PRINTED: 09/13/2021 Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING MHL060-865 09/10/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3315 WILKINSON BLVD. CHARLOTTE TREATMENT CENTER, INC. CHARLOTTE, NC 28208 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 SCANNED An annual and complaint survey was completed on 9/10/21. The complaints were unsubstantiated(intakes #NC160742, OCT 0.8 2021 #NC161257). Deficiencies were cited. MHL & C Section This facility is licensed for the following service category: 10A NCAC 27G .3600 .Outpatient Opioid Treatment Census: 288 V112 27G .0205 V 112 27G 0205 (C-D) V 112 Training with all clinical staff will be conducted 10/24/21 Assessment/Treatment/Habilitation Plan within 30 days on treatment planning, patient engagement and re-engagement, and DAP 10A NCAC 27G .0205 ASSESSMENT AND note quality. TREATMENT/HABILITATION OR SERVICE All patients will complete an psychosocial **PLAN** Ongoing assessment with the counselor within 10 days (c) The plan shall be developed based on the of treatment. assessment, and in partnership with the client or legally responsible person or both, within 30 days All patients will have an intake treatment plan Ongoing of admission for clients who are expected to on their first day of treatment, followed by an receive services beyond 30 days. individual treatment plan within 14 days. -All treatment plans will address positive drug (d) The plan shall include: screens based on each individual patients (1) client outcome(s) that are anticipated to be results. achieved by provision of the service and a -All patients who have a history of missing projected date of achievement: treatment due to transportation, financial. (2) strategies; medical, etc. reasons will have a goal on their (3) staff responsible; treatment plan to address treatment attendance. (4) a schedule for review of the plan at least -All patients will be given referrals as needed annually in consultation with the client or legally that could prevent barriers to attending

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obtained.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(5) basis for evaluation or assessment of

(6) written consent or agreement by the client or responsible party, or a written statement by the

provider stating why such consent could not be

responsible person or both;

outcome achievement; and

TITLE

treatment on a daily basis.

-All patients will be called starting with Day 1 of

until the patient resumes treatment or discharge.

missing treatment and every day there after

PD and Treatment Services Coordinator/CS

will review a selection of charts randomly each

month to ensure all items are being completed

(X6) DATE

09/27/21

Ongoing

and

Supplied 1/

Y45D11

as required.

If continuation sheet 1 of 12

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING MHL060-865 09/10/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3315 WILKINSON BLVD. CHARLOTTE TREATMENT CENTER, INC. CHARLOTTE, NC 28208 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 112 Continued From page 1 V 112 This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure strategies were developed and implemented to address client needs for 4 of 12 current clients(#2, #5, #6, #11). The findings are: Finding #1: Review on 9/7/21 of client #2's record revealed: -admission date of 2/24/21 with diagnosis of Opioid Use Disorder Moderate/Severe: -physical examination dated 2/24/21 documented the following: client #1's first time in opioid tx(treatment), has tried to stop in past on her own, began snorting opiate pills last year, progressed to smoking heroin six months later, currently uses \$70/day, last used 10 hours ago, hx(history) of family addiction and no cardiac issues; -assessment dated 2/24/21 documented the following: year of opioid use, on pain pills, then went to heroin, reported no health problems, denied MH(Mental Health) issues, denied any

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RX(prescription) meds(medications),

college and has trust issues;

unemployed, has three children, lives with her boyfriend, two years of college, tired of living like she is, tried to quit on her own to no success, half of a gram now does not get her high, snort and oral use, has hx of use of roxys(roxicodone), heroin, benzos(benzodiazepines), alcohol, amphs(amphetamines), marijuana, smokes cigs(cigarettes), had a C-section, did cocaine in

-treatment plan dated 8/16/21 documented the

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL060-865 09/10/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3315 WILKINSON BLVD. CHARLOTTE TREATMENT CENTER, INC. CHARLOTTE, NC 28208 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Continued From page 2 V 112 following goals: 1) develop a positive concept of how your life can be without using drugs 2) develop new coping skills for social pressures instead of using 3) secure realistic structure and support to support tx process 4) ID(identify) continuing care need and develop a plan of recovery; -treatment plan also documented the following strategies: 1)counselor will provide educational information on relapse prevention as needed, 2) will discuss coping skills, 3) will provide support in why it is important to have a secure living environment during recovery; Review on 9/7/21 of client #1's MARs from 6/1/21-9/7/21 revealed the following absences from daily dosing at the clinic with listed counselor comments: -9/6: missed due to clinic closing early due to holiday: -8/30: no comment listed; -8/29: work: -8/28: work; -8/27: work; -8/23: work; -8/24: work; -8/19: work; -8/16: work; -8/13: work; -8/12: work; -8/6: work. Review on 9/7/21 of client #2's drug screen results from 6/1/21-9/7/21 revealed the following positive results:: -9/1/21 THC and fentanyl;

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-8/3/21 THC and fentanyl; -7/15/21 THC and fentanyl: -6/7/21 THC and fentanyl.

