STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-879	A. BUILDING: _____ B. WING _____	R 10/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROSSROADS TREATMENT CENTER OF GRE	2706 NORTH CHURCH STREET GREENSBORO, NC 27405

(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	INITIAL COMMENTS An annual and follow up survey was completed on October 1, 2021. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment. The client census was 340 at the time of the survey.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and	V 108		

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V 108	Continued From page 1 implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff were currently trained in cardiopulmonary resuscitation (CPR) provided by the American Red Cross, the American Heart Association or their equivalence affecting 2 of 6 audited staff (the Lead Nurse and Nurse #1). The findings are: a. Review on 9/30/21 of the Lead Nurse personnel record revealed: -Hire date of 8/20/13. -Training in CPR expired 4/25/21. -There was no documentation of a current CPR training for the Lead Nurse. b. Review on 9/30/21 of Nurse #1 personnel record revealed: -Hire date of 8/27/15. -Training in CPR expired 4/25/21. -There was no documentation of a current CPR training for Nurse #1. Interviews on 9/30/21 with Nurse #2 and Nurse #3 revealed: -The clinic was short staffed, there was a shortage of nursing staff. -On the weekends there was sometimes only one nurse dosing at the clinic.	V 108		

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V 108	Continued From page 2 Interview on 9/30/21 with the Program Director revealed: -All of the nursing staff CPR training expired in April 2021. -The CPR training was not scheduled due to COVID. -The Corporate office was looking at an alternative training. -She confirmed the CPR training was not current for the Lead Nurse and Nurse #1.	V 108		
V 235	27G .3603 (A-C) Outpt. Opiod Tx. - Staff 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.	V 235		

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V 235	Continued From page 3	V 235		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure at least one staff member on duty had training in drug abuse withdrawal symptoms and symptoms of secondary complications to drug addiction affecting 2 of 6 audited staff (The Lead Nurse and Nurse #1). The findings are:

a. Review on 9/30/21 of the Lead Nurse personnel record revealed:
-She was hired on 8/20/13.
-She had no documentation of training drug abuse withdrawal symptoms and symptoms of secondary complications to drug addiction.

b. Review on 9/30/21 of Nurse #1 personnel record revealed:
-She was hired on 8/27/15.
- She had no documentation of drug abuse withdrawal symptoms and symptoms of secondary complications to drug addiction.

Interviews on 9/30/21 with Nurse #2 and Nurse #3 revealed:
-The clinic was short staffed, there was a shortage of nursing staff.
-On the weekends there was sometimes only one nurse dosing at the clinic.

Interview on 9/30/21 with the Program Director revealed:
-She thought the Relias training system had a curriculum that covered those trainings.
-She pulled the curriculum and did not see those trainings were completed by the Lead Nurse and

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V 235	Continued From page 4 Nurse #1. -She confirmed the facility failed to ensure the Lead Nurse and Nurse #1 had training in drug abuse withdrawal symptoms and symptoms of secondary complications to drug addiction.	V 235		
V 238	27G .3604 (E-K) Outpt. Opiod - Operations 10A NCAC 27G .3604 OUTPATIENT OPIOD TREATMENT. OPERATIONS. (e) The State Authority shall base program approval on the following criteria: (1) compliance with all state and federal law and regulations; (2) compliance with all applicable standards of practice; (3) program structure for successful service delivery; and (4) impact on the delivery of opioid treatment services in the applicable population. (f) Take-Home Eligibility. Any client in comprehensive maintenance treatment who requests unsupervised or take-home use of methadone or other medications approved for treatment of opioid addiction must meet the specified requirements for time in continuous treatment. The client must also meet all the requirements for continuous program compliance and must demonstrate such compliance during the specified time periods immediately preceding any level increase. In addition, during the first year of continuous treatment a patient must attend a minimum of two counseling sessions per month. After the first year and in all subsequent years of continuous treatment a patient must attend a minimum of one counseling session per month. (1) Levels of Eligibility are subject to the following conditions:	V 238		

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V 238	Continued From page 5 (A) Level 1. During the first 90 days of continuous treatment, the take-home supply is limited to a single dose each week and the client shall ingest all other doses under supervision at the clinic; (B) Level 2. After a minimum of 90 days of continuous program compliance, a client may be granted for a maximum of three take-home doses and shall ingest all other doses under supervision at the clinic each week; (C) Level 3. After 180 days of continuous treatment and a minimum of 90 days of continuous program compliance at level 2, a client may be granted for a maximum of four take-home doses and shall ingest all other doses under supervision at the clinic each week; (D) Level 4. After 270 days of continuous treatment and a minimum of 90 days of continuous program compliance at level 3, a client may be granted for a maximum of five take-home doses and shall ingest all other doses under supervision at the clinic each week; (E) Level 5. After 364 days of continuous treatment and a minimum of 180 days of continuous program compliance, a client may be granted for a maximum of six take-home doses and shall ingest at least one dose under supervision at the clinic each week; (F) Level 6. After two years of continuous treatment and a minimum of one year of continuous program compliance at level 5, a client may be granted for a maximum of 13 take-home doses and shall ingest at least one dose under supervision at the clinic every 14 days; and (G) Level 7. After four years of continuous treatment and a minimum of three years of continuous program compliance, a client may be granted for a maximum of 30 take-home doses	V 238		

