

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20190063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/07/2022
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NAME OF PROVIDER OR SUPPLIER THE WILMINGTON TREATMENT CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2520 TROY DRIVE WILMINGTON, NC 28401
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INITIAL COMMENTS

A complaint and follow up survey was completed on June 7, 2022. One complaint was substantiated (intake #NC00187793) and one complaint was unsubstantiated (intake #NC00188057). Deficiencies were cited.

This facility is licensed for the following service categories: 10A NCAC 27G .3100 Nonhospital Medical Detoxification for Individuals who are Substance Abusers, 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders, and 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders.

This facility is licensed for 78 (Residential Treatment/Rehabilitation and Nonhospital Medical Detoxification) and currently has a census of 53. The facility has a current census of 124 Day Treatment clients.

The survey sample consisted of audits of 10 current clients, 3 former clients, and 2 deceased clients.

This survey originally closed on May 11, 2022 but was reopened on June 2, 2022 due to additional information received.

Throughout the report the provider identified the day treatment service as a "Partial Hospital Program (PHP);" however, the facility is not licensed as a PHP.

Throughout the report the provider and clients identified "dorms" which were unlicensed sober living facilities operated by the licensee on the same campus as the day treatment facility.

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Wilmington Treatment Center is licensed as a Day Treatment .3700, which ASAM 2500 also classifies as Partial Hospitalization Program. We meet all the rules of a day Treatment .3700, insurance companies we work with as well as managed medicaid call this PHP.

The dorms referenced are complimentary sober living dorms provided to patients without safe supportive living arrangements or who have logistic impairments to commute. These dorms are not on same campus and are at a different address than the Day Treatment Clinical building.

DHSR - Mental Health
 JUL 06 2022
 Lic. & Cert. Section

Division of Health Service Regulation
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Paul Little

TITLE

CEO

(X6) DATE

6-27-22

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V 105	Continued From page 1	V 105	Indicate what measures will be put in place to correct the deficient area of practice:	6-24-22
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and</p>	V 105	<p>Indicate what measures will be put in place to prevent the problem from occurring again:</p> <ul style="list-style-type: none"> • DON has reviewed the glucometer's manufacturer instructions which states: <ul style="list-style-type: none"> ▪ The EVENCARE G3 glucometer "is indicated to be used for multiple patients." ▪ It "should be cleaned and disinfected between each patient" with one of "the following products that have been approved for cleaning and disinfecting the EVENCARE G3 Meter:" <ul style="list-style-type: none"> • Dispatch Hospital Cleaner Disinfectant Towels with Bleach • Medline Micro-Kill Disinfecting, Deodorizing, Cleaning Wipes with Alcohol • Clorox Healthcare Bleach Germicidal and Disinfecting Wipes • Medline Micro-Kill Bleach Germicidal Bleach Wipes ▪ Use EVENCARE G3 glucose control solutions to perform a test "at least once a week to verify that the meter and the test strips are working properly together." <p>Indicate what measures will be put in place to prevent the problem from occurring again:</p> <ul style="list-style-type: none"> • Staff at the dorms who oversee the diabetic testing supplies will clean the EVENCARE G3 Meter supplied by Wilmington Treatment Center between each patient with one of the approved wipes mentioned previously. • The nurse or med-tech at PHP will track daily control testing in a log book kept in the PHP nurses station. • Glucometer policy will be updated to reflect these changes • DON and Clinical Director will provide updated policy to all staff involved in the use, care, and upkeep of WTC-owned glucometers at PHP. • DON and ADON will ensure all appropriate staff will complete CLIA waived testing for glucometers if they have not done so already. 	

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V 105	<p>Continued From page 2</p> <p>utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to develop and implement written policies for the adoption of standards that assure operational and programmatic performance meeting applicable standards of practice for the use of glucometers to perform testing on more than one person, and the cleaning and disinfecting procedures for glucometers used to perform testing on more than</p>	V 105	<p>Indicate who will monitor the situation to ensure it will not occur again:</p> <ul style="list-style-type: none"> Nursing management will monitor control testing logs for compliance Nursing and clinical management will make observational sweeps to ensure staff is properly cleaning and disinfecting the glucometer between patients. <p>Indicate how often the monitoring will take place:</p> <ul style="list-style-type: none"> Logs will be checked and staff observations will be performed weekly. CLIA waived testing will be conducted for each employee annually. 	

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V 105	<p>Continued From page 3</p> <p>one person. The findings are:</p> <p>Review on 6/3/22 of the Center for Disease Control (CDC), "Infection Prevention during Blood Glucose Monitoring and Insulin Administration" revealed:</p> <ul style="list-style-type: none"> -Whenever possible, glucometers should not be shared. -If a glucometer must be shared, the device should be cleaned and disinfected after every use, per manufacturer's instructions. -If the manufacturer did not specify how the device should be cleaned and disinfected, then it should not be shared. <p>Review on 6/7/22 of the Federal Drug Administration (FDA), "Letter to Manufacturers of Blood Glucose Monitoring Systems Listed With the FDA" revealed:</p> <ul style="list-style-type: none"> -Manufacturers were to publish if their glucometer was indicated for use by a single patient, multiple patients, or both. -Multiple patient use would apply to use in a healthcare setting. -Manufacturers must have cleaning and disinfecting procedures for single and multiple use glucometers. The disinfection solvent should be effective against viral bloodborne pathogens. -70% Ethanol solutions (alcohol) were not effective against viral bloodborne pathogens. <p>Review on 6/3/22 of the facility policy, "Blood Glucose Monitoring," dated 12/1/17 revealed:</p> <ul style="list-style-type: none"> -The staff were to clean the glucometer with [specified commercially available bleach germicidal wipes] between each patient use. -The policy did not specify to check the glucometer manufacturer's instructions to determine the correct procedure for cleaning and disinfecting. 	V 105		