PRINTED: 09/13/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING MHL060-865 09/10/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3315 WILKINSON BLVD. CHARLOTTE TREATMENT CENTER, INC. CHARLOTTE, NC 28208 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 112 V 112 Continued From page 3 Review on 9/7/21 of client #2's progress notes from 6/1/21-9/7/21 revealed the following topics discussed/addressed: -8/25/21: positive drug screen for fentanyl, went over methadone warning, things going well with her new job, went over goals in tx plan, denied an SI(Suicidal ideation); -8/17/21: discussed continued use of fentanyl; -7/27/21: discussed client #2's work, discussed some skills to help decrease her supplementing; -7/20/21: discussed her positive drug screen for fentanyl, her job, feels she was reducing her use since methadone lasting longer, using THC also, reminded of dangers of using fentanyl, coping with triggers; -6/15/21: reports sees a decrease in her usage, discussed her recent positive drug screen, used motivational interviewing to push client to continue decreasing supplementing habits; -6/4/21: discussed remaining focused on tx; -no documentation of discussions regarding issues with attendance; -no documentation of client #2 being seen by the physician for her continued use of fentanyl. Interview on 9/7/21 of client #2 revealed: -drug screened once a month; -feels like a lot; -drug screen had some issues; -THC on her drug screens;

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be on:

-set goals for herself;

how things are going;

-feel treatment is helping her.

-done it with her counselor twice(set goals); -talk about with her counselor how she is feeling,

-counselor ask her questions about stuff she said and new stuff to work on, what her next focus will Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) P.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA				(X3) DATE SURVEY COMPLETED			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMP	COMPLETED			
*		MHL060-865	B. WING	B. WING		09/10/2021			
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CHARLO	CHARLOTTE TREATMENT CENTER, INC. 3315 WILKINSON BLVD. CHARLOTTE, NC 28208								
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	OF CORRECTION	(X5)			
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V 112	Continued From page	4	V 112						
	Further review on 0/7	/21 of client #2's treatment							
		ated goals/strategies to							
		ittendance and impact on							
		crease successful recovery.							
3 .	Stability of dood to into	woodo odooodan rood vary.							
	Finding #2:								
		client #5's record revealed;							
ν.	-admission date of 5/5	5/21 with diagnosis of Opioid							
. *	use Disorder Moderat	te/Severe;	THE COLUMN TWO IS NOT						
1.4	-physical exam dated								
	following documented: began using opiates at 28								
		to heroin, snorts and uses							
		used 11 hours ago, Opioid X							
	4 years, overdose one year ago, no family hx of								
	addiction, oral use of								
		, denies chronic medical (meds and no cardiac							
n.	issues reported;	Theus and no cardiac							
	100	ment dated 5/5/21 revealed							
- N		nted: overdose a year ago							
		tx, uses one gram and a							
		with pain pills, his girlfriend	6						
		er seeing him overdose,							
		orts heroin and uses oxys	A. Artista						
		uses THC socially, broke							
		pain pills, not on any RX							
		tive of him, employed,							
	[al ideation) and denies any							
	chronic health issues;								
	following goals: 1) exp	8/2/21 documented the							
У.									
3	subjective symptoms and objective signs of opioid withdrawal for 24 hours or longer and 2)								
- 1		kills for social pressures							
	instead of using;	,							
x#	_	8/2/21 documented the							
) counselor will provide							
10		on about opiate dependence							
8 h	2)discuss and provide								
- 06	regarding compliance	3)discuss potential relapse							

