Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
	MHL095-046		B. WING		06/17/2021	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
STEPPIN	IG STONE OF BOONI		EENWAY RO NC 28607	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	2021. The complain #NC00170140). A	y was completed on June 17, nt was substantiated (Intake deficiency was cited. The ry as of June 16, 2021 was 322				
	This facility is licens category:	sed for the following service				
	- 10A NCAC 2 Treatment	7G .3600: Outpatient Opioid				
V 235	27G .3603 (A-C) O	utpt. Opiod Tx Staff	V 235			
	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 infectious diseases including HIV,					

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

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		MIII 005 040	B WING		00/4	7/0004			
NAME OF I		MHL095-046	1		06/1	7/2021			
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 643 L GREENWAY ROAD								
STEPPIN	IG STONE OF BOON	BOONE, I	NC 28607						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE			
V 235	Continued From page 1		V 235						
	sexually transmitted	d diseases and TB.							
	failed to maintain the which was a minimicounselor to each 5. The findings are: Review on 6-16-21 list provided by the - 5 active subst - 322 current cl	and record review, the facility he required number of staff, um of one drug abuse 50 clients. of the client and staff census facility revealed: ance abuse counselors							
	revealed: - the only time I clients was when he there and was "ram - after that, his between 60 and 90	caseload size was usually clients umber he carried on his							
	employee who requested: - When they lef								

Division of Health Service Regulation

STATE FORM 6899 X5ML11 If continuation sheet 2 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL095-046		B. WING		06/17/2021	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
STEPPING STONE OF BOONE 643 L GREENWAY ROAD BOONE, NC 28607					
PREFIX (EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE COMPLETE	
due to not having - "If there was clients) were allow Interview on 6-16 she was awa more than 50 clier - she had not least a year and a - her current c - "It's been th a year now." - "I'm hoping Interview on 6-17- Director/Chief Exe - he understoo counselors to the - he only ident counselors who w - he was awar more than 50 clier caseload	Ints were never turned away enough counselors on staff money to be made, they (new red to come into the program" 21 with staff #3 revealed: are it was supposed to be no ats for each counselor had 50 or less clients in, "at half ago" aseload size was 62 clients at way, up and down for about it'll go down soon." 21 with the Program cutive Officer revealed: and the facility was out of ratio for number of clients iffied 5 substance abuse orked with clients ethere was supposed to be no ats on each counselor's	V 235			

6899

Division of Health Service Regulation STATE FORM

X5ML11 If continuation sheet 3 of 3