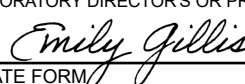


Division of Health Service Regulation

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-065 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/19/2021 |
|--|---|---|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER CAROLINA TREATMENT CENTER OF PINEHURST | STREET ADDRESS, CITY, STATE, ZIP CODE 20 PAGE DRIVE PINEHURST, NC 28374 |
|---|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| V 000 | <p>INITIAL COMMENTS</p> <p>An annual survey was completed on August 19, 2021. Deficiency cited.</p> <p>This facility is licensed for the following service category 10A NCAC 27G .3600 Outpatient Opioid Treatment.</p> <p>The facility was serving: 474 clients</p> | V 000 | | |
| V 235 | <p>27G .3603 (A-C) Outpt. Opiod Tx. - Staff</p> <p>10A NCAC 27G .3603 STAFF</p> <p>(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.</p> <p>(b) Each facility shall have at least one staff member on duty trained in the following areas:</p> <p>(1) drug abuse withdrawal symptoms; and</p> <p>(2) symptoms of secondary complications to drug addiction.</p> <p>(c) Each direct care staff member shall receive continuing education to include understanding of the following:</p> <p>(1) nature of addiction;</p> <p>(2) the withdrawal syndrome;</p> <p>(3) group and family therapy; and</p> <p>(4) infectious diseases including HIV, sexually transmitted diseases and TB.</p> | V 235 | <p>As reported a new counselor started on 8/30/2021. We also have another counselor starting on 9/7/2021. Clinic Director is actively recruiting with corporate HR, listing openings on local job boards, building relationships with local colleges and participating in local job fairs to ensure a steady stream of applicants which are qualified for our open positions.</p> | 11/1/2021 |

| | | |
|--|--------------------------|-----------------------|
| Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  | TITLE Clinic Director | (X6) DATE 9/7/2021 |
|--|--------------------------|-----------------------|

Division of Health Service Regulation

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-065 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/19/2021 |
|--|---|---|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER CAROLINA TREATMENT CENTER OF PINEHURST | STREET ADDRESS, CITY, STATE, ZIP CODE 20 PAGE DRIVE PINEHURST, NC 28374 |
|---|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|---|---------------|---|--------------------|
| V 235 | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a minimum of one certified drug abuse counselor, certified substance abuse counselor and the Clinic Director to each 50 clients and increment thereof shall be on the staff of the facility. The findings are:</p> <p>Review of facility records on 8/17/21 and 8/19/21 revealed:</p> <ul style="list-style-type: none"> -The facility had a current census of 474 clients. -The facility currently had eight full time substance abuse counselors. -Seven full tme substance abuse counselors and the Clinic Director had a caseload over 50. -Counselor #1 had a caseload of 64 clients. -Counselor #2 had a caseload of 59 clients. -Counselor #3 had a caseload of 62 clients. -Counselor #4 had a caseload of 63 clients. -Counselor #5 had a caseload of 60 clients. -Counselor #6 had a caseload of 62 clients. -Counselor #7 had a caseload of 58 clients. -Clinic Director had a caseload of 60 clients. <p>Interview on 8/19/21 with the Clinic Director and Regional Director revealed:</p> <ul style="list-style-type: none"> -They reported staff were working as a team, -The Clinic Director facititated case conferences to safeguard high risk clients. -They were currently recruiting for counselors. -The clinic had three vacant counselor positions. -They hired one counselor with a start date of 8/30/21. -They had a policy for all new patients to have 2 weekly contacts at a minimum with their counselor. -One contact a week for patients admitted beyond 90 days. | V 235 | | |

Division of Health Service Regulation

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-065 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/19/2021 |
|--|---|---|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER CAROLINA TREATMENT CENTER OF PINEHURST | STREET ADDRESS, CITY, STATE, ZIP CODE 20 PAGE DRIVE PINEHURST, NC 28374 |
|---|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|---|---------------|---|--------------------|
| V 235 | Continued From page 2 -They would explore putting something in place to ensure they were not over admitting due to shortage of staff | V 235 | | |