

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601210	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/13/2021
NAME OF PROVIDER OR SUPPLIER MCLEOD ADDICTIVE DISEASE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 521 CLANTON ROAD CHARLOTTE, NC 28217		
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow-up survey was completed on 12/13/21. The complaint(#NC174537) was substantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following category: 10A NCAC 27G .3600 Outpatient Opioid Treatment</p> <p>Current Census: 387</p> <p>The survey sample consisted of 18 current clients and 1 deceased client.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p>	V 105		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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V 105	Continued From page 1 (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105			

Division of Health Service Regulation

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure policies and procedures for confidentiality were implemented. The findings are:</p> <p>Observation on 12/9/21 at 8:57am: -clients were lined up in the hallway for dosing; -a room was located at the corner of the hallway where clients were lined up; -the door to this room was closed but a conversation was overheard outside in the hallway; -the room was identified as the Group Room.</p> <p>Continued observation on 12/9/21 at 9:04am: -overheard a conversation in the Group Room; -clients were standing in the dosing line outside of the Group Room; -clients were able to overhear the conversation going on in the Group Room; -heard a speaker asking a male when was the last time he dosed; -questions were asked as if it was an intake/assessment; -heard speaker ask male about his work hours; -the conversation lasted about 40 minutes.</p> <p>Interview on 12/13/21 with the Program Director revealed she was not aware that clients providing information during their intake and sessions with their counselors in the Group Room were overheard in the hallway.</p>	V 105			

Division of Health Service Regulation

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V 108	Continued From page 3	V 108		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(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.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by:</p>	V 108		

Division of Health Service Regulation

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V 108	Continued From page 4 Based on record review and interview, the facility failed to ensure staff completed training in meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan for 1 of 4 staff(Nurse #1). The findings are: Review on 12/10/21 of staff records revealed Nurse #1 was hired on 8/2/21. No documentation of completed training in the mh/dd/sa needs of the client as specified in the treatment/habilitation was present in the record. Interview on 12/10/21 with Nurse #1 revealed: -hired in August 2021; -work in the pharmacy; -dose and assess clients; -first time working at a methadone clinic; -previously worked at another mental health provider at a substance abuse detox; -shadowed at another sister methadone clinic when hired; -been at this facility since November 2021; -always work with another nurse; -was familiar with methadone pills before coming to this facility; -familiar with withdrawal symptoms from working at the detox.	V 108		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem;	V 111		

Division of Health Service Regulation

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V 111	<p>Continued From page 5</p> <p>(2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure assessments were completed for 1 of 18 current clients(#5). The findings are:</p> <p>Review on 12/13/21 of client #5's record revealed: -date of admission of 1/4/19; -diagnosis of Opioid Use Disorder Severe; -no take home doses; -continued positive drug screens for opiates for</p>	V 111		

Division of Health Service Regulation

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V 111	Continued From page 6 the last three months; -physician order dated 11/8/21 documented follow-up with physician for first available appointment to discuss ongoing use; -no documentation client #5 met with the physician. Interview on 12/9/21 with client #5 revealed he had not met with the physician recently. Interview on 12/13/21 with the Program Director revealed: -client #5 was on his first medical detox; -he begged for a second chance if he could quit and get stable on meds; -physician decided to give him a second chance and looking for a stable dose; -he had an appointment with one of the physicians but that physician went out on medical leave for surgery and all the appointments had to be pushed back due to a shortage of physicians; -now that physician was back and all delayed appointments being followed up.	V 111		
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	V 235		

Division of Health Service Regulation

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V 235	<p>Continued From page 7</p> <p>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 records review and interviews, the facility failed to ensure a minimum of one certified drug abuse counselor or certified substance abuse counselor to each 50 clients and increments thereof was on the staff of the facility. The findings are:</p> <p>Review on 12/9/21 of the client census by staff(substance abuse counselor) caseload revealed:</p> <p>-one staff had a caseload of 53 clients;</p> <p>-three staff had caseloads of 51 clients each;</p> <p>-one staff had a caseload of 52 clients.</p> <p>Interview on Staff #1 revealed:</p> <p>-have 56 clients on caseload;</p> <p>-went up to 58 clients before</p> <p>-58 was the highest;</p> <p>-need help;</p> <p>"I'm not sure if we are fully staffed. I think we are considered fully staff."</p>	V 235		

Division of Health Service Regulation

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V 235	Continued From page 8 Interview on 12/10/21 with Staff #2 revealed: -about 50 clients, maybe 48 clients on caseload; -"It might have gone to 51 but it would go right back down." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 235		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually).	V 536		

Division of Health Service Regulation

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V 536	Continued From page 9 (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may	V 536		

Division of Health Service Regulation

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V 536	Continued From page 10 review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years.	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 11</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure staff completed training in alternatives to restrictive interventions prior to providing services to people with disabilities for 2 of 4 staff(Staff #1, Nurse #1). The findings are:</p> <p> </p> <p>Review on 12/10/21 of staff records revealed: -Staff #1 was hired on 8/16/21 with the job title of Substance Abuse Clinician. No documentation of completed training in alternatives to restrictive interventions was present in the record;</p>	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 12</p> <p>-Nurse #1 was hired on 8/2/21. No documentation of completed training in alternatives to restrictive interventions was present in the record.</p> <p>Interview on 12/10/21 with Staff #1 revealed: -hired in August 2021; -can't really remember what trainings she had.</p> <p>Interview on 12/10/21 with Nurse #1 revealed: -hired in August 2021; -not completed training in alternatives to restrictive interventions.</p>	V 536			