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DURHAM TREATMENT CENTER	1913 LAMAR STREET DURHAM, NC 27705

(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	INITIAL COMMENTS An annual and complaint survey was completed on May 17, 2022. The complaint was substantiated (intake #NC00187823). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment. This facility has a current census of 305. The survey sample consisted of audits of 14 current clients, 1 former client and 1 deceased client.	V 000		
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	V 235		

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V 235	Continued From page 1 (4) infectious diseases including HIV, sexually transmitted diseases and TB. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a minimum of one certified drug abuse counselor or certified substance abuse counselor to each 50 clients; facility failed to ensure at least one staff member on duty had training in drug abuse withdrawal symptoms/symptoms of secondary complications to drug addiction affecting one of five audited staff (#4) and failed to ensure each direct care staff member received continuing education in nature of addiction, the withdrawal syndrome and infectious disease affecting one of five audited staff (#4). The findings are: The following is evidence the facility failed to ensure a minimum of one certified drug abuse counselor or certified substance abuse counselor to each 50 clients. Review on 5/10/22 of facility records revealed: -The facility had a census of 305 clients. -The facility had five full time substance abuse counselors. -The Clinical Supervisor had a caseload of 99 clients. -Staff #2 had a caseload of 52 clients. -Staff #5 had a caseload of 57 clients. -Staff #6 had a caseload of 54 clients.	V 235		

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V 235	Continued From page 2 Interview on 5/10/22 with the Clinical Supervisor revealed: -He was aware that he and some of his counselors were over 50 clients on their caseloads. -There were four counselors and himself available to provide counseling to the clients at that clinic. -They had one counselor in training and had some additional counselor vacancies. -He confirmed the facility failed to ensure there was a ratio of one counselor to every 50 or less clients. The following is evidence the facility failed to ensure at least one staff member on duty had training in drug abuse withdrawal symptoms/symptoms of secondary complications to drug addiction. Review on 5/17/22 of the facility's personnel files revealed: -Staff #4 had a hire date of 4/4/22. -Staff #4 was hired as a Nurse Supervisor. -There was no documentation of training in drug abuse withdrawal symptoms/symptoms of secondary complications to drug addiction. Interview on 5/17/22 with the Nurse Supervisor revealed: -She only did a substance abuse training in Relias when she was employed. -She was scheduled for some additional program specific trainings, however she had not completed those trainings. -She confirmed she had no training in drug abuse withdrawal symptoms/symptoms of secondary complications to drug addiction. Interview on 5/17/22 with the Clinical Supervisor	V 235		

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V 235	Continued From page 3 confirmed: -Staff #4 had no documentation of training in drug abuse withdrawal symptoms/symptoms of secondary complications to drug addiction. The following is evidence the facility failed to ensure each direct care staff member received continuing education in nature of addiction, the withdrawal syndrome and infectious disease. Review on 5/17/22 of the facility's personnel files revealed: -Staff #4 had no documentation of continuing education in nature of addiction, the withdrawal syndrome and infectious disease including Human Immunodeficiency Virus (HIV), Sexually transmitted diseases and Tuberculosis (TB). Interview on 5/17/22 with the Nurse Supervisor revealed: -She only did a substance abuse training in Relias when she was employed. -She was scheduled for some additional program specific trainings, however she had not completed those trainings. -She confirmed she had no continuing education in nature of addiction, the withdrawal syndrome and infectious disease including HIV, Sexually transmitted diseases and TB. Interview on 5/17/22 with the Clinical Supervisor confirmed: -Staff #4 had no continuing education in nature of addiction, the withdrawal syndrome and infectious disease including HIV, Sexually transmitted diseases and TB.	V 235		
V 238	27G .3604 (E-K) Outpt. Opiod - Operations	V 238		