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V 238	Continued From page 6 and shall ingest at least one dose under supervision at the clinic every month. (2) Criteria for Reducing, Losing and Reinstatement of Take-Home Eligibility: (A) A client's take-home eligibility is reduced or suspended for evidence of recent drug abuse. A client who tests positive on two drug screens within a 90-day period shall have an immediate reduction of eligibility by one level of eligibility; (B) A client who tests positive on three drug screens within the same 90-day period shall have all take-home eligibility suspended; and (C) The reinstatement of take-home eligibility shall be determined by each Outpatient Opioid Treatment Program. (3) Exceptions to Take-Home Eligibility: (A) A client in the first two years of continuous treatment who is unable to conform to the applicable mandatory schedule because of exceptional circumstances such as illness, personal or family crisis, travel or other hardship may be permitted a temporarily reduced schedule by the State authority, provided she or he is also found to be responsible in handling opioid drugs. Except in instances involving a client with a verifiable physical disability, there is a maximum of 13 take-home doses allowable in any two-week period during the first two years of continuous treatment. (B) A client who is unable to conform to the applicable mandatory schedule because of a verifiable physical disability may be permitted additional take-home eligibility by the State authority. Clients who are granted additional take-home eligibility due to a verifiable physical disability may be granted up to a maximum 30-day supply of take-home medication and shall make monthly clinic visits. (4) Take-Home Dosages For Holidays:	V 238		

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V 238	Continued From page 7 Take-home dosages of methadone or other medications approved for the treatment of opioid addiction shall be authorized by the facility physician on an individual client basis according to the following: (A) An additional one-day supply of methadone or other medications approved for the treatment of opioid addiction may be dispensed to each eligible client (regardless of time in treatment) for each state holiday. (B) No more than a three-day supply of methadone or other medications approved for the treatment of opioid addiction may be dispensed to any eligible client because of holidays. This restriction shall not apply to clients who are receiving take-home medications at Level 4 or above. (g) Withdrawal From Medications For Use In Opioid Treatment. The risks and benefits of withdrawal from methadone or other medications approved for use in opioid treatment shall be discussed with each client at the initiation of treatment and annually thereafter. (h) Random Testing. Random testing for alcohol and other drugs shall be conducted on each active opioid treatment client with a minimum of one random drug test each month of continuous treatment. Additionally, in two out of each three-month period of a client's continuous treatment episode, at least one random drug test will be observed by program staff. Drug testing is to include at least the following: opioids, methadone, cocaine, barbiturates, amphetamines, THC, benzodiazepines and alcohol. Alcohol testing results can be gathered by either urinalysis, breathalyzer or other alternate scientifically valid method. (i) Client Discharge Restrictions. No client shall be discharged from the facility while physically	V 238		

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V 238	Continued From page 8 dependent upon methadone or other medications approved for use in opioid treatment unless the client is provided the opportunity to detoxify from the drug. (j) Dual Enrollment Prevention. All licensed outpatient opioid addiction treatment facilities which dispense Methadone, Levo-Alpha-Acetyl-Methadol (LAAM) or any other pharmacological agent approved by the Food and Drug Administration for the treatment of opioid addiction subsequent to November 1, 1998, are required to participate in a computerized Central Registry or ensure that clients are not dually enrolled by means of direct contact or a list exchange with all opioid treatment programs within at least a 75-mile radius of the admitting program. Programs are also required to participate in a computerized Capacity Management and Waiting List Management System as established by the North Carolina State Authority for Opioid Treatment. (k) Diversion Control Plan. Outpatient Addiction Opioid Treatment Programs in North Carolina are required to establish and maintain a diversion control plan as part of program operations and shall document the plan in their policies and procedures. A diversion control plan shall include the following elements: (1) dual enrollment prevention measures that consist of client consents, and either program contacts, participation in the central registry or list exchanges; (2) call-in's for bottle checks, bottle returns or solid dosage form call-in's; (3) call-in's for drug testing; (4) drug testing results that include a review of the levels of methadone or other medications approved for the treatment of opioid addiction;	V 238		

