

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL078-327</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/07/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>STEPHENS OUTREACH CENTER, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>13104 HIGHWAY 130 EAST FAIRMONT, NC 28340</b>
--	---

(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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on July 7, 2022. 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 has a current census of 15. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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:  <b>MHL078-327</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/07/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>STEPHENS OUTREACH CENTER, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>13104 HIGHWAY 130 EAST FAIRMONT, NC 28340</b>
--	---

(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 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to develop and implement goals and strategies to meet the individual needs for two of three audited clients (#3 and #4). The findings are:</p> <p>Finding #1: Review on 07/06/22 and 07/07/22 of client #2's record revealed: - 40 year old male. - Admission date of 03/15/22. - Diagnoses of Opiate Use Disorder, Cannabis Use Disorder, Cocaine Use Disorder and Alcohol Use Disorder. - Treatment Plan dated 03/14/22. - No goals or strategies to address client #2's frequent missed doses at the facility.</p> <p>Review on 07/07/22 of a signed physician order for client #2's daily drug regimen dated 06/21/22 revealed Buprenorphine (treats Opiate Dependence) 16 milligrams (mg) daily.</p> <p>Review on 07/07/22 of client #2's May 2022 thru July 6, 2022 Medication Administration Records (MAR) revealed he missed 16 of 67 doses of scheduled medication.</p> <p>Finding #2: Review on 07/06/22 and 07/07/22 of client #4's record revealed: - 36 year old male.</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL078-327</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/07/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>STEPHENS OUTREACH CENTER, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>13104 HIGHWAY 130 EAST FAIRMONT, NC 28340</b>
--	---

(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 112	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- Admission date of 04/12/22.</li> <li>- Diagnoses of Opioid Dependence Disorder, Alcohol Dependence Disorder, Cocaine Use Disorder and Cannabis Use Disorder.</li> <li>- Treatment plan date 04/12/22 and updated on 06/27/22.</li> <li>- No goals or strategies to address client #4's daily alcohol testing requirement.</li> </ul> <p>Review on 07/07/22 of a physician note dated 06/14/22 revealed:</p> <ul style="list-style-type: none"> <li>- "Increase methadone from 40mg [every day] to 45mg [every day]. Continue to monitor daily for alcohol intoxication. Continue breathalyzer."</li> </ul> <p>Interview on 07/07/22 the Clinical Director stated:</p> <ul style="list-style-type: none"> <li>- She understood the client treatment plans needed to include goals and strategies to address identified issues.</li> <li>- She would follow up on the treatment plans for the clients.</li> </ul>	V 112		
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>	V 235		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL078-327</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/07/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>STEPHENS OUTREACH CENTER, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>13104 HIGHWAY 130 EAST FAIRMONT, NC 28340</b>
--	---

(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 3</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, 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 all staff received continuing education to include understanding of the nature of addition, withdrawal syndrome, group and family therapy and infectious diseases including HIV, sexually transmitted diseases and TB. for three of four audited staff (Licensed Practical Nurse (LPN) #1, LPN #2 and Registered Nurse (RN)). The findings are:</p> <p>Review on 07/07/22 of LPN #1's personnel record revealed: - Date of hire: 06/21/22. -No documentation of current training in the nature of addiction, withdrawal syndrome, group and family therapy and infectious diseases including HIV, sexually transmitted diseases and TB</p> <p>Review on 07/07/22 of LPN #2's personnel record revealed:</p>	V 235		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL078-327</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/07/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>STEPHENS OUTREACH CENTER, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>13104 HIGHWAY 130 EAST FAIRMONT, NC 28340</b>
--	---

(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 4</p> <ul style="list-style-type: none"> <li>- Date of hire: 06/27/22.</li> <li>-No documentation of current training in the nature of addiction, withdrawal syndrome, group and family therapy and infectious diseases including HIV, sexually transmitted diseases and TB</li> </ul> <p>Review on 07/07/22 of the RN's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Date of hire: 01/31/22.</li> <li>-No documentation of current training in the nature of addiction, withdrawal syndrome, group and family therapy and infectious diseases including HIV, sexually transmitted diseases and TB</li> </ul> <p>Interview on 07/07/22 the Human Resources Director stated:</p> <ul style="list-style-type: none"> <li>- He understood staff at the facility were required to have specific training to work the population served.</li> <li>- He would follow up with the facility trainer to obtain the required trainings.</li> </ul> <p>Interview on 07/07/22 the Clinical Director stated she understood the facility staff needed to have specific training to work with the population served.</p>	V 235		