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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	MHL029-135		B. WING		12/1	12/15/2021	
NAME OF I	PROVIDER OR SUPPLIER		STREET ADI	DRESS CITY S	STATE, ZIP CODE		
NAME OF I	- NOVIDEN ON SUFFEIEN			IONAL HIGH	,		
THOMAS	SVILLE TREATMENT	ASSOCIATES		/ILLE, NC 2			
(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 COMMENT	rs		V 000			
	This facility is licens category: - 10A NCAC 27 Treatment The current census was 425. The surve	vas completed on Dec ncy was cited. sed for the following set G .3600: Outpatient of of clients served at the ey sample consisted of s, 0 former clients, 0 d	ervice Opioid his facility of audits				
V 235	clients.	utpt. Opiod Tx Staff	cocasca	V 235			
	counselor or certified to each 50 clients a on the staff of the fathis prescribed ratio individual who is certification area, then it reperson, provided the certification requires months from the date (b) Each facility shamember on duty trace (1) drug abust (2) symptoms to drug addiction. (c) Each direct care	one certified drug abuse of substance abuse of nd increment thereof acility. If the facility fall o, and is unable to emprified because of the tified persons in the famay employ an uncertiat this employee meet ments within a maxim	ounselor shall be s below ploy an acility's iffed ts the um of 26 taff ureas: ns; and cations eceive				

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL029-135		B. WING		12/-	15/2021	
NAME OF	PROVIDER OR SUPPLIER	.1	REET ADD	RESS, CITY, S	STATE, ZIP CODE			
THOMAS	SVILLE TREATMENT	ASSOCIATES		ONAL HIGH				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
V 235	the following: (1) nature of (2) the withdi (3) group and	addiction; rawal syndrome; d family therapy; and s diseases including HIV	,	V 235				
	Based on interview failed to ensure a n abuse counselor or	et as evidenced by: and record review, the fininimum of one certified certified substance abu colients on staff of the	drug ise					
	- stated the fact having more couns - she has had to due to a shortage of wishes, "councaseloads" - would like it if spend more time would live my councaseloads" - "I love my counceports she would her counselor	to change counselors red of staff nselors had less clients of counselors were, "able	cently on their to lot" time					
	revealed: - There should each counselor	-21 with the Clinical Sup be no more than 50 clie taff have more than 50 c	ents for					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL029-135		B. WING		12/·	15/2021	
NAME OF	PROVIDER OR SUPPLIER		TREET AD	DRESS, CITY, S	STATE, ZIP CODE			
THOMASVILLE TREATMENT ASSOCIATES 1301 NATIONAL HIGHWAY THOMASVILLE, NC 27360								
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
V 235	that current caseloa clients - is unaware of - is aware there maternity leave - surprised the - other facilities Director pick up the - the Program I managing caseload Interview on 12-13- revealed - she wished sh - she had more Interview on 12-13- Program Director re - the current ce - there were 9 of 8 presently working - one counselod - since the empleave and still empletechnically still be considered.	the current exact censice is a counselor out on facility is out of compliant have their "Programe overflow" Director is responsible for the had a smaller caselor than 50 clients 21 and 12-15-21, with the evealed: Insus of clients was 425 counselors employed, but on maternity I ployee was out on mater	us ance for #1 bad the but only leave rnity	V 235				

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