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V 105	<p>Continued From page 4</p> <ul style="list-style-type: none"> -The nursing assistant would check the glucometer quality control every 24 hours and document in the glucometer control book. -The policy did not include instructions for multiple clients to use the facility glucometers to self-test their fingerstick blood sugar (FSBS). <p>Review on 6/6/22 of client #14's record revealed:</p> <ul style="list-style-type: none"> -67 year old client admitted 5/20/22 and discharged 6/3/22. -Diagnoses included alcohol use disorder, severe; cocaine use disorder, severe; type 2 diabetes; hypertension; gastroesophageal reflux disease; benign prostate hypertrophy; hyperlipidemia; and, chronic obstructive pulmonary disease. -Order dated 5/28/22 for Glipizide Extended Release, 2.5 mg (milligrams) daily. (Type 2 diabetes) -Order dated 5/28/22 for blood sugar testing as needed. <p>Observations on 6/3/22 at approximately 4:30 pm in the day treatment medication room revealed:</p> <ul style="list-style-type: none"> -There were 2 glucometers in the medication room that were not labeled with a client name. -The glucometers were made by 2 different manufacturers. -One glucometer had been placed on the medication room counter between the staff work area and the hall where clients entered to receive medications. -A second glucometer was inside a zip locked plastic bag labeled, "Mens Dorm Diabetic Supplies." <p>Interview on 6/3/22 the Certified Medication Aide stated:</p> <ul style="list-style-type: none"> -Day treatment program diabetic clients self-administered their own FSBS and insulin 	V 105		

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V 105	Continued From page 5 administration. -Clients had their own glucometer and supplies that were kept in a plastic bag. -There was a facility glucometer kept in the medication room that would be made available to a client if it were needed. -She would send the facility glucometer to the "dorm" to be used by any client if needed. -She would "sterilize" the facility glucometer after it was used by a client using an alcohol swab to wipe the glucometer and allow it to air dry. -There were no records of the cleaning or calibrating of the facility glucometer. -Day treatment client #14 did not have his own glucometer and used the day treatment facility glucometer as needed. -Client #14 had used the day treatment facility glucometer on 6/3/22 that was on the medication room counter. Interview on 6/3/22 the Director of Nursing stated: -One glucometer was used for FSBS testing of the clients in detox. -The nursing staff performed the FSBS testing in detox and followed the policy dated 2017.	V 105		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be	V 118	Indicate what measures will be put in place to correct the deficient area of practice: <ul style="list-style-type: none"> • All appropriate staff trained on expectations for MAR documentation and accuracy for the following deficiencies: <ul style="list-style-type: none"> ▪ 24hr chart checks ▪ MAR documentation of meds given after medication pass start times or meds given before order entered into MAR ▪ Clarifying orders with conflicting frequency when patient is admitted later in the day (ie patient supposed to get gabapentin three times a day but admits in the afternoon and will only be able to have 2 doses the first day) ▪ Proper way to document read back verbal orders 	6-24-22

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V 118	<p>Continued From page 6</p> <p>administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were administered as ordered by the physician, and an accurate MAR would be maintained for 3 of 10 current clients audited (#1, #2, #3) and 2 of 2 deceased clients (DC) audited (DC#7, DC#8). The findings are:</p> <p>Finding #1: Review on 5/10/22 of client #1's record revealed: -24 year old male admitted 5/1/22. -Diagnoses included opioid use disorder, severe; opioid withdrawal; sedative, hypnotic, or anxiolytic</p>	V 118	<p>Indicate what measures will be put in place to prevent the problem from occurring again:</p> <ul style="list-style-type: none"> Two new admission charts and 2 active random charts will be selected daily to review the orders and MAR documentation. <p>Indicate who will monitor the situation to ensure it will not occur again:</p> <ul style="list-style-type: none"> DON and the nursing documentation specialist will monitor. <p>Indicate how often the monitoring will take place:</p> <ul style="list-style-type: none"> Daily 	

