STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL078-282	B. WING		06/	06/17/2021	
AME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE	00/	1772021	
	TON TREATMENT C	ENTER 2200 CL	YBOURN CHU RTON, NC 283	RCH ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLE DATE	
V 000	INITIAL COMMEN	TS	V 000				
	on June 17, 2021. substantiated (intal #NC00175620) and unsubstantiated (in #NC00163982). De This facility is licent 10A NCAC 27G .36 Treatment.	aplaint survey was completed Two complaints were (e #NC00177371 and d two complaints were take #NC00163840 and efficencies were cited. sed for the following category: 500 Outpatient Opioid					
V 110	27G .0204 Training Paraprofessionals	/Supervision	V 110				
	SUPERVISION OF (a) There shall be paraprofessionals. (b) Paraprofession associate profession professional as spe Subchapter. (c) Paraprofession knowledge, skills a population served. (d) At such time as employment syster then qualified profe professionals shall	ledge; ness; ; g; kills;					

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL078-282	B. WING		06/17/2021	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	ATE, ZIP CODE		
UMBER		ENTER	BOURN CHU			
			TON, NC 283			(1.1-)
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From pa	ige 1	V 110			
	(7) clinical skills.(f) The governing bdevelop and implerfor the initiation of t	body for each facility shall ment policies and procedures the individualized supervision ich paraprofessional.				
	audited paraprofes failed to demonstra	et as evidenced by: eviews and interviews, 1 of 4 sional staff (Counselor #2) ite knowledge, skills and v the population served. The				
	revealed: -45 year old male. -Admission date 1/	of client #1660 record 12/21. vid Use Disorder, Severe.				
	record revealed: -Hire date 3/3/20. -Job Title: Certified Counselor-Intern.	of counselor #2 personnel Addiction Drug Jp" dated 6/4/21 "Description				
	of Infraction: Exces plan was reviewed 2020 to address im	and discussed in December provement in these areas. s to be evident with several				
	verbal warning for i [Counselor #2] has outs: January 7, 25	mprovement in this area accumulated the following call , Feb 5, March 11, 15, 16,				
		not call or report to work on Tardy on March 2, April 8, 22,				

Division of Health Service Regulation STATE FORM

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ENTN11

If continuation sheet 2 of 5

				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL078-282	B. WING		06/17/2021	
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE	·	
	TON TREATMENT CI	ENTER 2200 C	LYBOURN CHU	RCH ROAD		
		LUMB	ERTON, NC 283	58		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 110	Continued From pa	ge 2	V 110			
	28th, 30th with no report to PD (Program Director) on April 28th and April 30th. [Counselor #2] was a no show on March 26th, April 26, May 17th, and June 3rd, making no report to PD regarding absence. [Counselor #2] continued to be late on April 28th and April 30th with no reports made to PD. Writer spoke with [Counselor #2] 4.26.2021 regarding continued issues with being tardy or calling out with no evidence of a doctor's note. verbally expressed and discussed concerns for this behavior and the effect on the patients as well as the lack of team work exhibited continued tardiness" Interview on 6/17/21 client #1660 stated: -He had been assigned to counselor #2. -There had been times counselor #2 had not been available during early dosing hours.		y orts g ns as			
	-Counselor #2 told get to work by 6am -Counselor #2 had and he (client) had -Counselor #2 cam him.	him he was not always able not been available this week a crisis. e to his home and spoke wit	< l			
	-He had been empl substance abuse co -He provided a 2 wo leave the facility. -He had ongoing he	eek notice and planned to ealth issues that interfered w	vith			
	patients because he work.	he had not been available fo e was late or absent from				
	other patients prefe -Client #1660 prefe was unavailable.	uld see other counselors and rred to wait to see him. rred to wait to see him if he not allowed to visit patients				

STATE FORM

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. BUILDING.			
		MHL078-282	B. WING		06/	17/2021
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
UMBER	TON TREATMENT CI	ENTER	BOURN CHUI			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 110	Continued From pa	ige 3	V 110			
	sometimes. -There were times	all so he ran into patients he had seen a patient outside rove by and stopped to speak				
	Director stated: -Counselors reported 5:45am. -She completed plat #2 for calling out. -Counselor #2 was 6/17/21 during onsider -She had contacted he come to work or -Counselor #2 had planned to leave the	l counselor #2 and requested n 6/17/21. given a 2 week notice and				
V 752	10A NCAC 27G .03 EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas c exposed to hot wate	ot Water Temperatures 304 FACILITY DESIGN AND acility shall be designed, uipped in a manner that al safety of clients, staff and of the facility where clients are er, the temperature of the stained between 100-116 t.	V 752			
		et as evidenced by: ion and interview, the facility s were not maintained between				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL078-282	- В. WING		06/	17/2021
AME OF F	ROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE. ZIP CODE	00/	
	TON TREATMENT C	ENTER 2200 CL	YBOURN CHUR RTON, NC 283	RCH ROAD		
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 752	Continued From pa	age 4	V 752			
	100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are:					
	Observation on 6/15/21 at approximately 9:30am revealed the hot water temperature in the client bathroom near the 2nd lobby was 120 degrees Fahrenheit.					
	Interview on 6/15/21 and 6/17/21 the Program Director stated: -She was not aware of the hot water temperature. -She would follow up with maintenance on the water temperature at the facility.					