STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL016-046	B. WING		06/10	6/2021
NAME OF F	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
MOREHE	EAD CITY TREATMEN	T CENTER	TH 35TH STF AD CITY, NC	<del></del> -		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs	V 000			
		sed for the following service AC 27G .3600 Outpatient				
	The census at the t	ime of this survey was 252.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	only be administered order of a person andrugs.  (2) Medications shat clients only when and client's physician.  (3) Medications, included administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Administer current. Medication recorded immediate MAR is to include the (A) client's name;  (B) name, strength, (C) instructions for (D) date and time the	inistration: non-prescription drugs shall ad to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be all licensed persons, or by a trained by a registered nurse, a legally qualified person and a e and administer medications. Iministration Record (MAR) of a tred to each client must be kept a sadministered shall be all after administration. The				

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

(X6) DATE TITLE

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		MHL016-046	B. WING			R <b>16/2021</b>		
	PROVIDER OR SUPPLIER	T CENTER 403 NO	ADDRESS, CITY, S DRTH 35TH STR HEAD CITY, NC	EET				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
V 118	checks shall be rec	ge 1 for medication changes or orded and kept with the MAI appointment or consultation	V 118					
	facility failed to adm prescribed by the p audited clients (#30 Review on 6/9/21 a record revealed: -29 year old female -Admitting diagnosi DisorderHistory of Opioid U-Order dated 5/13/2 (milligrams) today a every other day for Withdrawal Score) maximum dose of 8-No order to clarify order to hold dose i Review on 6/9/21 a MAR of Methadone 5/13/21 - 6/9/21 rev-5/20/21: Client #30 from 20 mg to 25 m -Client #303 did not 5/24/21 following 4	views and interviews, the ninister medications as hysician affecting 1 of 12 i3). The findings are:  Ind 6/10/21 of client# 303's admitted 5/13/21.  Is, Severe Opioid Use is Disorder for 16 years. It to start Methadone 20 mg and may increase by 5 mg COWS (Clinical Opiate greater than 5, up to 30 mg daily.  In to implement the standing increases over the week end of 6/10/21 of client# 303's is doses administered from realed:	is.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL016-046	B. WING			R <b>16/2021</b>
	PROVIDER OR SUPPLIER	T CENTER 403 N	ET ADDRESS, CITY, STIP STENDENTH 35TH STIP EHEAD CITY, NO	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 118	40 mg to 45 mgClient #303 did not 6/7/21 following 3 cd 45 mg daily. The dot Review on 6/9/21 od dated 12/24/18 react their Methadone or Saturday or Sunday.  Review on 6/10/21 the Program Direct on 6/10/21 at 8 am -The communication please be advised the eligible for dose incommunication of the physician requirements.  Review on 6/10/21 revealed:	days dose was increased from the receive another increased to onsecutive days of receivings was increased to 50 mg. If a facility "Standing Order" day "Patients may not increa Buprenorphine dose during clinic hours"  of a physician email sent to or/Registered Nurse (PD/R revealed: In read, "If not already away that pregnant patients are reases on weekends."  uested this be posted in the of case notes dated 6/10/2	until gg g. se g N)			
	and reported mode -The client reported drugs, but the amora admissionThe last drug scree for cocaine, opiates  Interview on 6/9/21 -She had attended March 2020She had recently re she learned she wa -She had been pres -Her current dose w -Her dose could har other day unless she	client #303 stated: the clinic "On and off" since eturned to the client because as pregnant. scribed Methadone. was 55 mg. ve been increased 5 mg ev	er ive e se ery			

