

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL095-046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/26/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STEPPING STONE OF BOONE	STREET ADDRESS, CITY, STATE, ZIP CODE 643 L GREENWAY ROAD BOONE, NC 28607
--	---

(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 complaint survey was completed on 1/26/22. The complaint was unsubstantiated (intake #NC 00184209). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.</p> <p>The survey sample consisted of audits of 17 current clients.</p> <p>The census at the time of the survey was 332.</p>	V 000		
V 235	<p>27G .3603 (A-C) Outpt. Opiod Tx. - Staff</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,</p>	V 235		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL095-046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/26/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STEPPING STONE OF BOONE	STREET ADDRESS, CITY, STATE, ZIP CODE 643 L GREENWAY ROAD BOONE, NC 28607
--	---

(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 235	<p>Continued From page 1</p> <p>sexually transmitted diseases and TB.</p> <p>This Rule is not met as evidenced by: Based on record reviews 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 were on the staff of the facility. The findings are:</p> <p>Reviews on 1/24/22 of the facility's client and staff census reports revealed: -There were 332 clients being served by the licensed Outpatient Opioid Treatment component of the facility's services; -There were 6 Counselors working at the facility.</p> <p>Interview on 1/25/22 with client #11 revealed: -"I know the counselors are super busy;" -"I think sometimes they (counselors) don't reach out too much;" -"I think sometimes they're (counselors) a little overloaded with lots of things to do;" -"I know they (counselors) have too many clients;" -She thought it would be beneficial for clients to have counseling more frequently and to be able to talk with the counselors longer.</p> <p>Interview on 1/25/22 with the Lead Counselor revealed: -Except for the new counselor, most of the counselors have a client caseload in the low 50's but some are in the 60's;</p>	V 235		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL095-046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/26/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STEPPING STONE OF BOONE	STREET ADDRESS, CITY, STATE, ZIP CODE 643 L GREENWAY ROAD BOONE, NC 28607
--	---

(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 235	<p>Continued From page 2</p> <p>"Counselors have had over 50 clients for more than a year."</p> <p>Interview on 1/26/22 with the facility's Physician Assistant (PA) revealed:</p> <ul style="list-style-type: none"> -The facility currently had 6 counselors; -She was not certain of the required counselor to client ratio but thought it was 1 counselor to 50-60 clients; -A couple of the counselors were also working in a sister facility because the sister facility was short staffed; -"I think they (counselors) have been a little stretched thin;" -She knew that they were in the process of trying to hire an additional counselor. <p>Interview on 1/26/22 with the Director of Operations revealed:</p> <ul style="list-style-type: none"> -She was aware of the required counselor to client ratio; -She was aware that the facility was currently out of compliance with the ratio. 	V 235		