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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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NAME OF P	ROVIDER OR SUPPLIER	MHL060-865	DRESS, CITY, ST	ATE ZIR CODE		10/2021	
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V 1112	triggers and 4) provid prevention; -was assigned to cour assigned to another of 6/1/21-9/8/21 of 6/1/21-9/8/21 revealed results: -9/1/21 opiates and feres/6/21 fentanyl; -7/1/21 fentanyl; -6/9/21 opiates, THC of from 6/1/21-9/7/21 revealed results: -9/1/21 opiates and feres/6/9/21 opiates, THC of from 6/1/21-9/7/21 revealed results: -6/9/21 opiates, THC of from 6/1/21-9/7/21 revealed results: -6/15/21 processed his 6/9/21, dose not hold in will be at clinic on Wenot trying to use illicit of trying to use illicit of revealed reve	e education about relapse nselor #3 initially but then ounselor mid 8/2021. dient #5's drug screens from d the following positive entanyl; and fentanyl. lient #5's progress notes realed the following topics s drug screen result for ng, told client #5 physician dnesday, client #5 reported drugs; holds for 16-18 hours; ported dose stable, denies discussion of strategies to icit drug use as reflected in tability of dose. th client #5 revealed: s; ; rrent counselor his current e do to help him get off of n when he comes in,	V 112	DEFICIENCY)			
		ient #6's record revealed: 4/15/21 with diagnosis of loderate/Severe;					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE C A. BUILDING:	(X3) DATE SURVEY COMPLETED	
	55.M50.U.5M	MHL060-865	B. WING		09/10/2021
NAME OF PROVIDE	ER OR SUPPLIER	3315 WI	DDRESS, CITY, STATE LKINSON BLVD. DTTE, NC 28208	, ZIP CODE	
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-phy folloo 12/1 daily percoyear addi -ass folloo days pills, smo issue tx ar -trea folloo and long pers -trea folloo clien situa info(play clien	wing: prior client 8/20-2/2021, dos 7, last dosed on 2 ocet 30-50mg das Subutex was wetion; essment dated 4 wing: tried to get 6, doing 30mg-60 oxys orally, percess, has 4 kids, fail denies SI/HI; tment plan dated wing goals: 1) exobjectives signs er 2) ID people wonal change and tment plan dated wing strategies: 1 t and provide feetions 3)provide prinformation) about interpersonal contracts.	at this facility from sed 8mg Bup(Buprenorphine) (2/21, oral use of opiates, by and Extacyl, opiates x 4 forking well, family Hx of (20/21 documented the off drugs cold turkey for 10 mg per day of opiates, used socets orally, employed, hx of addiction and MH mily encouraging him to do (17/15/21 documented the perience relief in symptoms of withdrawal for 24 hours or tho can help him bring about (4) dose one time a day (17/15/21 documented the plocumented the perience relief in symptoms of withdrawal for 24 hours or tho can help him bring about (4) dose one time a day (17/15/21 documented the perience relief in symptoms of withdrawal for 24 hours or tho can help him bring about (4) dose one time a day (17/15/21 documented the perience with edicational) at relapse prevention 4) role officts with client and 5) on his attendance as misses	V 112		
6/1/2 from comi -dos from -cam -abs 5/10 5/23 6/10	21-9/7/21 reveale daily dosing at the ments: ed last on 2/2/21 2/3/21 until 3/3/2 te in on 4/16/21 f ent on 4/19, 4/22 5/11, 5/13, 5/15 5/25, 5/27, 5/29 6/11, 6/14, 6/16				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL060-865		B. WING		09/10	09/10/2021	
NAME OF P	ROVIDER OR SUPPLIER					
CHARLOT	TE TREATMENT CENTE	R. INC.				
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 112	AME OF PROVIDER OR SUPPLIER HARLOTTE TREATMENT CENTER, INC. SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 112 Continued From page 7 7/16-7/18, 7/20, 7/21, 7/7/24-7/26, 7/29-8/1, 8/3, 8/5, 8/9, 8/10-8/11, 8/13, 8/16, 8/17, 8/19, 8/20, 8/23-9/2; -counselor tried to call and got no answer at times, sometimes client answered and said no money and money issues as reason for not coming to clinic. Review on 9/8/21 of client #6's drug screens from 6/1/21-9/7/21 revealed: -8/6/21 clean; -7/1/21 clean; -6/8/21 amphs, opiates. Review on 9/8/21 of client #6's medical notes from 6/1/21-9/7/21 revealed: -8/2/21 by nurse: client #6 been absent for 4 consecutive days, since on Bup, has to see the Dr(Doctor) for a brief H&P(History and Physical), and assessment with Dr before dosing today, saw Dr and completed H&P, nurse assessment and updated order, per Dr can continue dosing at 8mg today; -8/26/21: contacted by Nurse after missing 4 days, left a generic voice mail for client #6; -8/31/21: seen by counselor, missed too many days, has to see Dr for readmit; -9/1/21: saw Dr for readmits; -9/1/21: saw Dr for readmits; -9/1/21: saw Dr for readmits; -9/3/21: saw Dr on 9/3/21 to restart Bup. Last dose of percocets on Sunday 4 days ago. COWS		V 112	DEFICIENCY)		
	Review on 9/8/21 of cl	ient #6's counseling notes				

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PRINTED: 09/13/2021 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL060-865 09/10/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3315 WILKINSON BLVD. CHARLOTTE TREATMENT CENTER, INC. CHARLOTTE, NC 28208 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 112 V 112 | Continued From page 8 from 6/1/21-9/7/21 revealed the following topics discussed/addressed: -8/2/21: client #6 reported on stable dose, denied illicit drug use, stated having transportation problems; - 7/7/21: drug screen clean, discussed client needs to work on his attendance; -5/24/21: missing days of tx due to financial problems, reported still employed but sometimes does not have enough money to dose, told client to try and dose daily to help stabilize dose, reported not used illicit drugs on a couple of weeks, created new tx plan -no 6/2021 sessions, only one in 5/2021 and only one in 7/2021 due to excessive absences; -no documentation of strategies discussed to assist with client #6's poor attendance to the Interview on 9/7/21 with client #6 revealed: -been here over a year on and off; -Subutex 8 mg stable it has helped him a lot; -was eligible for take homes at one point, "but I screwed up;" -counselor did address it. Further review on 9/8/21 of client #6's treatment plan revealed no documentation of updated goals/strategies to address issue of client #6's inconsistent attendance to clinic.