Division of Health Service Regulation

STATE FORM 5699 5GJK11 If continuation sheet 3 of 17

AND DUAN OF CORRECTION INDENTIFICATION NUMBER:					(3) DATE SURVEY COMPLETED		
		MHL016	-046	B. WING		F 06/1	R 6/2021
NAME OF F	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
MOREHE	EAD CITY TREATMEN	T CENTER		TH 35TH STF AD CITY, NO			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 3		V 118			
	had been delayed.						
V 131	Interviews on 6/9/2 Director/Registered -Client #303 had no 5/22/21, 5/23/21, or week end daysThe clinic had a str physician that dose week ends due to li -She received a cor physician via email pregnant patients w on week ends.  Interview on 6/10/2 -The policy of not in week end did not a -This policy had be 6/9/21 and the corre the dosing roomShe was not aware increased over wee  G.S. 131E-256 (D2 Verification  G.S. §131E-256 HE REGISTRY (d2) Before hiring h health care facility of health care facility of health care facility of access in the app	I Nurse (PD/R of received dos 6/6/21 because anding order first were not incomited staff. In munication fon 6/10/21 that were eligible for 1 the Physician acreasing dosapply to pregnate clarified wite ect order was be doses were rest ends for preservice, every shall access the and shall note.	N) Stated: se increases on se these were  rom the reased over the at clarified r dose increases  n stated: ages over the nt patients. h the PD/RN on to be posted in not being agnant patients.  r Employment  PERSONNEL  sonnel into a ary employer at a ne Health Care e each incident	V 131			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		MHL016	S-046	B. WING		06/1	R 6/2021
		WITILOTO				00/1	6/2021
NAME OF I	PROVIDER OR SUPPLIER			DRESS, CITY, 8 F <b>H 35TH STF</b>	STATE, ZIP CODE		
MOREHE	EAD CITY TREATMEN	T CENTER		AD CITY, NO			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 131	Continued From pa	ge 4		V 131			
	This Rule is not me Based on record re failed to complete H Registry (HCPR) ch audited staff (Certif Counselor - Registere:  Review on 6/10/21 Counselor - Registerecord revealed: - Title: Primary Coulon-Hire date 3/23/20 HCPR checks correcord revealed:	et as evidence views and interest to the least of the lea	erview the facility ersonnel hire for 2 of 6 and Drug 2). The findings cohol and Drug R) #1's personnel				
	- Title: Primary Cou - Hire date 5/17/21 HCPR check com  During interview on Nurse/Program Dire HCPR checks were forward.  This deficiency con and must be correct	pleted 5/23/2 6/10/21 the Fector stated secompleted positivates a re-contract of the pletes of the p	Registered he would ensure rior to hire going				
V 133	G.S. \$122C-80 Crim G.S. \$122C-80 CRI CHECK REQUIREI APPLICANTS FOR (a) Definition As u "provider" applies to program and any pro-	IMINAL HISTO D FOR CERT E EMPLOYME used in this se o an area auth	ORY RECORD AIN NT. ection, the term nority/county	V 133			

Division of Health Service Regulation

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Division	of Health Service Re	egulation		I		1	
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATIO	NN NOMREK:	A. BUILDING:		COMP	PLETED
							3
		MHL016-0	46	B. WING			16/2021
		2010		l		00/	10/2021
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MODELLE	AD CITY TREATMEN	IT CENTED	403 NOR1	TH 35TH STF	REET		
WIOINE	AD CITT INLATMEN	II OLIVILIX	MOREHE	AD CITY, NC	28557		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIE	ENCIES	ID	PROVIDER'S PLAN OF CORRECT	TION	(X5)
PRÉFIX		/ MUST BE PRECEDI		PREFIX	(EACH CORRECTIVE ACTION SHOU		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INF	ORMATION)	TAG	CROSS-REFERENCED TO THE APPR DEFICIENCY)	OPRIATE	DATE
					22.10.2.101)		
V 133	Continued From pa	ige 5		V 133			
	developmental disa	bility, and subst	ance abuse				
	services that is lice						
	Chapter.						
	(b) Requirement	An offer of empl	oyment by a				
	provider licensed u						
	applicant to fill a po						
	applicant to have a						
	conditioned on con-	•					
	criminal history rec						
	the applicant has b						
	less than five years						
	is conditioned on co	•					
	criminal history rec						
	national criminal his						
	include a check of						
	the applicant has b						
	five years or more,						
	on consent to a Sta						
	check of the applica						
	employ an applican						
	criminal history rec						
	section. Except as						
	subsection, within f						
	the conditional offe						
	shall submit a requ						
	Justice under G.S.						
	criminal history rec						
	section or shall sub						
	entity to conduct a						
	check required by t						
	G.S. 114-19.10, the						
	return the results of						
	record checks for e						
	covered by Public L						
	Department of Hea						
	Criminal Records C						
	business days of re						
	history of the perso						
	and Human Service	es, Criminai Rec	oras Check				

