STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
MHL092-523		B. WING		08/0	08/04/2021			
NAME OF F	PROVIDER OR SUPPLIER	<u> </u>	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	1 00/0	-1/2021	
RALEIGH	RALEIGH METHADONE TREATMENT CENTER 6118 SAINT GILES STREET							
			RALEIGH	NC 27612	DDOVIDEDIC DI AN OF CODDE	CTION	0.(5)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FI SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	rs		V 000				
	An annual and follo on 8/4/21. Deficiend	w up survey was comp cies were cited.	pleted					
	This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment. Facility census: 93 This Statement of Deficiencies was amended on 9/2/21 due to further review of evidence.							
V 235	V 235 27G .3603 (A-C) Outpt. 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 (4) infectious diseases including HIV, sexually transmitted diseases and TB.							

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MHL092-523		B. WING		08/04/2021			
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RALEIG	H METHADONE TREA	ATMENT CENTER		NT GILES ST , NC 27612	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY	FULL	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 pa	age 1		V 235			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 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: Review on 8/4/21 of the facility's client census sheet revealed: 93 clients enrolled in the program Interview on 8/4/21 Clients #1-#6 stated the following: Staff #2 was their current counselor Interview on 8/4/21 the Counselor/Program Director reported: He was the only counselor currently employed Another counselor went out on maternity leave in July 2021 and never returned There was an intern that left in May 2021 He inherited both of their caseloads leaving him with all 93 clients For the last month he had been "swamped" with work Didn't have a chance to catch up with previous counselor's clients Didn't know how he was supposed to counsel 93 clients in one month Started the Program Director position yesterday, 8/3/21 and there was "urgency" in hiring another counselor He was just "going with the flow" He was at the front desk 3 days per week doing administrative duties and taking clients'						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: COMPLETED					
MHL092-523			B. WING		08/	08/04/2021	
RAI FIGH METHADONE TREATMENT CENTER 6118 SAIN			DDRESS, CITY, STATE, ZIP CODE NT GILES STREET				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI	JLL	NC 27612 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 235	- There was no en haven't been seen and overwhelmed" - They were doin up until the last coubecause it was ove	ge 2 excuse as to why client other than being "swaning online counseling senselor left and he "halt rwhelming for just himonline sessions once the excuse of	nped essions ted" that to do it	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	603 STAFF all have staff to provide	by for ;;	V 236			
	failed to provide co 6 audited clients (# are: A. Review on 8/4/2 revealed: - Admission 12/4	view and interview, the unseling services affect 1, #2, #4, #6). The find 1 of Client #1's record	ting 4 of				

Division of Health Service Regulation STATE FORM

N72I11 If continuation sheet 3 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
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V 236	Continued From pa	ge 3	V 236				
	B. Review on 8/4/2 revealed: - Admission 11/3 - Diagnosis: Opia Interview on 8/4/21 - Used to have g - It had been aware session C. Review on 8/4/2 revealed: - Admission 10/2 - Diagnoses: Opin Dependency - A treatment teated - No other counsing record Interview on 8/4/21 - The Counselory - Had not participer - Not sure the last counselor D. Review on 8/4/2 revealed: - Admission 3/14 - Diagnosis: Opic	rticipated in group sessions 1 of Client #2's record 0/16 ate Dependency Client #2 reported: roup sessions nile since the last group 1 of Client #4's record 4/18 ate Dependency and Cocaine m meeting on 5/19/21 eling sessions present in the client #4 reported: (Program Director was his pated in group sessions at time he met with his 1 of Client #6's record					
	Interview on 8/4/21 - "Believed" June	Client #6 reported: 2021 was last group session					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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V 236	Interview on 8/4/21 reported: - He was the only employed - Another counse leave in July 2021 a - There was an in May 2021 for a full agency - He inherited bohim with all 93 clients our with work - Didn't have a cliprevious counselor' - Didn't know how 93 clients in one moderate of the Proyesterday and there another counselor of the was just "goden the worked the doing administrative payments - There was no educed the worked the doing administrative payments - There was no educed the worked the doing administrative payments - There was no educed the worked the doing administrative payments - There was no educed the worked the doing administrative payments - They were doin up until the previous "halted" that because him to do it	Counselor/Program Director y counselor currently elor went out on maternity and never returned ntern that graduated and left in time position with another th of their caseloads leaving ats nth he had been "swamped" hance to catch up with s clients w he was supposed to counsel				

6899

Division of Health Service Regulation STATE FORM