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V 238	Continued From page 4 10A NCAC 27G .3604 OUTPATIENT OPIOD TREATMENT. OPERATIONS. (e) The State Authority shall base program approval on the following criteria: (1) compliance with all state and federal law and regulations; (2) compliance with all applicable standards of practice; (3) program structure for successful service delivery; and (4) impact on the delivery of opioid treatment services in the applicable population. (f) Take-Home Eligibility. Any client in comprehensive maintenance treatment who requests unsupervised or take-home use of methadone or other medications approved for treatment of opioid addiction must meet the specified requirements for time in continuous treatment. The client must also meet all the requirements for continuous program compliance and must demonstrate such compliance during the specified time periods immediately preceding any level increase. In addition, during the first year of continuous treatment a patient must attend a minimum of two counseling sessions per month. After the first year and in all subsequent years of continuous treatment a patient must attend a minimum of one counseling session per month. (1) Levels of Eligibility are subject to the following conditions: (A) Level 1. During the first 90 days of continuous treatment, the take-home supply is limited to a single dose each week and the client shall ingest all other doses under supervision at the clinic; (B) Level 2. After a minimum of 90 days of continuous program compliance, a client may be granted for a maximum of three take-home doses	V 238		

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and shall ingest all other doses under supervision at the clinic each week;
(C) Level 3. After 180 days of continuous treatment and a minimum of 90 days of continuous program compliance at level 2, a client may be granted for a maximum of four take-home doses and shall ingest all other doses under supervision at the clinic each week;
(D) Level 4. After 270 days of continuous treatment and a minimum of 90 days of continuous program compliance at level 3, a client may be granted for a maximum of five take-home doses and shall ingest all other doses under supervision at the clinic each week;
(E) Level 5. After 364 days of continuous treatment and a minimum of 180 days of continuous program compliance, a client may be granted for a maximum of six take-home doses and shall ingest at least one dose under supervision at the clinic each week;
(F) Level 6. After two years of continuous treatment and a minimum of one year of continuous program compliance at level 5, a client may be granted for a maximum of 13 take-home doses and shall ingest at least one dose under supervision at the clinic every 14 days; and
(G) Level 7. After four years of continuous treatment and a minimum of three years of continuous program compliance, a client may be granted for a maximum of 30 take-home doses and shall ingest at least one dose under supervision at the clinic every month.
(2) Criteria for Reducing, Losing and Reinstatement of Take-Home Eligibility:
(A) A client's take-home eligibility is reduced or suspended for evidence of recent drug abuse. A client who tests positive on two drug screens within a 90-day period shall have an immediate

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reduction of eligibility by one level of eligibility;
(B) A client who tests positive on three drug screens within the same 90-day period shall have all take-home eligibility suspended; and
(C) The reinstatement of take-home eligibility shall be determined by each Outpatient Opioid Treatment Program.
(3) Exceptions to Take-Home Eligibility:
(A) A client in the first two years of continuous treatment who is unable to conform to the applicable mandatory schedule because of exceptional circumstances such as illness, personal or family crisis, travel or other hardship may be permitted a temporarily reduced schedule by the State authority, provided she or he is also found to be responsible in handling opioid drugs. Except in instances involving a client with a verifiable physical disability, there is a maximum of 13 take-home doses allowable in any two-week period during the first two years of continuous treatment.
(B) A client who is unable to conform to the applicable mandatory schedule because of a verifiable physical disability may be permitted additional take-home eligibility by the State authority. Clients who are granted additional take-home eligibility due to a verifiable physical disability may be granted up to a maximum 30-day supply of take-home medication and shall make monthly clinic visits.
(4) Take-Home Dosages For Holidays: Take-home dosages of methadone or other medications approved for the treatment of opioid addiction shall be authorized by the facility physician on an individual client basis according to the following:
(A) An additional one-day supply of methadone or other medications approved for the treatment of opioid addiction may be dispensed