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DIVISION	of Health Service Re	egulation		_		_	
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFIC	ATION NUMBER:	A. BUILDING:	<del></del>	COMP	PLETED
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		MHL01	6-046	B. WING			6/2021
				l		1 00/1	0/2021
NAME OF I	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
MORFHE	EAD CITY TREATMEN	T CENTER		TH 35TH STF			
			MOREHE	AD CITY, NC	28557		
(X4) ID		TEMENT OF DEF		ID	PROVIDER'S PLAN OF CORRECTI		(X5)
PRÉFIX TAG	(EACH DEFICIENC) REGULATORY OR L			PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
IAG			5	170	DEFICIENCY)	=	
1/ 400	0 " 15			1/400			
V 133	Continued From pa	ge 6		V 133			
	Unit, shall notify the	provider as	to whether the				
	information receive						
	of the applicant. In						
	national criminal his	story record o	check be shared				
	with the provider. P	roviders shal	l make available				
	upon request verific	cation that a	criminal history				
	check has been co						
	by this section. A co						
	appropriate local or						
	the Division of Crim						
	may conduct on be						
	criminal history reco						
	section without the						
	request to the Depa						
	case, the county sh						
	criminal history reco						
	section within five b						
	conditional offer of						
	All criminal history i						
	provider is confider except to the applic						
	(c) of this section. F						
	subsection, the terr						
	business regularly						
	criminal history reco						
	records obtained from						
	(c) Action If an ap						
	record check revea						
	a relevant offense,						
	of the following fact	•					
	hire the applicant:		-				
	(1) The level and se	eriousness of	the crime.				
	(2) The date of the	crime.					
	(3) The age of the p	person at the	time of the				
	conviction.						
	(4) The circumstan						
	commission of the						
	(5) The nexus betw						
	the person and the	inh duties of	the position to be				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		MHL016	-046	B. WING			R <b>16/2021</b>
	PROVIDER OR SUPPLIER	T CENTER	403 NORT	DRESS, CITY, S TH 35TH STF AD CITY, NC		·	
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 133	Continued From partilled.  (6) The prison, jail, rehabilitation, and experson since the day (7) The subsequents a relevant offense. The fact of convictions shall not be a bar to listed factors shall but the provider disquestion of the provider may disclost the criminal history to the disqualification of the criminal history to the disqualification of the criminal history to the disqualification of the criminal history (1) The failure of the individual on the bathe criminal history (2) Failure to check criminal offenses if history record check criminal offenses if history record check criminal offenses if history record check criminal offenses in federal criminal history indictment of a criminal felony, that bears unhave responsibility persons needing modisabilities, or substitutes include the cany of the following General Statutes: A Issuing Monetary Statutes: A Issuing Monetary Statutes:	probation, paremployment reste the crime was commission before of a relevant of employment; on the considered salifies an apple relevant factors information record check for, but may now record check for the employee's the employee	cords of the vas committed. By the person of at offense alone however, the by the provider. I icant after ors, then the contained in that is relevant the provide a copy sk to the and an officer good faith, a immune from mploy an ion provided in of the individual. Is history of seriminal and received in an this section, y, state, or on or pending misdemeanor or ual's fitness to and well-being of evelopmental ervices. These es set forth in apter 14 of the erfeiting and	V 133			