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V 118	<p>Continued From page 7</p> <p>use disorder, severe; sedative, hypnotic, or anxiolytic withdrawal, without perceptual disturbances; alcohol use disorder, severe; cannabis use disorder, severe, tobacco use disorder, severe; unspecified depressive disorder; withdrawal seizures (benzodiazepines 2018); psoriatic arthritis, chronic neck and back pain due to history of motor vehicle accident; and urinary retention.</p> <p>-Medications brought from home included 13 tablets of Depakote DR (delayed release) 50 mg (milligrams).</p> <p>Review on 5/10/22 of client #1's medication orders/order dates revealed: -5/2/22: Catapres 0.2 mg 3 times daily (TID) for 7 days. -5/2/22 : Depakote DR 50 mg daily.</p> <p>Review on 5/10/22 of client #1's MAR for May 2022 revealed: -Catapres 0.2 mg received twice on 5/3/22 at 3:48 pm and 8:36 pm. -Depakote DR 50 mg daily was not administered 5/2/22.</p> <p>Finding #2: Review on 5/10/22 of client #2's record revealed: -34 year old female admitted 4/19/22 at 10:53 am. -Diagnoses included opioid use disorder, severe; sedative, hypnotic, or anxiolytic use disorder, moderate; cannabis use disorder, moderate; tobacco use disorder, severe; unspecified bipolar and related disorder; borderline personality disorder; post-traumatic stress disorder (PTSD); unspecified depressive disorder; panic disorder; bulging disks; and history of hepatitis C.</p> <p>Review on 5/10/22 of client #2's medication</p>	V 118		
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V 118	<p>Continued From page 8</p> <p>orders/order dates revealed:</p> <p>-4/19/22:</p> <ul style="list-style-type: none"> - "Patient may take 1 Suboxone strip 8/2 mg of own supply tonight 4/19 - to start Subutex tomorrow 4/20." (opioid dependence/addiction) - Gabapentin Taper: (opioid withdrawal) <ul style="list-style-type: none"> -400 mg TID for 2 days -400 mg BID (twice daily) for 2 days -300 mg BID for 2 days -200 mg BID for 2 days -300 mg QD (daily) for 2 days -200 mg QD for 2 days -100 mg QD for 2 days -Discontinue -Multivitamin daily for 7 days (supplement) -Thiamine 100 mg QD for 7 days (supplement) -Vitamin D 5000 units QD (supplement) -Omeprazole 20 mg QD (gastric reflux) -Celexa 40 mg QD (depression) <p>-4/20/22: Subutex 4 mg QD.</p> <p>-4/23/22: Mag Citrate, 1 bottle for constipation.</p> <p>-4/30/22: Mag Citrate, 1 bottle for constipation.</p> <p>Review on 5/10/22 of client #2's MARs for April and May 2022 revealed:</p> <ul style="list-style-type: none"> -4/19/22: No documentation on the MAR that client #2 received 1 Suboxone strip 8/2 mg of own supply. -4/19/22: No documentation of Celexa 40 mg. -4/21/22: No documentation of Celexa 40 mg, Multivitamin, Omeprazole 20 mg, Subutex 4 mg, Thiamine 100 mg, or Vitamin D 5000 units. -4/21/22: Gabapentin 400 mg documented once at 7:32 pm. -No documentation on the MAR that Mag Citrate was administered on 4/23/22 or 4/30/22. <p>Finding #3: Review on 5/10/22 of client #3's record revealed: -34 year old male admitted 4/17/22.</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>-Diagnoses included opioid use disorder, severe; opioid withdrawal; alcohol use disorder, severe; alcohol withdrawal, without perceptual disturbances; unspecified cocaine-related disorder; unspecified stimulant use disorder, severe in early remission; tobacco use disorder, severe; unspecified depressive disorder; and unspecified anxiety disorder.</p> <p>Review on 5/10/22 of client #3's medication orders/order dates revealed: -4/17/22: Catapres 0.2 mg TID for 7 days for anxiety and hypertension. -5 day opioid use disorder Phenobarbital taper to begin evening of 4/17/22.