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V 238	Continued From page 9 (5) client attendance minimums; and (6) procedures to ensure that clients properly ingest medication. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure compliance with federal regulations and applicable standards of practice for clients receiving substance abuse treatment with Methadone to require an annual physical exam affecting 3 of 14 current clients (#3, #4 and #5) and failed to ensure counseling sessions were completed after a positive urine drug screen affecting 2 of 14 current clients (#1 and #2) The findings are: a. Review on 9/30/21 of client #3's record revealed: -Admission date of 11/2/16. -Diagnosis of Opioid Use Disorder, Asthma, Heart Murmur and History of Cervical Cancer. -Most recent health and physical exam was completed on 12/11/19. b. Review on 9/30/21 of client #4's record revealed: -Admission date of 9/9/20 . -Diagnosis of Opioid Use Disorder and Tobacco Use Disorder. -Most recent health and physical exam was completed on 2/19/19. c. Review on 9/30/21 of client #5's record revealed: -Admission date of 8/18/15.	V 238		

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V 238	Continued From page 10 -Diagnosis of Opioid Use Disorder, Exogenous Obesity and Generalized Seizure Disorder. -Most recent health and physical exam was completed on 10/30/19. Interview on 9/30/21 with the Program Director revealed: -She was just recently informed that it was no longer a requirement for the health/physical check to be completed on an annual basis. -She thought that took affect about a month ago. -She thought the compliance department informed her of that change. -If there are clients who are due to have a health/physical check for 2021, it may not be in the folder. -She confirmed the annual physicals exams were not completed for clients #3, #4 and #5. The following is evidence the facility failed to ensure counseling sessions were completed after a positive urine drug screen. a. Review on 9/30/21 and 10/1/21 of client #1's record revealed: -Admission date of 4/24/12. -Diagnosis of Opioid Use Disorder and Diabetes. -Urinary Drug Screen (UDS) completed on 9/2021-client #1 tested positive for Tetrahydrocannabinol. -Urinary Drug Screen (UDS) completed on 9/2021-client #1 tested positive for Tetrahydrocannabinol and Oxycontin. -There was no documentation of a counseling session by completed by client #1's Counselor to address the positive UDS. b. Review on 9/30/21 and 10/1/21 of client #2's record revealed: -Admission date of 9/20/20 .	V 238		

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V 238	Continued From page 11 -Diagnosis of Opioid Use Disorder, Nicotine Use Disorder and Cannabis Abuse. -UDS completed on 9/15/21-client #2 tested positive for Opiates. -UDS completed on 6/30/21-client #2 tested positive for Fentanyl. -There was no documentation of a counseling session by completed by client #2's Counselor to address the positive UDS. Interview on 9/30/21 with the Program Director revealed: -If a client test positive for an illicit substance, the counseling session would depend on that clients next meeting with the Counselor. -If it comes to the Counselor's attention that a client had tested positive for a substance, they would put a flag in the system in order to discuss that positive drug screening. -She was not sure why the Counselors had not completed some of the counseling sessions for those clients who had tested positive for illicit substances. -She confirmed staff failed to ensure counseling sessions were completed after a positive urine drug screen. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 238		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.	V 736		

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V 736	Continued From page 12 This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor. The findings are: Observation on 9/29/21 at approximately 11:30 am of the facility revealed the following issues: -Men's bathroom-There was a strong urine smell. There were approximately 10 pieces on paper on the bathroom floor. -Women's bathroom-There were approximately 8 pieces of paper on the floor. -Hallway near reception area-There was a hole in the wall about the size of an orange. There was a crack towards bottom of wall approximately three inches long, there was a crack in the partition portion of the wall approximately 1/2 inch long. Observation on 9/30/21 at approximately 11:00 am of the facility revealed the following issues: -Women's bathroom- The toilet tank cover was cracked in the third stall. -There was a crack in the wall near bathroom door approximately two inches wide and eight inches long. Interview on 9/29/21 with the Front Office Assistant revealed: -The bottom part of the wall is cracked because one of the clients has a motorized wheelchair and she keeps running into the wall. -He was not sure how long that client had been running into the wall. -He wasn't sure how long the bottom of the wall and partition of the wall has been cracked.	V 736		

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V 736	Continued From page 13 -He confirmed facility staff failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor. Interviews on 9/29/21 and 10/1/21 with the Program Director revealed: -She thought the bathrooms had not been cleaned because it was the end of the day. -The bottom portion of the wall is cracked due to a client running into the wall with her wheelchair. -The client runs into the wall quite frequently. -She was aware of the toilet tank cover in the Women's bathroom being cracked in the third stall. -She didn't know there was a crack in the wall in the Women's bathroom. -They had to get estimates whenever there is some type of property damage. This sometimes cause a delay in things being repaired. -She confirmed facility staff failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor.	V 736		