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to each eligible client (regardless of time in treatment) for each state holiday.
(B) No more than a three-day supply of methadone or other medications approved for the treatment of opioid addiction may be dispensed to any eligible client because of holidays. This restriction shall not apply to clients who are receiving take-home medications at Level 4 or above.
(g) Withdrawal From Medications For Use In Opioid Treatment. The risks and benefits of withdrawal from methadone or other medications approved for use in opioid treatment shall be discussed with each client at the initiation of treatment and annually thereafter.
(h) Random Testing. Random testing for alcohol and other drugs shall be conducted on each active opioid treatment client with a minimum of one random drug test each month of continuous treatment. Additionally, in two out of each three-month period of a client's continuous treatment episode, at least one random drug test will be observed by program staff. Drug testing is to include at least the following: opioids, methadone, cocaine, barbiturates, amphetamines, THC, benzodiazepines and alcohol. Alcohol testing results can be gathered by either urinalysis, breathalyzer or other alternate scientifically valid method.
(i) Client Discharge Restrictions. No client shall be discharged from the facility while physically dependent upon methadone or other medications approved for use in opioid treatment unless the client is provided the opportunity to detoxify from the drug.
(j) Dual Enrollment Prevention. All licensed outpatient opioid addiction treatment facilities which dispense Methadone, Levo-Alpha-Acetyl-Methadol (LAAM) or any other

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V 238	Continued From page 8 pharmacological agent approved by the Food and Drug Administration for the treatment of opioid addiction subsequent to November 1, 1998, are required to participate in a computerized Central Registry or ensure that clients are not dually enrolled by means of direct contact or a list exchange with all opioid treatment programs within at least a 75-mile radius of the admitting program. Programs are also required to participate in a computerized Capacity Management and Waiting List Management System as established by the North Carolina State Authority for Opioid Treatment. (k) Diversion Control Plan. Outpatient Addiction Opioid Treatment Programs in North Carolina are required to establish and maintain a diversion control plan as part of program operations and shall document the plan in their policies and procedures. A diversion control plan shall include the following elements: (1) dual enrollment prevention measures that consist of client consents, and either program contacts, participation in the central registry or list exchanges; (2) call-in's for bottle checks, bottle returns or solid dosage form call-in's; (3) call-in's for drug testing; (4) drug testing results that include a review of the levels of methadone or other medications approved for the treatment of opioid addiction; (5) client attendance minimums; and (6) procedures to ensure that clients properly ingest medication.	V 238		

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This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure after the first year and in all subsequent years of continuous treatment a client attended at least one counseling session per month affecting six of fourteen current audited clients (#1, #2, #4, #5, #7 and #8) and failed to ensure counseling sessions were completed after a positive urine drug screen affecting of three of fourteen current audited clients (#1, #3 and #6) The findings are:

The following is evidence the facility staff failed to ensure clients attended at least one counseling session per month.

a. Reviews on 5/11/22 and 5/12/22 of client #1's record revealed:
-Admission date of 4/27/16.
-Diagnoses of Opioid Dependence, Diabetes, High Blood Pressure, High Cholesterol and Chronic Pain.
-The Clinical Supervisor was his current Counselor.
-The last documented counseling session was on 11/26/21 by Former Staff #7 (FS #7).
-There were no counseling sessions completed for December 2021 and January 2022-April 2022.

b. Reviews on 5/11/22 and 5/12/22 of client #2's record revealed:
-Admission date of 11/18/20.
-Diagnosis of Opioid Dependence.
-The Clinical Supervisor was her current Counselor.
-The last documented counseling session was on

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V 238	Continued From page 10 11/18/21 by Former Staff #10. -There were no counseling sessions completed for December 2021 and January 2022-April 2022. c. Review on 5/12/22 of client #4's record revealed: -Admission date of 6/5/17. -Diagnosis of Opioid Dependence. -Staff #6 was her current Counselor. -The last documented counseling session was on 11/29/21. -There were no counseling sessions completed for December 2021 and January 2022-April 2022. d. Review on 5/10/22 of client #5's record revealed: -Admission date of 11/13/20. -Diagnosis of Opioid Use Disorder. -The last documented counseling session was on 12/17/21. -There were no counseling sessions completed for January 2022- April 2022. e. Review on 5/11/22 of client #7's record revealed: -Admission date of 1/26/21. -Diagnosis of Opioid Use Disorder. -The last documented counseling session was 9/10/21. -There were no counseling sessions completed for October 2021- December 2021 and January 2022- April 2022. f. Review on 5/17/22 of client #8's record revealed: -Admission date of 3/23/20. -Diagnosis of Opioid Use Disorder. -The last documented counseling session was 1/6/22. -There were no counseling sessions completed	V 238		

