STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
		MHL092-523		B. WING		00//	08/04/2021	
		WITILU92-523				08/0	J4/2U21	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
RALEIG	H METHADONE TREA	TMENT CENTER		NT GILES ST , NC 27612	REET			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRE	CTION	(X5)	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	COMPLÉTE DATE	
V 000	INITIAL COMMENT	rs		V 000				
	An annual and follo on 8/4/21. Deficiend	w up survey was cor cies were cited.	mpleted					
	This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment. Facility census: 93							
V 116	V 116 27G .0209 (A) Medication Requirements			V 116				
	V 116 27G .0209 (A) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (a) Medication dispensing: (1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe. (2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing. (3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 45G .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing. (4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs							

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		MHL092-523		B. WING		08/	04/2021	
RALEIGH METHADONE TREATMENT CENTER 6118 SAIN				DDRESS, CITY, STATE, ZIP CODE INT GILES STREET H, NC 27612				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE	
V 116	Board of Pharmacy locked supply of pre Samples shall be d	ge 1 Physicians may ke escription drug samp ispensed, packaged ice with state law an	oles. , and	V 116				
	failed to ensure a Remployed and pres methadone doses f take home doses. Observation on 8/4, following:	s and observation the degistered Nurse (Rivent to supply take he or the clients who quality the findings are: 1/21 at 6:30 AM revealed bottles with meters.	N) was ome ualified for aled the					
	(LPN) stated: - She worked alc - The other LPN when she was off Had not had a l 2021 A Family Nurse employed until Frida - The FNP saw of physical exams out - She and the oth preparing and distri for clients since the	the Licensed Practice one in the dosing room worked a few days at RN employed since Practitioner (FNP) way, 7/30/21. Side of the dosing room LPN were the one buting the take hom RN left in January 2 the Counselor/Prog	m. January was office for oom. ly staff e doses 2021.					
	Director stated:	mployed an RN sinc						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:				
		MHL092-523	B. WING		08/	04/2021	
	PROVIDER OR SUPPLIER	TMENT CENTER 6118 SAI	DDRESS, CITY, STATE, ZIP CODE NT GILES STREET I, NC 27612				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 116	2021. - They only empl the dosing room. - The FNP was p participate in prepa home doses.	ge 2 oyed two LPNs who work in present daily but did not ring and distributing the take uning to hire an RN soon.	V 116				
V 235	10A NCAC 27G .36 (a) A minimum of ocunselor or certification each 50 clients and on the staff of the fathis prescribed ration individual who is certification requires months from the data (b) Each facility should be continuing addiction. (c) Each direct care continuing education the following: (1) nature of (2) the withdress of the continuing education the following: (1) nature of (2) the withdress of the continuing education the following: (3) group and	one certified drug abuse ed substance abuse counselor and increment thereof shall be acility. If the facility falls below of and is unable to employ an rtified because of the tified persons in the facility's may employ an uncertified at this employee meets the ments within a maximum of 26 at the of employment. The facility is all have at least one staff all have at least one staff all have at least one staff and of secondary complications are staff member shall receive in to include understanding of addiction; awal syndrome; and diseases including HIV,					

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N72I11 If continuation sheet 3 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE		
RALEIGI	H METHADONE TREA	TMENT CENTER	AINT GILES ST 6H, NC 27612	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 235	Continued From pa	ge 3	V 235			
	This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a minimum of one certified substance abuse counselor to each 50 clients and increments thereof. The findings are:		′			
	sheet revealed:	f the facility's client census led in the program				
	following:	Clients #1-#6 stated the eir current counselor				
	Director reported: - He was the only employed - Another counse leave in July 2021 a - There was an ii - He inherited bo him with all 93 client - For the last mo with work - Didn't have a cl previous counselor' - Didn't know how 93 clients in one modern of the properties of t	ntern that left in May 2021 Ith of their caseloads leaving Its Inth he had been "swamped" I hance to catch up with I's clients I he was supposed to counse I onth I gram Director position I nd there was "urgency" in I selor I selor I selor I ont desk 3 days per week I duties and taking clients'	el			
		excuse as to why clients other than being "swamped				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	TMENT CENTER 6118 SAI	DDRESS, CITY, S NT GILES ST I, NC 27612	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
V 235	- They were doin up until the last coubecause it was ove	ge 4 g online counseling sessions nselor left and he "halted" that rwhelming for just him to do it online sessions once they hire	V 235			
V 236	secure the following (1) individual each client; (2) education (3) vocationa (4) job develo (5) money m (6) nutrition e (7) referrals t including Alcoholics	503 STAFF all have staff to provide or	V 236			
	failed to provide co 6 audited clients (# are: A. Review on 8/4/2 revealed: - Admission 12/4 - Diagnosis: Opia	view and interview, the facility unseling services affecting 4 of 1, #2, #4, #6). The findings 1 of Client #1's record -/15 ate Dependency				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
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	MHL092-523		B. WING		08/	04/2021		
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(X4) ID PREFIX TAG				ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	OVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETI DATE		
V 236	V 236 Continued From page 5			V 236				
	revealed: - Admission 11/3 - Diagnosis: Opi Interview on 8/4/21 - Used to have g - It had been aw session C. Review on 8/4/2 revealed: - Admission 10/2 - Diagnoses: Op Dependency - A treatment tea	ate Dependency Client #2 reported: group sessions hile since the last grounders and of Client #4's record	up I Cocaine 1					
	current counselor - Had not partici - Not sure the la counselor	/Program Director was pated in group session st time he met with his	ns S					
	revealed: - Admission 3/14 - Diagnosis: Opi	1 of Client #6's record 4/07 ate Dependency counseling session wa						
		Client #6 reported: e 2021 was last group	session					
	reported:	Counselor/Program [Director					

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	(X3) DATE SURVEY COMPLETED		
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V 236	employed - Another counse leave in July 2021 a - There was an in May 2021 for a full agency - He inherited bo him with all 93 client - For the last mo with work - Didn't have a cl previous counselor' - Didn't know how 93 clients in one moder of the provious counselor another counselor was read the Provious end the endoing administrative payments - He was just "goden administrative payments worked the doing administrative payments and the endoing administrative payments and the endo	elor went out on maternity and never returned ntern that graduated and left in time position with another th of their caseloads leaving ts nth he had been "swamped" nance to catch up with s clients whe was supposed to counsel	V 236		

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