</p> <p>Review on 5/10/22 of client #3's MAR for April 2022 revealed: -4/17/22: No documentation the Phenobarbital taper was started on the evening of 4/17/22. -The order for Catapres 0.2 mg TID for 7 days, anxiety and hypertension, was not printed on the April 2022 MAR. -From 4/17/22 - 4/23/22, client #3 only received Catapres 0.2 mg on 4/21/22 at 3:40 pm as a PRN (as needed) medication, and on 4/22/22 at 10:30 am as a PRN medication.</p> <p>Finding #4: Review on 5/10/22 of DC#7's record revealed: -52 year old female admitted 4/7/22. -Diagnoses included opioid use disorder, severe; opioid withdrawal; cocaine use disorder severe; epilepsy; hypertension; asthma; and disc degeneration. -DC#7 was found unresponsive on 4/8/22 at approximately 4 pm and subsequently pronounced deceased after resuscitation efforts by staff and Emergency Medical Services were unsuccessful.</p>	V 118		
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V 118	<p>Continued From page 10</p> <p>-Admission Assessment documented the admission began at 11:33am on 4/7/22 and signed by the Intake Specialist at 5:02 pm.</p> <p>-Nursing Admission Assessment started on 4/7/22 at 6:21 pm.</p> <p>-DC#7 brought the following home medications with her to the facility: omeprazole 40 mg (30 tablets); hydrochlorothiazide 25 mg (60 tablets); Remeron 15 mg (30 tablets); Vimpat 200 mg (8 tablets); clobazam 10 mg 1/2 tablet (4.5 tablets); fycompa 6 mg(60 tablets).</p> <p>Review on 5/10/22 of DC#7's medication orders/order dates revealed: -4/8/22 at 1:22 am: -Gabapentin 400 mg tonight -Vistaril 100 mg tonight (opioid withdrawal) -Zanaflex 8 mg tonight (opioid withdrawal) -"Home Meds OK:" omeprazole 40 mg QD; hydrochlorothiazide 25 mg QD (hypertension); Remeron 15 mg at bedtime (sleep, depression); Vimpat 200 mg BID (seizure control); clobazam 10 mg 1/2 tablet BID (seizure control); fycompa 6 mg every night (seizure control).</p> <p>Review on 5/10/22 of DC#7's MAR for April 2022 revealed no medications were documented on the MAR as given on 4/7/22.</p> <p>Review on 5/10/22 of DC#7's Controlled Drug Records revealed: -4/7/22 at 11:50 pm, 1 tablet of fycompa 6 mg was administered with a remaining count on hand of 59 tablets. -4/7/22 at 11:51 pm, 1 tablet of Vimpat 200 mg was administered with a remaining count on hand of 7 tablets. -4/7/22 at 11:50 pm, 1/2 tablet of clobazam 10 mg was administered with a remaining count on hand of 4 tablets.</p>	V 118		

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V 118	<p>Continued From page 11</p> <p>Finding #5: Review on 5/10/22 of DC#8's record revealed: -56 year old female admitted 3/16/22; deceased 3/18/22. -Diagnoses included alcohol use disorder, severe; alcohol withdrawal, without perceptual disturbances; opioid use disorder, severe; opioid withdrawal; sedative, hypnotic, or anxiolytic use disorder, severe; sedative, hypnotic, or anxiolytic withdrawal, without perceptual disturbances; amphetamine-type substance use disorder, severe; unspecified depressive disorder; unspecified anxiety disorder; panic disorder; attention deficit hyperactive disorder (ADHD); Barrette's esophagus; chronic pain (stomach, wrist); and COPD (chronic obstructive pulmonary disease).</p> <p>Review on 5/10/22 of DC#8's medication orders/order dates revealed: -3/16/22 (9:09 pm): Valium 20 mg "now." -3/16/22 (9:09 pm): Catapres 0.2 mg "now." -3/16/22 (9:30 pm): Trazodone 100 mg, 2 tablets every HS (hour of sleep; bedtime) -3/16/22(10:43 pm): Gabapentin 400 mg TID for 2 days (Gabapentin Taper order). No order to clarify if 3/16/22 was to be the first day of the taper order set and, if so, how to schedule doses in order to administer all prescribed doses.</p> <p>Review on 5/10/22 of DC#7's MAR for March 2022 revealed: -No documentation DC#8 received Valium 20 mg ordered to be given "now" on 3/16/22 (9:09 pm). -No documentation DC#8 received Catapres 0.2 mg ordered to be given "now" on 3/16/22 (9:09 pm). -No documentation DC#8 received Trazodone 200 mg on 3/16/22.</p>	V 118		