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DIVISION	Of Fleatill Service IN	guiation	ī			1
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	<u></u>	COMP	LETED
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		MHL016-046	B. WING			6/2021
		WITE 10-040			1 00/1	0/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MOREHE	EAD CITY TREATMEN	T CENTER 403 NORT	TH 35TH STF	REET		
MONEIL	LAD OITT TREATMEN	MOREHE	AD CITY, NO	28557		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	TRIAIL	DAIL
				,		
V 133	Continued From pa	ge 8	V 133			
	Endangering Execu	itive and Legislative Officers;				
	Article 6, Homicide;	Article 7A, Rape and Other				
	Sex Offenses; Artic	le 8, Assaults; Article 10,				
	Kidnapping and Abo	duction; Article 13, Malicious				
	Injury or Damage by	y Use of Explosive or				
	Incendiary Device of	or Material; Article 14, Burglary				
	and Other Housebr	eakings; Article 15, Arson and				
	Other Burnings; Art	icle 16, Larceny; Article 17,				
	Robbery; Article 18	, Embezzlement; Article 19,				
		d Cheats; Article 19A,				
		or Services by False or				
		Credit Device or Other Means;				
		al Transaction Card Crime				
		ıds; Article 21, Forgery; Article				
		st Public Morality and				
		A, Adult Establishments;				
		on; Article 28, Perjury; Article				
		31, Misconduct in Public				
		offenses Against the Public				
	-	Riots and Civil Disorders;				
		on of Minors; Article 40,				
		amily; Article 59, Public				
		ticle 60, Computer-Related				
		es also include possession or ation of the North Carolina				
	•					
		ces Act, Article 5 of Chapter statutes, and alcohol-related				
		ale to underage persons in				
		B-302 or driving while				
		n of G.S. 20-138.1 through				
	G.S. 20-138.5.	10. 0.0. 20 100.1 tillough				
	(f) Penalty for Furnishing False Information Any					
		yment who willfully furnishes,				
		ise gives false information on				
		olication that is the basis for a				
		ord check under this section				
		Class A1 misdemeanor.				
		oloyment A provider may				
		t conditionally prior to				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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		MHL01	6-046	B. WING	· · · · · · · · · · · · · · · · · · ·		२ ।6/2021
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MOREH	EAD CITY TREATMEN	IT CENTER		TH 35TH STR AD CITY, NO			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 133	Continued From particles obtaining the result check regarding the following requirement (1) The provider shippion to obtaining the criminal history reconsubsection (b) of the fingerprint cards as (2) The provider shippion criminal history reconsumes days after conditional employed 2001-155, s. 1; 2002 2005-4, ss. 1, 2, 3,	es of a criminate applicant if ents are met: all not emploine applicant's ord check as als section or all submit the ord check not the individual ment. (2000-704-124, ss. 10	both of the  y an applicant consent for required in the completed G.S. 114-19.10. e request for a t later than five al begins 154, s. 4; 0.19D(c), (h);	V 133			
	This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to request criminal background checks within five business days of employment for 2 of 6 audited staff (Certified Alcohol and Drug Counselor-Registered #1 and #2). The findings are:						
	Review on 6/10/21 Counselor - Registerecord revealed: - Title: Primary Cou - Hire date 3/23/20 - Criminal backgrou	ered (CADC- unselor.	R) #1's personnel				
	Review on 6/10/21 record revealed: - Title: Primary Cou - Hire date 5/17/21 - Criminal backgrou	ınselor.	·				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					SURVEY PLETED		
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		MHL016-0	)46	B. WING		06/1	16/2021
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
MOREHI	EAD CITY TREATMEN	T CENTER		TH 35TH STF AD CITY, NC			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 10		V 133			
	During interview on Nurse/Program Dire responsible for ens checks were compl background checks	ector stated she uring criminal b eted. She would	e was ackground d ensure				
V 233	233 27G .3601 Outpt. Opiod Tx Scope			V 233			