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Finding #4:

Review on 9/9/21 of client #11's record revealed: -admission date of 7/214/16 with diagnosis of Opioid Use Disorder Moderate/Severe:

-updated physical exam on 8/11/21 documented HTN(Hypertension), on Rx meds for HTN, been

documented has 13 take homes, has a stable

here for 5 years, doing well;

-updated psychosocial dated 8/31/20

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		MHL060-865	B. WING		09/10/2021		
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE			
CHARLOT	CHARLOTTE TREATMENT CENTER, INC. 3315 WILKINSON BLVD. CHARLOTTE, NC 28208						
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE		
V 112	Continued From page	9	V 112				
	home environment, fachanges, doing well of treatment plan dated following goals: 1) exp subjective symptoms opioid withdrawal for 2 develop new coping sinstead of using treatment plan dated following strategies: 1 with ed info about opiononce a month, 3) revier counselor once a more situations and role plan relapse prevention and relapse triggers. Review on 9/9/21 of control from 6/1/21-9/9/21 revention and role plan relapse triggers. Review on 9/9/21 of control from 6/1/21-9/9/21 revention and role plan relapse triggers.	mily support, Rx meds-no n program and compliant; 9/7/21 documented the perience relief from and objective signs of 24 hours or longer and 2) kills for social pleasure, 9/7/21 documented the counselor will provide client ate dependence, 2)sessions widrug screen results with 10 his, 4) discuss social by 5)provide ed info about discuss potential dient #11's drug screens realed the following:					
	work on bringing in his -no documentation of skills were discussed avoiding further relaps	what strategies/coping to assist client #11 in					
	Interview on 9/8/21 wi -stable comes 2 times -sees his counselor 1- -counselor does recon and meetings; -drug screens 1-2 times	a month; 2 times a month; nmend outside resources					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
	MHL060-865		B. WING	B. WING		09/10/2021		
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3315 WILKINSON BLVD. CHARLOTTE TREATMENT CENTER, INC. CHARLOTTE, NC 28208							
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V 112	-his drug screens are clean; -hasn't had a dirty one in a long time. Interview on 9/9/21 with staff #3 revealed: -for clients with take homes will give them a warning after one dirty drug screen; -talk to clients and explain criteria for take homes and let clients know; -make notes but there is no formal contract with the client; -if a level is to be dropped, would take it to the Dr,		V 112					
	have a meeting; and process the drug screens. Further review on 9/9/21 of client #11's record revealed: -treatment Plan assessment review and update dated 6/23/21 completed by counselor #3 documented the following: client #11 reported having a stable dose, no withdrawal potential, needs to keep to goal to help maintain sobriety, continue with tx to help avoid relapse, reports no biomedical conditions and complications, reported no emotional/behavioral complications, on Phase 13, relapsed once during past 90 days with fentanyl, reports living in a stable environment, clinical review: 3 drug screens, two negative, one positive, take home schedule: picks up on Thursday and gets 6 take homes, client has strength to get back on track with tx, ability to get back on track and avoid relapse; -no further documentation of what strategies discussed/put in place to address relapse on fentanyl.			V131 G.S.131E-256 HCPR				
V 131	Verification	ICPR - Prior Employment LTH CARE PERSONNEL	V 131	Health Care Personnel Registry will be for all new employees on or before the hirePD and Talent Acquisition will work to appear this is part of the background.	e date of ogether	09/10/2021		
₹ t,	REGISTRY	entertrende i en entertrende (1964) de le trende en en en entertrende (1965) de la trende (1965) de la tre		to ensure this is part of the backgroun requirements for all new and rehires.	a			

Division of Health Service Regulation

STATE FORM

PRINTED: 09/13/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 09/10/2021 MHL060-865 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3315 WILKINSON BLVD. CHARLOTTE TREATMENT CENTER, INC. CHARLOTTE, NC 28208 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 131 V 131 | Continued From page 11 (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the HCPR(Health Care Personnel Registry) was accessed prior to hire for 1 of 2 staff(#2). The findings are: Record review on 9/8/21 of staff #2's record revealed: -hire date of 3/1/21 with job title of counselor; -HCPR accessed on 4/2/21. Interview on 9/10/21 with Administration revealed will address with Human Resources to ensure HCPR checks completed prior to hire.