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V 118	<p>Continued From page 12</p> <ul style="list-style-type: none"> -No documentation DC#8 received Gabapentin 400 mg on 3/16/22. Interview on 5/10/22 the Director of Nursing stated: <ul style="list-style-type: none"> -The routine process to obtain admission orders was as follows: <ul style="list-style-type: none"> -Nurses called the physician around 10:30 pm for admission orders. -Nurses would enter these orders into the electronic medical record, usually around 1:00 am. -Nurses did not keep a copy of the hand written verbal orders with the date and time the orders have been received. -The date and time of orders recorded the time the order was entered electronically, not the date and time the verbal order had been taken. -Medications could not be documented on the electronic MAR until the orders were entered by the nurse. -There was a place for the nurse to document the time the provider was called for verbal admission orders. -The nurse who took the verbal admission orders for DC#7 did not record the time she took the verbal orders, so the time on the form looked like she took these orders at 1:21 am. -She believed the nurse would have administered DC#7's medications ordered for "tonight" (gabapentin, Vistaril, Zanaflex) on 4/7/22 but did not document them on the MAR. -Since the nurse signed out DC#7's seizure medications on the controlled record, she felt sure the medications were administered to DC#7 but not documented on the MAR. -There was no documentation in the nursing notes that DC#8 received Valium 20 mg ordered to be given "now" on 3/16/22 (9:09 pm). -The nurses documented they administered client 	V 118		
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V 118	<p>Continued From page 13</p> <p>#2's Mag Citrate in the nurses notes on 4/23/22 and 4/30/22, but not on the MAR. -The nurses documented they started client #3's Phenobarbital taper on 4/17/22 in the nurses notes, but not on the MAR.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p>	V 120	<p>Indicate what measures will be put in place to correct the deficient area of practice</p> <ul style="list-style-type: none"> All over the counter medications kept in the BHA office will be stored under lock and key effective 5/12/22. <p>Indicate what measures will be put in place to prevent the problem from occurring again</p> <ul style="list-style-type: none"> Behavioral Health Associates (BHA) will all be provided a key to the locking cabinet to ensure all over the counter medication is secured. <p>Indicate who will monitor the situation to ensure it will not occur again</p> <ul style="list-style-type: none">  <p>Indicate how often the monitoring will take place</p> <ul style="list-style-type: none"> Random office/ process check to be no less than 1 time per week. 	5-12-22

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V 120	<p>Continued From page 14</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to (1) store medications in a securely locked cabinet, and (2) store medications for external and internal use separately. The findings are:</p> <p>Observations at 11:45 am on 5/11/22 at the day treatment facility revealed: -The following over the counter medications were stored in an unlocked drawer in an office used by the direct care staff:</p> <ul style="list-style-type: none"> -Tube of Stye eye ointment -Tube of First Aid Antibiotic ointment (bacitracin zinc and polymyxin) -Tube of hydrocortisone cream 1% -Antacid Tablets (calcium carbonate) -Diphenhydramine HCl (hydrochloride) 25 mg (milligrams) capsules (Antihistamine) -Acetaminophen extra strength, 500 mg caplets -Allergy Tablets (chlorpheniramine maleate 4 mg) -Magnesium Oxide 400 mg tablets -Senna 8.6 mg laxative tablets -Refresh eye drops (vials) -Anti-Diarrheal (loperamide HCL 2 mg tablets) -Bisacodyl enteric coated laxative tablets -Guaifenesin Extended-Release 600 mg tablets -Cherry Flavor Sore Throat Spray -Aspirin 325 mg tablets -Ibuprofen 200 mg tablets -BC (aspirin and caffeine) powders -Goody's extra strength (Aspirin, caffeine, acetaminophen) headache powder 	V 120		
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V 120	<p>Continued From page 15</p> <ul style="list-style-type: none"> -Thereems multivitamins -Ferrous Sulfate 325 mg tablets -Loratadine 10 mg tablets -Strips of vacuum sealed 2 red tablets; name of medication printed on the label had been defaced when tablets had been cut from the original card. -In a plastic zip locked bag loose Guaifenesin Extended-Release 600 mg tablets were mixed with the strips of vacuum sealed 2 red tablets. -There was no separation between internal and external medications. <p>Interview on 5/11/22 Staff #5 stated:</p> <ul style="list-style-type: none"> -She was a Behavioral Health Associate and worked at the day treatment program. -Only over the counter medications were kept in the "tech room" (technician office). -The red tablets mixed in the plastic bag with the Guaifenesin Extended-Release 600 mg tablets were Sudafed tablets. -If a client in the day program wanted or needed one of the medications kept in the office, the client would tell the staff what they want/need and the staff would give them the medication. -The staff would write on a log the client name, the medication given to the client, the amount of medication given, and the time. -The logs were kept in the "tech room." <p>Interview on 5/11/22 the Director of Nursing stated:</p> <ul style="list-style-type: none"> -She was unaware of topical medications at the day program. -She would follow up to correct this situation. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 120		

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V 239	Continued From page 16	V 239	Indicate what measures will be put in place to correct the deficient area of practice	6-9-22
V 239	<p>27G .3701 Day Tx. Sub. Abuse - Scope</p> <p>10A NCAC 27G .3701 SCOPE</p> <p>(a) Day treatment facilities provide services in a group setting for individuals who need more structured treatment for substance abuse than that provided by outpatient treatment, and may serve as an alternative to a 24-hour treatment program.</p> <p>(b) Day treatment services shall have structured programs, which may include individual, group, and family counseling, recreational therapy, peer groups, substance abuse education, life skills education, and continuing care planning.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation, and interviews, the facility failed to operate within the scope of a day treatment program. The findings are:</p> <p>Review on 5/3/22 of the facility census, 124 clients had been admitted and were receiving day treatment services.</p> <p>Review on 6/2/22 and 6/3/22 of "Basic and PHP (partial hospitalization program) Rules" electronically signed and dated by current clients #1 and #3, and former clients #4, #5, and #6 revealed: -"PHP Dorm Rules - You are not permitted to leave the property once at off-site dorms unless it is pre-approved from your treatment team and arrangements have been made in advance." -"No outside food, candy, or beverages allowed at the main hospital and only food from approved</p>	V 239	<p>Wilmington Treatment Center patients have always had the option of completing day treatment as a commuter. The complimentary sober living dorms offered to patients at no charge are for anyone needing a safe supportive environment or have logistic impairment to successfully complete day treatment. The patient nor their payer source are ever billed for the use of the complimentary sober living dorms. In fact some of our payers request that their members stay in our complimentary sober living dorms while participating in day treatment. No patients have ever been denied the ability to conduct day treatment from a commuter status and in fact we have had patients choose this option in the past. However, we now will notify all patients verbally and in writing of the option to participate in day treatment from home vs reside in the complimentary sober living dorms. This will be acknowledged by the patient signing an agreement located in the patient's chart. Any patient electing to participate in day treatment without staying at the complimentary sober living dorms will sign an acknowledgment with all Day Treatment rules/expectations. Wilmington Treatment Center has always given snacks and food to patients staying in the complimentary sober living dorms. The dorm rules stated not to not allow that food in the rooms so that they stay clean and not attract bugs etc. However, the dorms will now allow patients residing in the complimentary sober living dorms to have snacks in their dorm room/suite. Extra bi-weekly pest spraying will be conducted at dorms.</p>	

