

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-167	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/06/2021
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NAME OF PROVIDER OR SUPPLIER GREENVILLE RECOVERY CENTER, LLC (GRC	STREET ADDRESS, CITY, STATE, ZIP CODE 150 ARLINGTON BOULEVARD, SUITE C GREENVILLE, NC 27858
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(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 and Follow Up survey was completed 10/6/21. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3600 Outpatient Methadone and 10A NCAC 27G .3300, Outpatient Detoxification.</p> <p>The client census for the .3600 service was 247.</p>	V 000		
V 233	<p>27G .3601 Outpt. Opiod Tx. - Scope</p> <p>10A NCAC 27G .3601 SCOPE</p> <p>(a) An outpatient opioid treatment facility provides periodic services designed to offer the individual an opportunity to effect constructive changes in his lifestyle by using methadone or other medications approved for use in opioid treatment in conjunction with the provision of rehabilitation and medical services.</p> <p>(b) Methadone and other medications approved for use in opioid treatment are also tools in the detoxification and rehabilitation process of an opioid dependent individual.</p> <p>(c) For the purpose of detoxification, methadone and other medications approved for use in opioid treatment shall be administered in decreasing doses for a period not to exceed 180 days.</p> <p>(d) For individuals with a history of being physiologically addicted to an opioid drug for at least one year before admission to the service, methadone and other medications approved for use in opioid treatment may also be used in maintenance treatment. In these cases, methadone and other medications approved for use in opioid treatment may be administered or dispensed in excess of 180 days and shall be administered in stable and clinically established dosage levels.</p>	V 233		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 233	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to coordinate services with other prescribing physicians for 3 of 12 audited clients (#8, #9, #10). The findings are:</p> <p>Review on 10/6/21 of Client #8's record revealed: -Admission 2/15/15 -Diagnosis Opioid Dependence, uncomplicated -Listed prescribed medication -Adderall used to treat attention deficit hyperactivity disorder (ADHD) -No evidence the facility had coordinated with the physician regarding this medication</p> <p>During interview on 10/6/21 Client #8 stated: -Took Adderall for ADHD -Had been taking the medication for at least the last 5 years -The facility was aware she was taking Adderall</p> <p>Review on 10/6/21 of Client #9's record revealed: -Admission 6/20/16 -Diagnoses: Opioid Dependence, uncomplicated and Diabetes -Listed prescribed medication as Metformin (diabetes)</p> <p>Interview on 10/6/21 Client #9 stated: -Had diabetes -Didn't think the facility doctor coordinated with his primary doctor</p> <p>Review on 10/6/21 of Client #10's record</p>	V 233		

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V 233	<p>Continued From page 2</p> <p>revealed:</p> <ul style="list-style-type: none"> -Admission 12/13/18 -Diagnosis: Opioid dependence, uncomplicated -Listed prescribed medication as Trazodone (depression) <p>Interview on 10/6/21 Client #10 stated:</p> <ul style="list-style-type: none"> -She was taking Trazodone but hadn't taken it in awhile -Had been prescribed Trazodone since being at the clinic -There was a lot going on in her life and "things happen" <p>During interview on 10/6/21 the Program Director stated:</p> <ul style="list-style-type: none"> -Coordination of care forms had not been completed as they should have been -Nurses were responsible for sending out the coordination of care forms after the clients completed them -The nurses had not been doing that -They had 10-11 nurses "filter through" in the last year -Coordination of services were not being done unless there had been a "surgery or something like that" -It's an ongoing problem and they were "dinged" for coordination by another agency back in July 2021 -They don't really know how to correct this ongoing issue <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days]</p>	V 233		
V 235	27G .3603 (A-C) Outpt. Opiod Tx. - Staff	V 235		

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V 235	<p>Continued From page 3</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> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure a minimum of one certified drug abuse counselor or certified substance abuse counselor was on staff of the facility for each 50 clients and increment thereof. The findings are:</p> <p>Review on 10/6/21 of the facility records revealed: -Patient census report indicated a total of 247 clients received treatment at the facility</p>	V 235		

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V 235	<p>Continued From page 4</p> <p>-Staff listing indicated 4 full time counselors (including Program Director) and an intern for a total of 5 counselors</p> <p>Interview on 10/6/21 the Program Director stated:</p> <ul style="list-style-type: none"> -Five counselors currently on staff -As the director, she was carrying two case loads for a total of 80 clients -This was due to staff turnover -Had this size caseload for a few weeks -It is difficult to manage, but doing the best she can -In the process of hiring two new counselors -One person had been offered the position and they were waiting to get the green light to offer the other position. -All other counselors had caseloads of 46-47 and the intern had a caseload of 30 clients <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days]</p>	V 235		