## PRINTED: 06/20/2022 FORM APPROVED

Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL096-186	B. WING		F 06/1	₹ <b>4/2022</b>
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-	
CAROLII	NA TREATMENT CEN		T ASH STRE DRO, NC 27	ET, SUITE 200, 201, 202 & 300 530		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	ſS	V 000			
		p and complaint survey was 22. Deficiencies were cited.				
	This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.					
		urrent census of 384. The sisted of audits of 18 current				
V 235	27G .3603 (A-C) O	utpt. Opiod Tx Staff	V 235			
	<ul> <li>10A NCAC 27G .3603 STAFF</li> <li>(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.</li> <li>(b) Each facility shall have at least one staff member on duty trained in the following areas:</li> <li>(1) drug abuse withdrawal symptoms; and</li> <li>(2) symptoms of secondary complications to drug addiction.</li> <li>(c) Each direct care staff member shall receive continuing education to include understanding of the following:</li> <li>(1) nature of addiction;</li> <li>(2) the withdrawal syndrome;</li> <li>(3) group and family therapy; and</li> <li>(4) infectious diseases and TB.</li> </ul>					
	ealth Service Regulation	ER/SUPPLIER REPRESENTATIVE'S SIG		TITI F		(X6) DATE

R'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE L

TITLE

(X6) [

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Division	of Health Service Re	egulation				
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	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		1700 EAS	T ASH STRE	ET, SUITE 200, 201, 202 & 300		
CAROLI	NA TREATMENT CEN	GOLDSB GOLDSB	ORO, NC 27	530		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	HOULD BE COMPLETE	
V 235	Continued From pa	ge 1	V 235			
	failed to ensure a m abuse counselor (C abuse counselor (C increment thereof. Review of facility re -Current client cens -Counseling staff co addition to the clinic director, that had ca Interview on 6/14/22 stated: -She had worked at 2022. -Her caseload was -Doesn't think that ' could be given to ea was over 50" Interview on 6/14/22 stated: -Prior to her employ was an intern with a -She had worked at	view and interview, the facility inimum of one certified drug DAC) or certified substance SAC) to each 50 clients and The findings are: cords on 6/14/22 revealed: sus of 384 onsisted of 5 counselors in cal manager and clinical aseloads. 2 the Counseling Staff #1 t this agency since January been as high as 80 at one				
		been over 50 at times during				
Division of H	ealth Service Regulation					

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Division of Health Service Regulation           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/C           AND PLAN OF CORRECTION         IDENTIFICATION NUMB				(X3) DATE SURVEY COMPLETED	
or contraction	IDENTIFICATION NUMBER.	A. BUILDING:			
	MHL096-186	B. WING			R 14/2022
PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
NA TREATMENT CEN				00	
SUMMARY STA				ORRECTION	(X5)
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH	N SHOULD BE E APPROPRIATE	COMPLET
Continued From page 2		V 235			
-"Maybe as high as -She knew what wa monitor services. -Even with her expr volume 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 th ago. -Caseload went up -In the past 6 mont rate of counselors, started employment Interview on 6/14/2 -The clinical director counselors remain -One or two counse caseload currently -They have 3 vacant been actively recru candidates to hire -This deficiency has	<ul> <li>51I stopped counting."</li> <li>as needed to follow clients and</li> <li>erience she described the</li> <li>eload and work expectations as</li> <li>22 the Counseling Staff #4</li> <li>e company since 10/3/21.</li> <li>50 clients on his caseload, as</li> <li>t employment, the remaining</li> <li>e caseloads.</li> <li>at left was a couple of months</li> <li>to 63 clients at that time.</li> <li>ths, they had a high turnover</li> <li>4 counselors had left since heat.</li> <li>22 the Regional Director stated or had a caseload to assist under 50 on their caseload elors may have 51 on there</li> <li>nt counselor positions, had iting, difficult to find quality</li> <li>ing problem</li> </ul>				
	OF CORRECTION PROVIDER OR SUPPLIER NA TREATMENT CEN SUMMARY ST/ (EACH DEFICIENC REGULATORY OR I Continued From pa her short employm -"Maybe as high as -She knew what wa monitor services. -Even with her exp volume 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 th ago. -Caseload went up -In the past 6 mont rate of counselors, started employmer Interview on 6/14/2 -The clinical director counselors remain -One or two counse caseload currently -They have 3 vaca been actively recru candidates to hire -This deficiency has original cite on 9/2	OF CORRECTION       IDENTIFICATION NUMBER:         MHL096-186       MHL096-186         PROVIDER OR SUPPLIER       STREET A         VA TREATMENT CENTER OF GOLDSB       1700 EA GOLDSE         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       Street A         Continued From page 2       her short employment.          -"Maybe as high as 51I stopped counting."       .She knew what was needed to follow clients and monitor services.         -Even with her experience she described the volume of her caseload and work expectations as "overwhelming"       Interview on 6/14/22 the Counseling Staff #4 stated:         -Employed with the company since 10/3/21.       -Usually had about 50 clients on his caseload, as counselors had left employment, the remaining counselors split the caseloads.         -The last person that left was a couple of months ago.       -Caseload went up to 63 clients at that time.         -In the past 6 months, they had a high turnover rate of counselors, 4 counselors had left since he started employment.         Interview on 6/14/22 the Regional Director stated -The clinical director had a caseload to assist counselors remain under 50 on their caseload -One or two counselors may have 51 on there caseload currently         -They have 3 vacant counselor positions, had been actively recruiting, difficult to find quality candidates to hire         -This was an ongoing problem       This deficiency has been cited 3 times since the original cite on 9/21/	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL096-186       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, S'         YA TREATMENT CENTER OF GOLDSB       1700 EAST ASH STREET GOLDSBORO, NC 275         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENC WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         Continued From page 2       V 235         her short employment. -"Maybe as high as 511 stopped counting." -She knew what was needed to follow clients and monitor services. -Even with her experience she described the volume of her caseload and work expectations as "overwhelming"       V 235         Interview on 6/14/22 the Counseling Staff #4 stated: -Employed with the company since 10/3/21. -Usually had about 50 clients on his caseload, as counselors had left employment, the remaining counselors split the caseloads. -The last person that left was a couple of months ago. -Caseload went up to 63 clients at that time. -In the past 6 months, they had a high turnover rate of counselors, 4 counselors had left since he started employment.         Interview on 6/14/22 the Regional Director stated: -The clinical director had a caseload to assist counselors remain under 50 on their caseload -One or two counselors may have 51 on there caseload currently -They have 3 vacant counselor positions, had been actively recruiting, difficult to find quality candidates to hire -This was an ongoing problem         This deficiency has been cited 3 times since the original cite on 9/21/17 and must be corrected       Interview	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL096-186       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         VA TREATMENT CENTER OF GOLDSB       1700 EAST ASH STREET, SUITE 200, 201, 202 & 33 GOLDSBORO, NC 27530         SUMMARY STATEMENT OF DEFICIENCIES       ID         SUMMARY STATEMENT OF DEFICIENCIES       ID         REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX         Continued From page 2       V 235         her short employment.	OF CORRECTION       DENTIFICATION NUMBER:       A. BUILDING:       COM         MHL096-186       B. WING       06/         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       1700 EAST ASH STREET, SUITE 200, 201, 202 & 300         A TREATMENT CENTER OF GOLDSS       100 EAST ASH STREET, SUITE 200, 201, 202 & 300       06/         SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USC IDENTIFYING INFORMATION)       ID       PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         Continued From page 2       V 235       V 235         her short employment.

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