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V 239	<p>Continued From page 17</p> <p>vendors can be brought into the day treatment houses."</p> <p>Review on 6/2/22 and 6/3/22 of "Wilmington Treatment Center Day Treatment from home" Policy and Procedure dated 9/16/16 and 10/7/19 revealed:</p> <p>-"Policy: It is the policy of Wilmington Treatment Center to allow patients within the Partial Hospitalization (PHP) level of care to participate in treatment from home."</p> <p>-"Procedure: Should a patient request to participate in day treatment from home, the following procedure will occur: Patient will present to the PHP campus ... prior to 7:30 am for check in...Upon check-in, patient will be searched and provided a breathalyzer as well as a UDS (urine drug screening) prior to participation in programming...If patient drives to treatment, patient will provide the make and model of car they drove to campus as well as the car's license plate... Any/all contraband will be secured in the PHP Ward Clerk's office or in the patient's vehicle until after the completion of the programming day...Patient will be returned all valuables secured in the Ward Clerk's office prior to leaving for the day...Patients are not allowed to leave during programming hours unless it is pre-approved by the patient's treatment team...Patient is expected to attend all scheduled programming, 7 days a week...If the patient is non-compliant with PHP programming rules and /or attendance, patient will be discharged from the program."</p> <p>Review on 5/6/22 of the "Partial Hospitalization Programming Medication Policy Acknowledgement" revealed "Insulin will not be taken to the off site houses. However, glucose meters WILL be permitted to go to off site."</p>	V 239	<ul style="list-style-type: none"> Wilmington Treatment Center will recruit and hire a dietitian for PHP LOC. The job posting will be available by End of Business on 6/7/2022. Target on-boarding date is 7/31/2022. Wilmington Treatment Center will work with US Foods and their Registered Dietitian to provide Diabetic meals and nutritious meal plans. Wilmington Treatment Center strongly disagrees with state surveyor that we neglect patients. Any patient who is not satisfied with their stay at the complimentary sober living dorms are free to choose to commute. We also feel we were "strong armed" and threatened by state surveyor to develop and sign a Plan of Protection. <p>Indicate what measures will be put in place to prevent the problem from occurring again</p> <ul style="list-style-type: none"> Charts will be audited to ensure compliance on a monthly basis. All patient handbooks will be updated to reflect changes. All complimentary sober living dorm staff will be notified regarding changes to food policy. Contract Services with US Foods/ hiring of an on-site dietician. <p>Indicate who will monitor the situation to ensure it will not occur again</p> <ul style="list-style-type: none">  	
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V 239	<p>Continued From page 18</p> <p>Observation on 6/2/22 at approximately 10:30 am revealed: -A black metal fence was visible upon driving up to the location. The fence extended around the perimeter of the facility. -Access to the facility by vehicle was gained following contact with a facility employee via a monitor at the gate entrance. The gate entrance was then accessed from inside the facility remotely. -There were two gate doors for those on foot identified on the front side of the facility. One of the gates was to the side of physical entrance for vehicles, and located on a sidewalk. The second was identified in front of the treatment building.</p> <p>Finding #1: Review on 6/2/22 and 6/3/22 of client #9's record revealed: -36 year-old male -Admission date of 4/7/22 -Diagnoses of opioid use disorder - severe, opioid withdrawal, cocaine use disorder - moderate, cannabis use disorder - severe, tobacco use disorder - severe, unspecified anxiety disorder, unspecified bipolar and related disorder, hepatitis C, and selective serotonin reuptake inhibitor (SSRI) withdrawal</p> <p>Interview on 6/2/22 client #9 stated: -He had resided locally for the past 3 years. -He believed it was a requirement to reside at the facility while completing treatment through the PHP. The facility physician and staff were "very clear" about residing at the facility for PHP component. -He was informed that he would need to "stay on sight" during his 28 day treatment process. -He had never witnessed any clients taking part in</p>	V 239	<p>Indicate how often the monitoring will take place</p> <ul style="list-style-type: none"> • Monthly, Dorm walk through completed no less than 1 time weekly, Dietary Manager will review menus weekly. 	
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V 239	<p>Continued From page 19</p> <p>PHP and not reside on facility grounds.</p> <p>Finding #2: Review on 6/2/22 and 6/3/22 of client #10's record revealed: -59 year-old male -Admission date of 5/11/22 -Diagnoses of cocaine use disorder - severe, cannabis use disorder - severe, tobacco use disorder - severe, alcohol use disorder - severe, alcohol withdrawal - without perceptual disturbances, unspecified schizophrenia spectrum and other psychotic disorder, and unspecified attention-deficit/hyperactivity disorder</p> <p>Interview on 6/2/22 client #10 stated: -He had resided locally for the past 24 years. -There was no option for commuting to the program and no exceptions for residing at facility while receiving treatment at PHP. "If you're getting treatment here then you have to live in the dorm." -Clients weren't allowed to leave the facility grounds.</p> <p>Finding #3: Review on 6/3/22 of client #11's record revealed: -30 year-old female -Admission date of 5/16/22 -Diagnoses of opioid use disorder - severe, cocaine disorder - severe, cannabis disorder - mild, social anxiety disorder, social phobia, unspecified depressive disorder, and hepatitis C</p> <p>Interview on 6/3/22 client #11 stated: -She had signed paperwork which stated that she could not leave the facility. -Money and personal belongings were checked in to the Ward Clerk's office upon entering the program.</p>	V 239		
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V 239	<p>Continued From page 20</p> <ul style="list-style-type: none"> -There was no food available in the dorms and it was against the rules to bring food to that area. -Clients often held on to their snacks earlier in the day and then snuck it to the rooms so that they would have something to eat later. <p>Finding #4: Review on 6/2/22 and 6/3/22 of client #12's record revealed:</p> <ul style="list-style-type: none"> -66 year-old male -Admission date of 5/17/22 -Diagnoses of opioid use disorder - severe, opioid withdrawal, tobacco use disorder - severe, hypertension, glaucoma, neuropathy, chronic obstructive pulmonary disease, and type 2 diabetes. -Lantus insulin was prescribed for his diabetes. <p>Interview on 6/2/22 client #12 stated:</p> <ul style="list-style-type: none"> -He had resided locally for over 20 years. -He had been at the facility 4 times prior. -He was informed while in detox that he had to reside at the PHP while receiving treatment. -Since the majority of the clients were at the facility voluntarily, he felt there could be value in allowing clients to leave the facility grounds. -He felt like a "hostage" in that even if he chose to temporarily leave the grounds, he would have to do so without his identification, his wallet, or any other belongings. All personal items were held at the ward clerk's office. -He felt the food options that were provided were not good for his diabetes and glaucoma, as they greatly consisted of fried foods, starches, and carbohydrates. -He was an insulin dependent diabetic and had to take Lantus and Novolog. He checked his blood sugar at 8:30 am, 12 noon, and 3 pm and self-administered Lantus 45 units at 3 pm. -Because no food was available in the dorms, he 	V 239		

