STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TE SURVEY MPLETED	
	MHL092-523		B. WING	08	08/04/2021	
	PROVIDER OR SUPPLIER	ATMENT CENTER 6118 SAIN	DRESS, CITY, 5 IT GILES ST , NC 27612	STATE, ZIP CODE I REET		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE	
V 000	INITIAL COMMEN	rs	V 000			
	An annual and follo on 8/4/21. Deficien	w up survey was completed cies were cited.				
		sed for the following service C 27G .3600 Outpatient				
	This Statement of Deficiencies was amended on 9/2/21 due to further review of evidence.					
V 235	Facility census: 93 This Statement of Deficiencies was amended on		V 235	The program has aggressively recruited and interviewed to fill the 2 open counseling positions to reduce the caseload size to meet the state rule. 1 new counselor started on 9/13/2021; current caseload size meets the rule 1 additional counselor has been identified with projected start date of 9/27/2021. This will allow for more growth an capacity to admit more patients as well as eliminate the ne for the Program Director to hold a caseload.		
	sexually transmitted					

STATE FORM

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If continuation sheet 1 of 5



Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
		MHL092-523	B. WING		08/0	4/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RALEIGH	H METHADONE TREA		NT GILES ST , 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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 235	Continued From pa	ge 1	V 235			
	failed to ensure a m substance abuse co and increments the Review on 8/4/21 o sheet revealed: - 93 clients enrol Interview on 8/4/21 following: - Staff #2 was the	view and interview, the facility ninimum of one certified bunselor to each 50 clients reof. The findings are: If the facility's client census led in the program Clients #1-#6 stated the eir current counselor				
Division of H	Director reported: - He was the only employed - Another counse leave in July 2021 a - There was an in - He inherited bo him with all 93 client - For the last mo with work - Didn't have a cl previous counselort - Didn't know how 93 clients in one mo - Started the Pro yesterday, 8/3/21 a hiring another count - He was just "go - He was at the f	ntern that left in May 2021 th of their caseloads leaving ts nth he had been "swamped" nance to catch up with s clients w he was supposed to counsel onth gram Director position nd there was "urgency" in				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL092-523	B. WING	B. WING		08/04/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE			
RALEIGI	H METHADONE TREA	TMENT CENTER	NT GILES ST H, NC 27612	IREET			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 235	Continued From pa	ige 2	V 235				
	haven't been seen and overwhelmed" - They were doir up until the last cou because it was ove	excuse as to why clients other than being "swamped ng online counseling sessions inselor left and he "halted" that rwhelming for just him to do it online sessions once they hire	t	The program has hired additional sta	ff and	10/2/202	
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 or	V 236	added additional groups to the clinic in order to meet the counseling frequ requirements in the NC rules. The pri in the process of re-educating the pa the counseling requirements and eng them in these services.	calendar ency ogram is tients on	10/3/202	
	Based on record re failed to provide co 6 audited clients (# are: A. Review on 8/4/2 revealed: - Admission 12/4	et as evidenced by: view and interview, the facility unseling services affecting 4 o 1, #2, #4, #6). The findings 1 of Client #1's record 1/15 ate Dependency	f				

STATE FORM

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If continuation sheet 3 of 5

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-523		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
		B. WING		08/	04/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
RALEIGI	H METHADONE TREA	TMENT CENTER	INT GILES STF H, 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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
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 awl session C. Review on 8/4/2 revealed: Admission 10/2 	1 of Client #2's record 0/16 ate Dependency Client #2 reported: roup sessions hile since the last group 1 of Client #4's record				
	 No other couns record Interview on 8/4/21 The Counselor/ current counselor Had not particip 	im meeting on 5/19/21 beling sessions present in the client #4 reported: /Program Director was his pated in group sessions st time he met with his				
	revealed: - Admission 3/14 - Diagnosis: Opia	1 of Client #6's record //07 ate Dependency counseling session was				
	Interview on 8/4/21 - "Believed" June	Client #6 reported: 2021 was last group session				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL092-523	B. WING		08/	04/2021
IAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
RALEIGH	I METHADONE TREA	ATMENT CENTER	INT GILES STF H, NC 27612	REET		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(THE APPROPRIATE	COMPLET DATE
V 236	Continued From pa	age 4	V 236			
	reported: - He was the onl employed	Counselor/Program Director				
	leave in July 2021 a - There was an i	elor went out on maternity and never returned intern that graduated and left ir time position with another	ı			
	him with all 93 clier	oth of their caseloads leaving nts onth he had been "swamped"				
	with work	hance to catch up with				
	93 clients in one m - Started the Pro	ogram Director position	I			
	another counselor - He was just "go	e was "urgency" in hiring ping with the flow"				
	doing administrativ payments	front desk 3 days per week e duties and taking clients'				
	been seen other th overwhelmed"	excuse as to why clients hadn' an being "swamped and				
	up until the previou	ng online counseling sessions is counselor left and he se it was overwhelming for jus	t			
		online sessions once they hire				

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