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V 238	Continued From page 11 for February 2022-April 2022. Interview on 5/11/22 with client #1 revealed: -He currently did not have a Counselor and had not completed any counseling sessions. -His last Counselor was FS #7 and he last saw her about three months ago. -He knew who the Clinical Supervisor was, however he had never met with him for any counseling sessions. -In the last six years he thought he had about 5 different counselors. That clinic had a lot of issues with staff turn over. Most of the staff was new at that clinic. Interview on 5/12/22 with the Clinical Supervisor revealed: -Client #1 was on FS #7's caseload prior to her leaving a few months ago. -He did not have an opportunity to meet with client #1 as a Counselor. -"He is running the entire program right now and he knows that is no excuse for not doing counseling sessions with people on his caseload." -He had not met with most of the clients on his caseload. -Prior to the Former Program Director leaving he added more clients to his caseload. -He ended up with 99 clients on his caseload about 2 weeks ago. -He had consistently had a caseload over 50 since working at the clinic. -He confirmed facility staff failed to ensure clients attended at least one counseling session per month. The following is evidence the facility staff failed to ensure counseling sessions were completed after a positive urine drug screen.	V 238		

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V 238	Continued From page 12 a. Review on 5/11/22 of client #1's record revealed: -Urinary Drug Screen (UDS) completed on 2/10/22 and 12/10/21-client #1 tested positive for ETOH (Alcohol). -There was no documentation of a counseling session completed by client #1's Counselor to address the positive UDS results. b. Review on 5/12/22 of client #3's record revealed: -Admission date of 12/3/20. -Diagnoses of Opioid Dependence, Major Depressive Disorder, Post Traumatic Stress Disorder and Gastroesophageal Reflux Disease. -UDS completed on 5/6/22 and 4/21/22-client #3 tested positive for Tetrahydrocannabinol (THC). -There was no documentation of a counseling session completed by client #3's Counselor to address the positive UDS results. c. Review on 5/17/22 of client #6's record revealed: -Admission date of 7/7/14. -Diagnosis of Opioid Use Disorder. -UDS completed on 12/16/21, 1/20/22 and 4/11/22 -client #6 tested positive for Fentanyl. -There was no documentation of a counseling session completed by client #6's Counselor to address the positive UDS results. Interview on 5/12/22 with the Clinical Supervisor revealed: -The Counselors are supposed to be meet with clients to discuss the use of illicit substances. -They really don't have a specific timeframe to meet with clients. The Counselors will generally meet with the client during their next session. If it is something more serious the Counselor would	V 238		

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V 238	Continued From page 13 try to meet with that client sooner. -He confirmed facility staff failed to ensure counseling sessions were completed after a positive urine drug screen.	V 238		
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 the Division of MH/DD/SAS pursuant to	V 536		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM TREATMENT CENTER	1913 LAMAR STREET DURHAM, NC 27705

(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 536	Continued From page 14 Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements:	V 536		

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V 536	Continued From page 15 (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. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (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. (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. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (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. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.	V 536		

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V 536	Continued From page 16 (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure one of five audited staff (#2) had current training on the use of alternatives to restrictive interventions. The findings are: Review on 5/11/22 and 5/17/22 of staff #2 personnel file revealed: -Hire date of 5/17/18. -She was hired as a Certified Alcohol and Drug Counselor. -Evidence Based Protective Interventions (EBPI) training was completed on 2/9/21. -There was no evidence of current training on the	V 536		

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V 536	Continued From page 17 use of alternatives to restrictive interventions for staff #2. Interview on 5/17/22 with the Clinical Supervisor revealed: -He did not have access to all of the staff trainings. -He thought staff #2 had current EBPI training. -He thought staff #2 was scheduled to have the EBPI training completed. -He confirmed staff #2 had no documentation of training on alternatives to restrictive interventions.	V 536		