	(a) An outpatient of provides periodic seindividual an opport changes in his lifes other medications at treatment in conjunt rehabilitation and m (b) Methadone and for use in opioid tredetoxification and m opioid dependent in (c) For the purpose and other medication treatment shall be adoses for a period methadone and other medication in opioid treatment shall be adoses for a period methadone and other medication in opioid treatment shall be adoses for a period methadone and other medication in opioid treatment in opioid	pioid treatment ervices designe cunity to effect of tyle by using me approved for use ction with the predical services. I other medication atment are also enabilitation produvidual. The of detoxifications approved for administered in not to exceed 18 with a history of cted to an opioi re admission to er medications are may be adress of 180 days a	facility d to offer the constructive ethadone or e in opioid rovision of . ons approved o tools in the ocess of an on, methadone or use in opioid decreasing 80 days. f being d drug for at the service, approved for e used in cases, approved for ministered or nd shall be				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		MHL016-04	16	B. WING			<b>⋜</b> 16/2021
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE	,	
		T CENTED		TH 35TH STR	,		
MOREHE	EAD CITY TREATMEN	ICENTER	MOREHE	AD CITY, NC	28557		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIE ' MUST BE PRECEDE SC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 233	Continued From pa	ge 11		V 233			
	This Rule is not me Based on record re facility failed to prov coordination with th and medical service clients (#17, #303).	views and intervivides periodic ser e provision of reles affecting 2 of	ews, the vices in nabilitation 12 audited				
	Finding #1: Review on 6/9/21 of client #13's record revealed: -40 year old female admitted 10/11/18Admitting diagnosis: Severe Opioid Use Disorder, Hepatitis C, Bipolar I Disorder, Depressive Disorder, Anxiety and Post Traumatic Stress DisorderClinical Assessment dated 12/31/20 revealed "Hepatitis C is a current health issue". "[Client #17] reports having Hepatitis C and needing to get it treated" -Person Centered Plan (PCP) dated 12/31/20 did not have strategies or goals to address client #17's diagnosis and treatment of Hepatitis CAnnual physical completed 1/7/21 did not address client #17 diagnosis and treatment of Hepatitis CNo documented case notes for client #17's current treatment plan yearCase notes dated 12/31/20 - 6/9/21 did not reveal any discussions or referrals for treatment of Hepatitic C.						
	Review on 6/11/21 of Director/Registered patient had previous encouraged to go to treatment. There was	Nurse (PD/RN) sly been referred the Health Dep	read, "that and artment for				
	Review on 6/14/21 provided by the PD -Case note dated 4.	/RN revealed:					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '			(X3) DATE SURVEY COMPLETED		
		A. BUILDING:			R		
MHL016-046			B. WING	<del></del>		6/2021	
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MOREHE	EAD CITY TREATMEN	IT CENTER		TH 35TH STE			
0(4) ID	CLIMMA DV CT	TEMENT OF DE		AD CITY, NO		FIONI	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC) REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 233	Continued From pa	ige 12		V 233			
	current treatment p -Client #17 acknow and need to seek ti -Counselor encoura treatment.	rledged Hepa reatment. aged client #1	17 to seek				
	Interview on 6/10/17 CADC-R #1 stated: -She was aware of client #17's Hepatitis C diagnosisShe had not discussed the Hepatitis C diagnosis with client #17 since client #17 was dealing with her husband's illness.						
	Interview on 6/10/17 CADC-R #2 stated: -He had not assessd client #17's record yet.						
	No additional documentation of strategies or coordination for client #17's Hepatitis C provided.						
	Finding #2: Review on 6/9/21 arecord revealed: -29 year old female -Admitting diagnosi DisorderPositive pregnance -Physician docume history and physica (frequent) absence program. Advised dosing to achieve so of need to D/C (dis (Methamphetamine -Treatment Team N 5/13/21 documente Call if not in attenda	e admitted 5/1 is, Severe Op y test on 5/13/ nted on 5/13/ il) "hx (history during prior apt (patient) of stabilization. Acontinue) mee) use"	3/21. bioid Use 6/21. 6/21 (admission by) very freq admits to f need for daily Also advised her th				
	Review on 6/9/21 a medication record the client was abse	from 5/13/21	- 6/9/21 revealed				

