

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL014-083	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/17/2022
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NAME OF PROVIDER OR SUPPLIER MCLEOD ADDICTIVE DISEASE CENTER-LENO	STREET ADDRESS, CITY, STATE, ZIP CODE 222 MORGANTON BOULEVARD LENOIR, NC 28645
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 6/17/22. The complaints were not substantiated. (# NC170403 and NC188401). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.</p> <p>This facility is licensed for 0 and currently has a census of 325. The survey sample consisted of audits of 14 current clients and 2 deceased clients.</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</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>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> <p>This Rule is not met as evidenced by: Based on interviews and record reviews the facility management failed to provide opioid treatment in conjunction with the provision of medical services for 1 of 2 audited deceased clients (DC #1). The findings are:</p> <p>Review on 6/16/22 of DC #1's record revealed: -Date of Admission- 8/8/18 -Date of Death-4/18/22 at 68 years of age -Diagnoses included: Opioid Use Disorder, Amphetamine Use Disorder, Cannabis Use Disorder, COPD (Chronic Obstructive Pulmonary Disease), Asthma, Lung Disease, Hypertension, Hepatitis C, Oxygen Dependent. -Review of dosing history on 6/16/22 from 12/1/21-4/18/22 revealed dose changes: -12/2/21- methadone 90mg with 6 take out doses under COVID exceptions. -12/23/21- methadone 85mg with 6 take out doses under COVID exceptions. -12/30/21- methadone 80mg with 6 take out doses under COVID exceptions. -4/14/22 - methadone 70mg with 6 take out doses under COVID exceptions. -Missed doses included 1/20/22-1/23/22, 1/27/22-2/3/22, 3/24/22-3/27/22 -Drug screen results included 12/23/21 and</p>	V 233		

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V 233	<p>Continued From page 2</p> <p>2/10/22 positive for marijuana and barbiturates. No screens in January or March.</p> <p>-Prescription medication acknowledged by facility medical director on 6/8/21 included primidone, gabapentin, lisinopril, loratadine, albuterol, Spiriva.</p> <p>-Review of medication description online completed 6/17/22 revealed Primidone was an anticonvulsant in the Barbiturate drug class.</p> <p>Review on 6/16/22 of facility's medical notes revealed:</p> <p>-1/20/21-1/23/22 -"patient in hospital." -1/27/22-2/3/22-"patient in hospital." -3/3/22- "patient medicated on site today, no s/s of impairment and patient had no complaints." -3/24/22-3/27/22- "patient did not present to clinic for dosing today, patient in hospital." -12/2/21, 12/9/21, 12/16/21, 2/10/22, 2/17/22, 2/24/22, 3/10/22, 3/17/22, 3/31/22, 4/7/22-"...received 6 take home, no s/s (signs or symptoms) of impairment noted and patient had no complaints." -4/14/22-" ...client returned to clinic after hospital stay with 2 unopened bottles of methadone 80mg ..."</p> <p>-Medical Records from local hospital for DC #1 hospitalizations revealed: -12/2/21-12/4/21 - diagnosed with opiate overdose, hypoxia, COPD Type A. Facility Physician signed on 12/28/21. -12/21/21- following endoscopy 12/14/21- biopsy revealed mild chronic inflammation; diagnosed with gastroesophageal reflux disease, dysphasia, esophageal spasm. There was no signature or documentation the facility physician had reviewed the hospital information. -1/18/22-1/21/22 diagnosed with pneumonia due to Covid-19 virus. There was no signature or</p>	V 233		

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V 233	<p>Continued From page 3</p> <p>documentation the facility physician had reviewed the hospital information.</p> <ul style="list-style-type: none"> -1/25/22-2/3/22 diagnosed with hypercapnic respiratory failure with Covid-19. Facility Physician signed hospital records on 3/2/22. - 3/23/22-3/27/22 nausea and vomiting, urinary retention, altered mental state, severe COPD. There was no signature or documentation the facility physician had reviewed the hospital information. -4/7/22-4/9/22 brought to ED unresponsive, grey in color as family reported O2 tank was dead; diagnosed with acute on chronic respiratory failure. Facility Physician signed hospital records on 4/22/22 after client's death on 4/18/22. <p>Interview on 6/16/22 with the Program Director revealed:</p> <ul style="list-style-type: none"> -DC #1 did not have a drug screen in January because he was in the hospital when his name came up. Unfortunately, the electronic system doesn't automatically reassign. Our doctor wrote an order to skip the April drug screen since DC #1 had a catheter. -She would have expected the counselor to bring information to her after DC #1's 1st hospitalization. -Their front office staff requested medical records from each hospitalization. The facility doctor would review and sign off then have discussions with the patient and counselor. The counselor was fairly new and did not follow up with the program director or staffing with the physician. -With all of his medical issues DC #1 was a health risk coming into clinic with possible Covid exposure, so he was given Take Outs per the exception rule. -Initial responsibility was with either nurse or counselor whoever learned of a hospitalization first. They would be tightening up that 	V 233		

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V 233	Continued From page 4 requirement. This deficiency constitutes a re-cited deficiency.	V 233		
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 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		

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V 235	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure each direct care staff member received continuing education in nature of addiction, the withdrawal syndrome, group and family therapy and infectious diseases affecting 2 of 3 audited staff (Nurse #1 and Counselor #3). The findings are:</p> <p>Review on 6/16/22 of Nurse #1's employee file revealed: -Hired 1/27/14. -11/13/18 - Annual Training included - Nature of Addiction, Alcohol and Drug Withdrawal Symptoms, Secondary Complications to Alcoholism and Drug Addiction and Group and Family Therapy. -There was no updated training of the above topics.</p> <p>Interview on 6/16/22 with Nurse #1 revealed: -Typically there was an annual training covering the required topics, but he believed since COVID-19 they had been cancelled.</p> <p>Review on 6/16/22 of Counselor #3's employee file revealed: -Hired 8/8/16. -11/14/18 - Annual Training included - Nature of Addiction, Alcohol and Drug Withdrawal Symptoms, Secondary Complications to Alcoholism and Drug Addiction and Group and Family Therapy. -There was no updated training of the above topics.</p> <p>Interview on 6/16/22 with Counselor #3 revealed: -The annual trainings could be done on-line. -She did not remember doing the above trainings since 2018.</p>	V 235		

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V 235	Continued From page 6 Interview on 6/16/22 with the Human Resources Director revealed: -He could not locate updated trainings for Nurse #1 or Counselor #3 on the required topics.	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). (f) Content of the training that the service provider wishes to employ must be approved by	V 536		

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V 536	<p>Continued From page 7</p> <p>the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher 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 they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training</p>	V 536		

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V 536	<p>Continued From page 8</p> <p>Requirements:</p> <p>(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.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(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.</p> <p>(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.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(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.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor</p>	V 536		

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V 536	<p>Continued From page 9</p> <p>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 record review and interview, the facility failed to ensure 1 of 3 audited staff (Counselor #2) had training on the use of alternatives to restrictive interventions. The findings are:</p> <p> </p> <p>Review on 6/16/22 of Counselor #2's employee file revealed: -Hired 11/15/21. -No record of any approved training on alternatives to restrictive interventions.</p> <p> </p> <p>Interview on 6/16/22 with Counselor #2 revealed: -She was scheduled to complete the required</p>	V 536		

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V 536	Continued From page 10 training "this week."	V 536		