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NAME OF PROVIDER OR SUPPLIER THE WILMINGTON TREATMENT CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2520 TROY DRIVE WILMINGTON, NC 28401
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(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
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V 239	<p>Continued From page 21</p> <p>had snuck snacks into his room in case he were to become hypoglycemic during the evening or night.</p> <p>-When at home, he took Lyrica 3 times a day, spaced out every 8 hours, for neuropathy pain in his feet; however, the facility did not allow him to keep this medication so he was not able to maintain his usual dosing regimen.</p> <p>-His last dose of Lyrica for the day wore off before the next morning and around 2 am he could feel his feet getting numb and by the time PHP was open he could "barely walk."</p> <p>Finding #5: Review on 6/3/22 of client #13's record revealed: -57 year-old male -Admission date of 4/21/22 -Diagnoses of opioid use disorder - severe, opioid withdrawal, sedative - hypnotic - or anxiolytic withdrawal - without perceptual disturbances, cocaine use disorder - severe, tobacco use disorder - severe, unspecified depressive disorder, unspecified anxiety disorder, unspecified bipolar and related disorder, unspecified trauma - and stressor - related disorder, hypothyroidism, history of seizure, insomnia, hepatitis C, hypertension, and asthma</p> <p>Interview on 6/2/22 client #13 stated: -He resided locally. -He had been at the facility 7-8 times prior. -All personal belongings were taken into inventory upon arrival. -Clients were only allowed to leave the facility for medical appointments. -He had been to doctor appointments since he entered the day treatment program. -When he returned from the appointments he was "stripped searched," had a urine test, and a breathalyzer.</p>	V 239		
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V 239	<p>Continued From page 22</p> <ul style="list-style-type: none"> -A nurse would do the "strip" search. The last 2 times it had been a female nurse. -On 6/1/22 when he returned from a doctor appointment the nurse had him to strip "down to his boxers." The other time this happened the nurse required he take everything off. -It was a requirement of the PHP that clients lived in the dorm. -He had signed a consent form detailing the rules for not leaving the campus upon his arrival. -There were strict rules in place about no food in the dorms. <p>Interview on 6/2/22 counselor #1 stated:</p> <ul style="list-style-type: none"> -He had been employed with the facility for approximately 3 years. -Clients were required to live in the dorms on facility grounds at the PHP for safety reasons. -There had been a policy change presented that afternoon (6/2/22) to ensure clients were aware that they were not required to remain on campus if they resided locally. <p>Interview on 6/6/22 counselor #2 stated:</p> <ul style="list-style-type: none"> -She had been employed with the facility for approximately 2 years. -Clients were required to live in the dorms on facility grounds at the PHP. -The PHP program was for "inpatient clients only" and there were no commuters. -Clients were not allowed to leave the facility grounds unless granted a medical pass for a medical appointment. -PHP clients were required to turn in their personal effects including cell phones upon entry to the program. Subsequent phone calls could be made using the counselors' office phones. <p>Interview on 6/6/22 Registered Nurse (RN) #3 stated:</p>	V 239		
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V 239	<p>Continued From page 23</p> <ul style="list-style-type: none"> -She had been employed with the facility for over 6 years. -PHP clients were not allowed to keep any personal effects on their body upon admission. This included wallets, personal identification, cell phones, credit cards, and cash. -There were no staff available to assist with personal effects on the weekends so clients who discharged over the weekend would have to return on a weekday to retrieve their belongings. -Clients signed a consent agreement upon admission to the PHP stating they would reside in the dorm. -Clients were informed during the assessment process that they "will be living in the dorm." -If a client were to leave the PHP campus a "code orange" would be called to signal a missing patient. An administrative staff would be contacted if and when that client returned. -There was no food allowed and no food options available once clients were over at the dorms. <p>Interview on 5/4/22 the Medical Director stated:</p> <ul style="list-style-type: none"> -He had been employed with the facility for approximately 20 years. -PHP clients were required to live in the dorms on the facility grounds. -Requirements for residing in the dorms extended to local residents as well. <p>Interview in 6/3/22 the Certified Medication Aide stated:</p> <ul style="list-style-type: none"> -She would estimate there were no more than 15 clients with diabetes currently in the day treatment program. -She thought all of the current day treatment clients with diabetes took insulin, which they self-administered. -Insulin was kept at PHP. -Each diabetic client's glucometer and testing 	V 239		
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V 239	<p>Continued From page 24</p> <p>supplies were kept in the day treatment medication room during the day, and sent to the dorms in the evening.</p> <ul style="list-style-type: none"> -Food was not sent to the dorms for diabetic clients in case they experienced hypoglycemia. -She was not aware of any client having an issue with low blood sugar while they were at the dorm. <p>Interview on 6/2/22 the Risk Manager stated:</p> <ul style="list-style-type: none"> -The PHP building was open at 6:30 am until around 7:45 pm. -Meals were served at the PHP building for breakfast, 7 am - 8 am; lunch, 11:30 am - 12:15 pm; and dinner, 5:30 pm - 6:15 pm. -Snacks were served at PHP around 10 am and 3:15 pm. -Food was not allowed in the dorms. -She believed there were some local clients staying in the dorm and attending the PHP. -She did not believe there were any current clients that chose to commute from home to attend the PHP. -If there was a commuter they would be "buzzed in" through the gate on arrival; required to turn in their valuables, or leave them in their car; and have a breathalyzer and urine drug screen performed daily. -She believed that once clients had learned they would be required to have a breathalyzer, give up their keys, and follow other rules each day when in PHP, they had decided to stay in the dorms. -Commuters could not leave and return during the same day because the facility did not have the manpower to continue to search them on return. <p>Review on 6/6/22 of Initial Plan of Protection written and signed by the Director of Clinical Services on 6/6/22 revealed:</p>	V 239		
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V 239	<p>Continued From page 25</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? -Wilmington Treatment Center will notify all patients of the option to participate in day treatment from home vs (versus) reside in the offsite dorms. This will be acknowledged by the patient signing an agreement located in the patient's chart. Any patient electing to participate in day treatment without staying at the complimentary offsite dorms will sign an acknowledgement with all Day Treatment rules/expectations.</p> <p>Wilmington Treatment Center will allow patients residing in the complimentary offsite dorms to have snacks in their dorm room/suite.</p> <p>Wilmington Treatment Center will recruit and hire a dietician for PHP LOC (level of care). The job posting will be available by End of Business on 6/7/2022. Target onboarding date is 7/31/2022.</p> <p>Wilmington Treatment Center will provide a diabetic meal option for every meal at PHP. Until a dietician is on boarded and oriented, Wilmington Treatment Center's Medical Director will approve all diabetic diets.</p> <p>Describe your plans to make sure the above happens: Charts will be audited to ensure compliance on a monthly basis. These results will be presented in a monthly Quality Assurance/Performance Improvement meeting with leadership.</p> <p>Patients will be informed immediately of the new rule which allows food in the patients' dorm rooms. All handbooks will be updated to reflect changes.</p>	V 239		
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V 239	<p>Continued From page 26</p> <p>Wilmington Treatment Center 's HR (human resources) Department will post an open position for a dietician by 6/7/2022 and actively recruit to fill the vacant position.</p> <p>Charts will be audited to ensure Wilmington Treatment Center 's Medical Director has reviewed and approved diabetic diets. These findings will be presented in a monthly Quality Assurance/Performance improvement meeting with leadership."</p> <p>On 5/3/22 there were 124 clients with diagnoses to include substance use disorders and receiving day treatment services. It was communicated to the clients that day treatment services, referred to as a partial hospitalization program, were contingent on receiving housing services. Clients were unaware of any alternative housing options outside of the residential services provided by the facility and committed to the program with the understanding that voluntarily leaving the facility grounds was prohibited. Personal effects were gathered and locked up upon admission to the facility and not returned until discharge, and self administration to some prescribed medications were restricted. Automotive traffic was only accessible through a staff monitored gate and a metal fence was visible extending around the perimeter of the facility enclosure. In addition, the residential services (dorms) offered no opportunity for clients to gain access to food, as all sources of food/snacks were prohibited once inside the dorms and food service was unavailable between the hours of 8:00 pm and 7:00 am. This restriction was placed on all clients, even those who were at risk for hypoglycemia following insulin administration.</p> <p>This deficiency constitutes a Type A1 rule</p>	V 239		

