Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL096-186			R 06/14/2022	
NAME OF I	PROVIDER OR SUPPLIER		L DRESS, CITY, S	STATE, ZIP CODE	1 00/14/2022	
CAROLII	NA TREATMENT CEN	TER OF GOLDSB 1700 EAS		EET, SUITE 200, 201, 202 & 300		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	completed on 6/14/ This facility is licens category: 10A NCA Opioid Treatment.	p and complaint survey was 22. Deficiencies were cited. sed for the following service C 27G .3600 Outpatient				
		urrent census of 384. The sisted of audits of 18 current				
	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 member on duty trained in the following areas:  (1) drug abuse withdrawal symptoms; and (2) symptoms of secondary complications to drug addiction.  (c) Each direct care staff member shall receive continuing education to include understanding of the following:  (1) nature of addiction;  (2) the withdrawal syndrome;  (3) group and family therapy; and  (4) infectious diseases including HIV, sexually transmitted diseases and TB.		V 235	All counselor caseloads have been review reduced as needed. Clinical Supervisor a Clinic Director assumed remaining patient caseload. New counselor tentative start of Facility continues to actively recruit qualiticandidates to maintain appropriate ratios	nd ts to their ate of 7/1. y clinical	
	ealth Service Regulation Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE	TITLE	(X6) DATE	

Clinic Director

06/30/2022

3IMX11 If continuation sheet 1 of 3



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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	
		MHL096-186	B. WING			R <b>14/2022</b>	
NAME OF	PROVIDER OR SUPPLIER		ADDRESS, CITY, S		·		
CAROLII	NA TREATMENT CEN	TER OF GOLDSB	BORO, NC 275	ET, SUITE 200, 201, 202 & 30	300		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 235	Continued From pa	ge 1	V 235				
	failed to ensure a mabuse counselor (C	et as evidenced by: view and interview, the facility ninimum of one certified drug CDAC) or certified substance CSAC) to each 50 clients and	,				
	increment thereof.	,					
	-Current client cens -Counseling staff co	onsisted of 5 counselors in cal manager and clinical					
	stated:	2 the Counseling Staff #1					
	2022. -Her caseload had	t this agency since January been as high as 80 at one					
		currently over 50 'adequate amount of time ach client when the caseload					
	stated: -Prior to her employ was an intern with a -She had worked a -Her last day of em the week.	2 the Counseling Staff #3  yment with this company, she a manageable caseload of 25 t this agency for one month. ployment would be the end of been over 50 at times during	-				

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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	
		MHL096-186	B. WING		R 06/14/2022	
	PROVIDER OR SUPPLIER	TER OF GOLDSB 1700 EAS		STATE, ZIP CODE SET, SUITE 200, 201, 202 & 300 530		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLÉ	ETE
V 235	her short employmer—"Maybe as high as -She knew what wa monitor servicesEven with her expervolume of her case "overwhelming"  Interview on 6/14/2 stated: -Employed with the -Usually had about counselors had left counselors split the -The last person that agoCaseload went up -In the past 6 month rate of counselors, started employmen  Interview on 6/14/2 -The clinical director counselors remain -One or two counse caseload currently -They have 3 vacar been actively recruit candidates to hire -This was an ongoin	ent. 51I stopped counting." as needed to follow clients and erience she described the load and work expectations as 2 the Counseling Staff #4  company since 10/3/21. 50 clients on his caseload, as employment, the remaining caseloads. at left was a couple of months to 63 clients at that time. hs, they had a high turnover 4 counselors had left since he t. 2 the Regional Director stated: or had a caseload to assist under 50 on their caseload elors may have 51 on there at counselor positions, had ting, difficult to find quality	V 235			

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