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AND BLAN OF CORRECTION . IDENTIFICATION NUMBER:					TE SURVEY MPLETED		
MHL016-046						R 6/ <b>16/2021</b>	
		STREET ADI	DRESS, CITY, S TH 35TH STF	STATE, ZIP CODE REET	1 00/1	0,2021	
MOREHE	EAD CITY TREATMEN	MOREHEA	AD CITY, NO	28557			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
V 233	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		V 233	DEFICIENCY)			
	Review on 6/11/21	of an email from the PD/RN					

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AND DUAN OF CODDECTION IDENTIFICATION NUMBER.				(X3) DATE COMPI		
		B. WING		R		
MHL016-046			D. WING		06/1	6/2021
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MOREH	EAD CITY TREATMEN	T CENTER	TH 35TH STR AD CITY, NC			
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V 233	on 6/11/21 read, " team (team meeting patient (#303) to be MD (physician). (The counselor's responsitis usually the nurs with the MD outside not explicitly specification of the model o	the intention of the treatment g on 5/13/21) was for the called when absent, not the is is why I said that it is the sibility to make those calls, as sing staff who communicate of the treatment team.) It was ed on the treatment team	V 233			
( 250	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 200			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE	SURVEY		
Dentilo Control Nomber.		A. BUILDING:					
MHL016-046			B. WING			२ 16/2021	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
MOREH	EAD CITY TREATMEN	NT CENTER		TH 35TH STR AD CITY, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 235	Continued From pa	age 15		V 235			
	This Rule is not m Based on record re failed to ensure a r abuse counselor or was on staff of the increments thereof  Review on 6/08/21 Registered Nurse/I - 1 current License (LCAS) 1 former LCAS 3 current Certified Counselor-Registe	et as evidence eview and inte minimum of or r substance al facility to eacl The findings of "Staff List" Program Direct d Clinical Add	rview the facility ne certified drug buse counselor n 50 clients and s are:  provided by the ctor revealed: iction Specialist  Drug ).				
	Review on 6/08/21 provided by the Re Director revealed: - LCAS#1 had a ca - CADC-R #1 had a - CADC-R #2 had a - CADC-R #3 had a - Former LCAS #2 - 1 client was listed.  During interviews of CADC-R #1 stated - She had worked a 2020 She had over 50 she began working - Her large caseloasee her assigned of She had 89 client CADC-R #2 was his - Until recently 2 coshe assumed the residue.	egisterd Nurse aseload of 35 of a caseload of a caseload of a caseload of had a caseload of had a caseload as unassign on 6/08/21 and the facility so clients on her at the facility and made it difficilients. It is on her case ired.	/Program clients. 57 clients. 47 clients. 52 clients. ad of 60 clients. ed. d 6/10/21 since March caseload since cult for her to load when				

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STATE FORM 5699 5GJK11 If continuation sheet 16 of 17

PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	AND DIAN OF CORRECTION INDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  (X3)			(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  MOREHEAD CITY TREATMENT CENTER  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 235  Continued From page 16  in-house counselor when a client needed to see a counselor immediately.  - Having counselors onsite and available to the clients would be better for the clients and the facility.  - Her last day of employment was a week away; "It's really stressful and it's easy to get burned out and I want to provide the best services I can to my clients, but it's been non-stop lately."  - Clients who were in recovery and still using illicit	MUI 046 046			B. WING				
MOREHEAD CITY TREATMENT CENTER  403 NORTH 35TH STREET MOREHEAD CITY, NC 28557   (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 235  Continued From page 16  in-house counselor when a client needed to see a counselor immediately Having counselors onsite and available to the clients would be better for the clients and the facility Her last day of employment was a week away; "It's really stressful and it's easy to get burned out and I want to provide the best services I can to my clients, but it's been non-stop lately." - Clients who were in recovery and still using illicit	NAME OF					1 06/1	0/2021	
MOREHEAD CITY TREATMENT CENTER  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (EACH DEFICIENCY)  V 235  Continued From page 16  in-house counselor when a client needed to see a counselor immediately.  - Having counselors onsite and available to the clients would be better for the clients and the facility.  - Her last day of employment was a week away; "It's really stressful and it's easy to get burned out and I want to provide the best services I can to my clients, but it's been non-stop lately."  - Clients who were in recovery and still using illicit			403 NOR					
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someone to be there and it needs to be face-to-face."  During interview on 6/10/21 CADC-R #2 stated: - He started working at the facility May 17, 2021 His caseload consisted of "46 or 47; I just got it last week." - He was in the process of meeting his clients.  During interview on 6/10/21 the Registered Nurse/Program Director stated: - Former LCAS #2 resigned 4 days prior to the survey; her caseload was not yet re-assigned Caseloads would be re-distributed to even out the number of clients assigned to each counselor when new counselors were hired A new counselors were hired A new counselor was hired, but did not show up on their first scheduled day of work She offered a position to another counselor who was scheduled to start work soon.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.		counselor immedia - Having counselors clients would be be facility Her last day of em "It's really stressful and I want to provio my clients, but it's b - Clients who were drugs needed addit someone to be ther face-to-face."  During interview on - He started working - His caseload cons last week." - He was in the provious During interview on Nurse/Program Dire - Former LCAS #2 survey; her caseloa - Caseloads would the number of clien when new counselor - A new counselor - A new counselor - She offered a pos was scheduled to s  This deficiency con	s onsite and available to the effect for the clients and it's easy to get burned out de the best services I can to be en non-stop lately."  In recovery and still using illicit tional support; "They need re and it needs to be  1 6/10/21 CADC-R #2 stated: g at the facility May 17, 2021. sisted of "46 or 47; I just got it cess of meeting his clients.  1 6/10/21 the Registered effector stated: resigned 4 days prior to the effect was not yet re-assigned. be re-distributed to even out effect for the effect of t					