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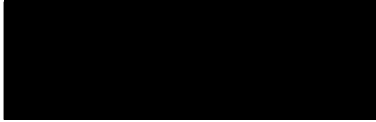
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V 239	Continued From page 27 violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$3,000 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 239		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Receive visitors between the hours of 8:00	V 364	Indicate what measures will be put in place to correct the deficient area of practice <ul style="list-style-type: none"> • For Detox Level of Care, restrictions to patients' belongings, phones and visitation will be added to the patients' initial treatment plans generated by nursing. • For Residential Level of Care, restrictions to cell phone, money and visitation will be added to the patient's treatment plan by the QP and reviewed every 7 days. Patients' clothing and other non-contraband items are provided to all patients in this level of care. Patients are also allowed to use the facility phones daily in this level of care. • For PHP Level of Care, patients already have access to use cell phones, by request, Monday through Friday during programming hours. This will be extended to cover Saturday and Sunday in compliance with patient rights. Patients can also access money during these times, per request. At this level of care, patients clothing and other non-contraband items are provided to all patients. Patients are also allowed to use the facility phones daily in this level of care. 	6-25-22

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V 364	<p>Continued From page 28</p> <p>a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for</p>	V 364	<p>Indicate what measures will be put in place to prevent the problem from occurring again</p> <ul style="list-style-type: none"> Change in procedures at all levels of care based on the above information <p>Indicate who will monitor the situation to ensure it will not occur again</p> <ul style="list-style-type: none">  <p>Indicate how often the monitoring will take place</p> <ul style="list-style-type: none"> Monthly via chart audits. Findings to be reported to the leadership team/ QAPI committee. 	
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V 364	<p>Continued From page 29</p> <p>his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <ol style="list-style-type: none"> (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving</p>	V 364		
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V 364	<p>Continued From page 30</p> <p>treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be</p>	V 364		
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V 364	<p>Continued From page 31</p> <p>reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, when clients were admitted for 24 hour residential services, the facility failed to ensure the restriction of access to the facility phone, visitation, personal clothing, and possessions were: (1) imposed only the Qualified Professional (QP) responsible for client's treatment plan; (2) reviewed by the QP at least every seven days, and, (3) the reason for restrictions was documented in the client record,</p>	V 364		
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V 364	<p>Continued From page 32</p> <p>affecting 9 of 9 current clients (#1, #2, #3, #9, #10, #11, #12, #13, #14), 3 of 3 former clients (FC) (FC#4, FC#5, FC#6), and 2 of 2 deceased clients (DC) (DC#7, DC#8) audited. The findings are:</p> <p>Reviews between 5/3/22 and 6/6/22 of the following client records revealed:</p> <ul style="list-style-type: none"> -Client # 1 - 24 year old male admitted 5/1/22. Treatment plan dated 5/2/22. -Client # 2 - 34 year old female admitted on 4/19/22. Treatment plan dated 4/27/22. -Client # 3 - 34 year old male admitted 4/17/22. Treatment plan dated 4/29/22. -FC# 4 - 58 year old male admitted 4/14/22. Treatment plan dated 4/18/22. -FC# 5 - 54 year old female admitted on 4/6/22. Treatment plan dated 4/21/22. -FC# 6 - Tony Whitaker 67 year old female admitted 4/26/22, Discharged 5/3/33. -DC #7 - 52 year old female admitted 4/7/22, deceased 4/8/22. Treatment plan dated 4/7/22. -DC #8 - 57 year old female admitted 3/16/22, deceased 3/18/22. Treatment plan dated 4/21/22. -Client # 9 - 36 year old male admitted 4/7/22, discharged 6/6/22. Treatment plan dated 4/21/22. -Client #10 - 59 year old male admitted 4/7/22. Treatment plan dated 5/17/22. -Client #11 - Emily Levin 30 year old female admitted 5/16/22. Treatment plan dated 5/16/22. -Client #12 - 66 year old male admitted 4/7/22, discharged 6/6/22. Treatment plan dated 5/31/22. -Client #13 - 57 year old male admitted 4/21/22. Treatment plan dated 4/28/22. -Client #14 - 67 year old male admitted 5/20/22. Treatment plan dated 5/20/22. <p>-All of the clients had diagnoses of substance use disorders.</p> <p>-None of the clients' treatment plans included restrictions of their rights to use of the facility</p>	V 364		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20190063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/07/2022
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NAME OF PROVIDER OR SUPPLIER THE WILMINGTON TREATMENT CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2520 TROY DRIVE WILMINGTON, NC 28401
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(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
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V 364	<p>Continued From page 33</p> <p>phone, receive visitors, make visits outside of the facility, or to retain personal clothing, possessions, or a reasonable amount of money.</p> <p>Review on 5/10/22 of the "Standardized Admission Orders" revealed clients admitted to detox or the residential level of care would not have access to the facility phones or visitation "unless clinically indicated."</p> <p>Review on 6/2/22 of "Basic & PHP (Partial Hospital Program) Rules" revealed: -"At the time of admission, a member of the Wilmington Treatment Center staff will inventory your personal belongings. Staff members will dispose of any mood or mind altering substances ..." -"Patients in general shall not receive visitors until the end of the detoxification phase of treatment, or fourteen days, whichever is longer, except for emergency reasons or for clinical reasons determined by the Medical Director and/or Director of Counseling." -"No outside food, candy, or beverages are permitted at any level of care." -"While in detox level of care, patients will not have access to facility phones and visitation unless clinically indicated otherwise." -"Any exceptions to these rules must be approved by the Clinical Director." -"My signature indicates that I have read and understand the above information."</p> <p>Review on 6/2/22 of the facility's "Consent for Treatment and Conditions of Admission" revealed: -The facility maintained a safe to secure clients' money and belongings. -The "Consent for Treatment and Conditions of Admission" did not specify which personal</p>	V 364		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20190063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/07/2022
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NAME OF PROVIDER OR SUPPLIER THE WILMINGTON TREATMENT CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2520 TROY DRIVE WILMINGTON, NC 28401
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V 364	<p>Continued From page 34</p> <p>possessions the clients were not allowed to keep.</p> <p>Interview on 6/3/22 client #13 stated: -He was admitted on 4/20/22 to detox. -When admitted he was "strip searched" and his personal belongings and valuables were taken by the staff and put in locked storage. -He was not permitted to keep his wallet or cell phone, even after he transitioned to the day treatment program. -He understood there were reasons for not being allowed to keep one's wallet or phone, but some clients would complain about this. -He had a treatment plan but restrictions to his personal possessions was not part of the plan.</p> <p>Interview on 6/3/22 client #12 stated: -He was first admitted to detox, then transitioned to the day treatment program. -On admission the facility staff had taken his phone, money, and clothes. -When he transitioned to the day treatment program the facility kept his phone, money, and wallet.</p> <p>Interview on 6/3/22 client #11 stated: -She had been admitted to detox for 6 days, and residential for 7 days before transitioning to the day treatment program. -When she was admitted to detox she was allowed to keep non-alcohol containing hygiene products, 1 sweat shirt or t-shirt, and socks. The facility took all other personal belongings. -When she transitioned from detox to "residential" she was allowed to have her clothes. -She was currently at the day treatment program and the facility continued to retain her money in the Ward Clerk office.</p> <p>Interview on 6/2/22 the Director of Quality and</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20190063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/07/2022
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NAME OF PROVIDER OR SUPPLIER THE WILMINGTON TREATMENT CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2520 TROY DRIVE WILMINGTON, NC 28401
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V 364	<p>Continued From page 35</p> <p>Performance Improvement stated:</p> <ul style="list-style-type: none"> -Clients signed the facility "Basic & PHP Rules" and "Consent for Treatment and Conditions of Admission." -When clients transitioned to the day treatment program from detox or residential, their personal belongings that had been taken at the time of admission would be returned to the client. -Personal possessions, to include money, were restricted for safety reasons; such as, to prevent clients from contacting drug dealers during their stay. 	V 364		