

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL078-282</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/17/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LUMBERTON TREATMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2200 CLYBOURN CHURCH ROAD LUMBERTON, NC 28358</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on June 17, 2021. Two complaints were substantiated (intake #NC00177371 and #NC00175620) and two complaints were unsubstantiated (intake #NC00163840 and #NC00163982). Deficiencies were cited.</p> <p>This facility is licensed for the following category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.</p> <p>The census at the time of the survey was 383.</p>	V 000	<p style="text-align: center;"><b>DHSR - Mental Health</b></p> <p style="text-align: center;"><b>JUN 30 2021</b></p> <p style="text-align: center;"><b>Lic. &amp; Cert. Section</b></p>	
V 110	<p><b>27G .0204 Training/Supervision Paraprofessionals</b></p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> </ol>	V 110		<p style="text-align: right;"><i>Robyn Mitchell, RN, BSW</i></p>

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

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V 110	<p>Continued From page 1</p> <p>(7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 4 audited paraprofessional staff (Counselor #2) failed to demonstrate knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 6/17/21 of client #1660 record revealed: -45 year old male. -Admission date 1/12/21. -Diagnoses of Opioid Use Disorder, Severe.</p> <p>Review on 6/17/21 of counselor #2 personnel record revealed: -Hire date 3/3/20. -Job Title: Certified Addiction Drug Counselor-Intern. -"Employee Write Up" dated 6/4/21 "Description of Infraction: Excessive tardiness. A performance plan was reviewed and discussed in December 2020 to address improvement in these areas. Tardiness continues to be evident with several verbal warning for improvement in this area [Counselor #2] has accumulated the following call outs: January 7, 25, Feb 5, March 11, 15, 16, [Counselor #2] did not call or report to work on March 26th, 2021. Tardy on March 2, April 8, 22,</p>	V 110	<p>As noted in the DHSR reviewed documentation counselor #2 has resigned due to health concerns from Lumberton Treatment Center as of June 11, 2021. Counselor #2 last day of employment, June 25, 2021, is noted in the resignation letter reviewed by the DHSR survey team during the survey.</p> <p>Additional documentation reviewed by the DHSR survey team included an employee write up and plan of correction dated 12/11/2020 and 06/04/2021.</p> <p>The Program Director may several attempts to assist the employee with corrective measures to allow for employment retention. During the DHSR interview, it is documented that counselor #2 disclosed breaking policy by stopping at the residence of a patient while out in the community. Counselor #2 did not disclose this to the Program Director prior to the DHSR interview, therefore, not allowing the Program Director an opportunity to address it.</p>

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V 110	Continued From page 2  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. -Counselor #2 told him he was not always able to get to work by 6am. -Counselor #2 had not been available this week and he (client) had a crisis. -Counselor #2 came to his home and spoke with him.  Interview on 6/17/21 counselor #2 stated: -He had been employed for a year as a substance abuse counselor. -He provided a 2 week notice and planned to leave the facility. -He had ongoing health issues that interfered with ability to be present at work. -There were times he had not been available for patients because he was late or absent from work. -Some patients would see other counselors and other patients preferred to wait to see him. -Client #1660 preferred to wait to see him if he was unavailable. -Counselors were not allowed to visit patients	V 110	It is unfortunate when staff members are out due to sickness, paid days off, or other emergencies that can arise in daily work life. The counseling staff and the Program Director maintain an open door policy which allows for patients to be seen by other counseling staff members or the Program Director when their assigned counselor is out of the office. Along with certified and licensed counseling staff the Program Director is a Licensed Clinical Addictions Specialist (LCAS) and Licensed Clinical Mental Health Counselor (LCMHC). Patients of the treatment center continue to receive quality services even when their assigned counselor is not available.	

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V 110	Continued From page 3 outside the facility. -The town was small so he ran into patients sometimes. -There were times he had seen a patient outside their home as he drove by and stopped to speak to them.  Interview on 6/15/21 - 6/17/21 the Program Director stated: -Counselors reported to work between 5:30 - 5:45am. -She completed plan of correction with counselor #2 for calling out. -Counselor #2 was not available the morning of 6/17/21 during onsite survey. -She had contacted counselor #2 and requested he come to work on 6/17/21. -Counselor #2 had given a 2 week notice and planned to leave the facility. -Counselors were not supposed to visit patient's homes.	V 110		
V 752	27G .0304(b)(4) Hot Water Temperatures  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.  This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between	V 752	The Program Director has scheduled a plumber for Thursday, July 1, 2021 to address water temperature concerns.	

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V 752	<p>Continued From page 4</p> <p>100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are:</p> <p>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.</p> <p>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.</p>	V 752		

**LUMBERTON TREATMENT CENTER**

2200 Clyborn Church Rd.  
Lumberton, NC 28360-9356  
OFFICE (910) 739-9160

June 25, 2021

Tareva Jones, MSW  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section  
NC Department of Health and Human Services Regulation

Dear Ms. Jones:

Please find enclosed the response to the Annual, Complaint & Follow Up Survey completed on 06/17/2021 for Lumberton Treatment Center, MHL #078-282.

We thank you and the survey team for the site visit and welcome the opportunity to improve services at the facility. We look forward to our continued partnership with NCDHSR.

If you have any additional needs, please do not hesitate to reach out to me.

Thank you,



Robyn Mitchell, RN, BSN  
VP  
252-299-0378  
[RM@TreatmentNC.com](mailto:RM@TreatmentNC.com)

**Facility Locations:**

Nags Head Treatment Center  
Morehead City Treatment Center  
Jacksonville Treatment Center  
Sanford Treatment Center  
Rocky Mount Treatment Center  
Western Wake Treatment Center  
Lumberton Treatment Center