 238	<p>Continued From page 33</p> <p>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 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</p>	V 238		

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V 238	<p>Continued From page 34</p> <p>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> <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>	V 238		

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V 238	<p>Continued From page 35</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. <p>This Rule is not met as evidenced by: Based on 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 and after the first year of treatment attended at least one counseling session per month for 6 of 9 audited clients (Clients #3, #5, #6, #7, #8 and #9); failed to conduct a minimum of one random urine drug screen (UDS) each month for 1 of 9 audited clients (Client #2); and failed to ensure 3 of 9 audited clients (Clients #1, #5 and #6) were not dually enrolled within a 75 miles radius. The</p>	V 238		

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V 238	<p>Continued From page 36</p> <p>findings are:</p> <p>Finding #1:</p> <p>Record review on 10/8/20 for Client #3 revealed: -admitted on 2/7/20 with diagnoses of Opioid Dependence and Bipolar Disorder. -bimonthly counseling sessions not provided for March and April 2020.</p> <p>Record review on 10/8/20 for Client #5 revealed: -admitted on 4/28/20 with diagnoses of Opioid Dependence and Bipolar Disorder. -bimonthly counseling session not provided for May 2020.</p> <p>Record review on 10/8/20 for Client #6 revealed: -admitted on 2/7/20 with diagnoses of Opioid Dependence and Hepatitis C. -an assessment dated 2/7/20 reflected he was a former client who was discharged and "seeking readmission." -bimonthly counseling sessions not provided for April and August 2020.</p> <p>Record review on 10/8/20 for Client #7 revealed: -admitted on 1/3/20 with diagnosis of Opioid Dependence. -bimonthly counseling sessions not provided for March, April, May, June, July and August 2020.</p> <p>Record review on 10/8/20 for Client #8 revealed: -admitted on 1/3/20 with diagnoses of Opioid Dependence and Chronic Neuropathy Pain. -an assessment dated 1/9/20 reflected he was a former client who left program in July 2019 and was re-admitted. -bimonthly counseling sessions not provided for February, May, June and July 2020.</p>	V 238		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL022-017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/28/2020
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NAME OF PROVIDER OR SUPPLIER MEDMARK TREATMENT CENTERS MURPHY	STREET ADDRESS, CITY, STATE, ZIP CODE 7540 US HIGHWAY 64 BRASSTOWN, NC 28902
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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 238	<p>Continued From page 37</p> <p>Record review on 10/8/20 for Client #9 revealed: -admitted on 1/17/20 with diagnoses of Opioid Dependence and Diabetes. -bimonthly counseling sessions not provided for February, March, May, June, July and August 2020.</p> <p>Interview on 9/3/20 with Counselor #1 revealed: -she had a caseload of 32 clients. -there was too much going on - she was responsible to have front desk duty and to follow-up with help desk tickets.</p> <p>Interview on 9/3/20 with Counselor #2 revealed: -she was now trying to see clients an hour a month no matter how long the client had been in treatment. -she had been doing this since the new Treatment Center Director (TCD) started in July 2020. -she may see the client 2 times a month for 30 minutes, or 4 times a month for 15 minutes.</p> <p>Interviews on 9/24/20, 10/1/20 and 10/15/20 with the TCD revealed: -Clients #3, #5, #7, and #9 were all required to have counseling two times a month. -she thought Client #6 only required one time a month since he had been in continuous treatment since April 2018. -she thought Client #8 also only required one time a month since he had been in treatment since July 2017.</p> <p>Finding #2:</p> <p>Record review on 10/8/20 for Client #2 revealed: -admitted on 9/22/17 with diagnosis of Opioid Dependence. -UDS attempted on 7/10/20 with results of "QNS</p>	V 238		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL022-017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/28/2020
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NAME OF PROVIDER OR SUPPLIER MEDMARK TREATMENT CENTERS MURPHY	STREET ADDRESS, CITY, STATE, ZIP CODE 7540 US HIGHWAY 64 BRASSTOWN, NC 28902
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V 238	<p>Continued From page 38</p> <p>[quantity not sufficient]." -no other UDS was provided for July 2020.</p> <p>Interview on 10/1/20 with the TCD revealed: -she was not made aware of Client #2 QNS result in July. -it was the counselor's responsibility to schedule another UDS.</p> <p>Findings #3:</p> <p>Record review on 9/24/20 of Client #1 revealed: -admitted on 12/13/19 with diagnosis of Opioid Dependence. -dual enrollment check was not completed until 7/13/20.</p> <p>Record review on 9/24/20 for Client #5 revealed: -admitted on 4/28/20 with diagnoses of Opioid Dependence and Bipolar Disorder. -dual enrollment check was not completed until 7/13/20.</p> <p>Record review on 10/8/20 for Client #6 revealed: -admitted on 2/7/20 with diagnoses of Opioid Dependence and Hepatitis C. -dual enrollment check done prior to admission on 1/24/20.</p> <p>Interviews on 9/24/20, 10/1/20 and 10/15/20 with the TCD revealed: -the person who completed the client's intake was responsible to complete the dual enrollment check. -this was usually done by the counselor's.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0201 Governing Body Policies (V105) for failure to correct a Type A1 rule violation.</p>	V 238		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL022-017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/28/2020
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

MEDMARK TREATMENT CENTERS MURPHY **7540 US HIGHWAY 64**
BRASSTOWN, NC 28902

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