

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-918	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/10/2021
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NAME OF PROVIDER OR SUPPLIER WESTERN WAKE TREATMENT CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2172 NORTH SALEM STREET, SUITE 105 APEX, NC 27523
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on June 10, 2021. The complaint was unsubstantiated (intake #NC00170047). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.</p> <p>The client census was 70 at the time of the survey.</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 reviews and interview, the facility failed to have written consent or agreement by the client or responsible party affecting one of seven current clients (#4) and one of two former clients (FC #8). The findings are:</p> <p>a. Review on 6/9/21 of client #4's record revealed: -Admission date of 2/21/19. -Diagnosis of Opioid Use Disorder. -He had a treatment plan dated 1/24/21. -Client #4's treatment plan had no written consent or agreement by the client or responsible party.</p> <p>b. Review on 6/9/21 of FC #8's record revealed: -Admission date of 6/29/20. -Diagnoses of Opioid Use Disorder, Borderline Personality Disorder, Post Traumatic Stress Disorder and General Anxiety Disorder. -Discharge date of 8/16/20. -She had a treatment plan dated 6/14/20. -FC #8's treatment plan had no written consent or agreement by the client or responsible party.</p> <p>Interviews on 6/9/21 and 6/10/21 with the Program Director revealed: -Client #4's treatment plan was completed as a Telehealth visit, however he never signed the his treatment plan. -FC #8 had a current treatment plan and she was</p>	V 112		

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V 112	Continued From page 2 not sure why the signed plan was not in the chart. -She confirmed the treatment plans for client #4 and FC #8 had no written consent or agreement by the client or responsible party.	V 112		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);	V 113		

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V 113	<p>Continued From page 3</p> <p>(B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure records were complete affecting six of seven current clients (#1, #2, #3, #4, #5, #6) and affecting two of two former clients (FC #8 and FC #9). The findings are:</p> <p>a. Review on 6/9/21 of client #1's record revealed: -Admission date of 9/12/17. -Diagnosis of Opioid Use Dependence, Severe. -There was no documentation of a signed statement from the client or legally responsible person granting permission to seek emergency care.</p> <p>b. Review on 6/9/21 of client #2's record revealed: -Admission date of 3/11/19. -Diagnosis of Opioid Dependence, Severe. -There was no documentation of a signed statement from the client or legally responsible person granting permission to seek emergency care.</p>	V 113		

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V 113	<p>Continued From page 4</p> <p>c. Review on 6/9/21 of client #3's record revealed: -Admission date of 4/5/21. -Diagnoses of Opioid Use Dependence, Severe and Attention Deficit Disorder. -There was no documentation of a signed statement from the client or legally responsible person granting permission to seek emergency care.</p> <p>d. Review on 6/9/21 of client #4's record revealed: -Admission date of 2/21/19. -Diagnosis of Opioid Use Disorder, Severe. -There was no documentation of a signed statement from the client or legally responsible person granting permission to seek emergency care.</p> <p>e. Review on 6/9/21 of client #5's record revealed: -Admission date of 6/13/16. -Diagnoses of Opioid Use Disorder, Severe and General Anxiety Disorder. -There was no documentation of a signed statement from the client or legally responsible person granting permission to seek emergency care.</p> <p>f. Review on 6/9/21 of client #6's record revealed: -Admission date of 8/5/19. -Diagnosis of Opioid Use Disorder. -There was no documentation of a signed statement from the client or legally responsible person granting permission to seek. emergency care.</p> <p>g. Review on 6/9/21 of FC #8's record revealed: -Admission date of 6/29/20. -Diagnoses of Opioid Use Disorder, Borderline Personality Disorder, Post Traumatic Stress</p>	V 113		

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V 113	<p>Continued From page 5</p> <p>Disorder and General Anxiety Disorder. -Discharge date 8/16/20. -There was no documentation of a signed statement from the client or legally responsible person granting permission to seek emergency care.</p> <p>h Review on 6/9/21 of FC #9's record revealed: -Admission date of 2/12/18. -Diagnosis of Opioid Type Dependence, Unspecified Type. -Discharge date of 11/19/20. -There was no documentation of a signed statement from the client or legally responsible person granting permission to seek emergency care.</p> <p>Interview on 6/10/21 with the Program Director revealed: -She started working in her current position with the agency in January 2021. -A lot of the requirements for the clinic was not being done by the Former Clinic Director. -She noticed that some of the clients did not have an emergency consent in their chart. -She and the other counselors were making sure clients completed the consents annually going forward. -She confirmed there was no documentation of a signed statement from the client or legally responsible person granting permission to seek emergency care for clients #1, #2, #3, #4, #5, #6, FC #8 and FC #9.</p>	V 113		