

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL014-083</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/17/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MCLEOD ADDICTIVE DISEASE CENTER-LENO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>222 MORGANTON BOULEVARD LENOIR, NC 28645</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on 6/17/22. The complaints were not substantiated. (# NC170403 and NC188401). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.</p> <p>This facility is licensed for 0 and currently has a census of 325. The survey sample consisted of audits of 14 current clients and 2 deceased clients.</p>	V 000	<p>On June 21st, 2022 Lenoir MAT Program Manager met with all Lenoir staff regarding medical oversight after hospitalization. Re-education was provided regarding the process in which scheduling hospitalizations are to occur:</p> <ol style="list-style-type: none"> <li>1) Whomever initially learns of the patient's hospitalization is responsible for ensuring the patient meets with a McLeod medical doctor.</li> <li>2) Upon learning of the hospitalization, it is to be documented in the EMR and the individual is to communicate this information to all parties—primary clinician, nursing staff, and front office coordinators.</li> <li>3) The nursing staff will then schedule the patient in the first appointment available.</li> </ol>	6/21/2022
V 233	<p><b>27G .3601 Outpt. Opioid Tx. - Scope</b></p> <p>10A NCAC 27G .3601 SCOPE</p> <p>(a) An outpatient opioid treatment facility provides periodic services designed to offer the individual an opportunity to effect constructive changes in his lifestyle by using methadone or other medications approved for use in opioid treatment in conjunction with the provision of rehabilitation and medical services.</p> <p>(b) Methadone and other medications approved for use in opioid treatment are also tools in the detoxification and rehabilitation process of an opioid dependent individual.</p> <p>(c) For the purpose of detoxification, methadone and other medications approved for use in opioid treatment shall be administered in decreasing doses for a period not to exceed 180 days.</p> <p>(d) For individuals with a history of being physiologically addicted to an opioid drug for at least one year before admission to the service, methadone and other medications approved for use in opioid treatment may also be used in maintenance treatment. In these cases, methadone and other medications approved for</p>	V 233	<p>As an additional safeguard, on July 14<sup>th</sup>, 2022 the Director of Nursing communicated to all of MAT nursing staff and MAT medical providers the process of hospitalization.</p> <p style="text-align: center;"><b>RECEIVED</b> <b>AUG 10 2022</b> <b>DHSR-MH Licensure Sect</b></p>	7/14/2022

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*[Signature]*

TITLE (X6) DATE

*Director of Compliance* 7/15/22

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V 233	<p>Continued From page 1</p> <p>use in opioid treatment may be administered or dispensed in excess of 180 days and shall be administered in stable and clinically established dosage levels.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews the facility management failed to provide opioid treatment in conjunction with the provision of medical services for 1 of 2 audited deceased clients (DC #1). The findings are:</p> <p>Review on 6/16/22 of DC #1's record revealed: -Date of Admission- 8/8/18 -Date of Death-4/18/22 at 68 years of age -Diagnoses included: Opioid Use Disorder, Amphetamine Use Disorder, Cannabis Use Disorder, COPD (Chronic Obstructive Pulmonary Disease), Asthma, Lung Disease, Hypertension, Hepatitis C, Oxygen Dependent. -Review of dosing history on 6/16/22 from 12/1/21-4/18/22 revealed dose changes: -12/2/21- methadone 90mg with 6 take out doses under COVID exceptions. -12/23/21- methadone 85mg with 6 take out doses under COVID exceptions. -12/30/21- methadone 80mg with 6 take out doses under COVID exceptions. -4/14/22 - methadone 70mg with 6 take out doses under COVID exceptions. -Missed doses included 1/20/22-1/23/22, 1/27/22-2/3/22, 3/24/22-3/27/22 -Drug screen results included 12/23/21 and</p>	V 233		

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

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

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V 233	Continued From page 4 requirement.  This deficiency constitutes a re-cited deficiency.	V 233		
V 235	27G .3603 (A-C) Outpt. Opiod Tx. - Staff  10A NCAC 27G .3603 STAFF (a) A minimum of one certified drug abuse counselor or certified substance abuse counselor to each 50 clients and increment thereof shall be on the staff of the facility. If the facility falls below this prescribed ratio, and is unable to employ an individual who is certified because of the unavailability of certified persons in the facility's hiring area, then it may employ an uncertified person, provided that this employee meets the certification requirements within a maximum of 26 months from the date of employment. (b) Each facility shall have at least one staff member on duty trained in the following areas: (1) drug abuse withdrawal symptoms; and (2) symptoms of secondary complications to drug addiction. (c) Each direct care staff member shall receive continuing education to include understanding of the following: (1) nature of addiction; (2) the withdrawal syndrome; (3) group and family therapy; and (4) infectious diseases including HIV, sexually transmitted diseases and TB.	V 235	McLeod will provide annual continued education in the nature of addiction, withdrawal symptoms, group and family therapy, and infectious diseases. Staff members will receive these training initially during onboarding/orientation. Moving forward, these training will be incorporated into ADP to allow staff members to receive automated messages and reminders to complete these time sensitive trainings. HR will utilize ADP to track the completion of the trainings.	8/1/2022

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

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V 235	Continued From page 6  Interview on 6/16/22 with the Human Resources Director revealed: -He could not locate updated trainings for Nurse #1 or Counselor #3 on the required topics.	V 235		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.  10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by	V 536	As of February 2022, NCI training has been incorporated into the orientation/onboarding process for all new hires for initial compliance. HR will now be maintaining tracking through Google Forms, regarding the timing of staff member's annual refresher NCI training to ensure continued compliance.  Note: HR was able to locate evidence of Counselor #2's completed NCI.  Attached: Counselor #2's NCI Blue Card & completed quiz. Dated 3/15/22	7/14/22

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



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V 536	<p>Continued From page 8</p> <p>Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor</p>	V 536		

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V 536	<p>Continued From page 9</p> <p>training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 3 audited staff (Counselor #2) had training on the use of alternatives to restrictive interventions. The findings are:</p> <p>Review on 6/16/22 of Counselor #2's employee file revealed: -Hired 11/15/21. -No record of any approved training on alternatives to restrictive interventions.</p> <p>Interview on 6/16/22 with Counselor #2 revealed: -She was scheduled to complete the required</p>	V 536		

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

## Staff Meeting 6.21.22 | 12:00pm – 12:30pm

Conducted by: Whitney Young, Program Manager

Present:

### Everyone:

- Staff Meetings-Once per month from now on. Any preferences for when?
  - [REDACTED] requested beginning or middle of the month due to Cures being updated at the end of the month, agreed on by all present.
- Audit Review Takeaways
  - Overall ended well, but we were very close to a much more serious citation.
  - If you are not staffing high risk patients per policy, you should be catching up on this ASAP. I will be doing an audit of everyone's caseloads in the near future.
    - PM informed counselors that they should also be staffing for medical or MH issues, and that they would use their clinical judgment to determine when to staff, but that they were always welcome to reach out to PM for feedback.
  - Medical Appointments after hospitalization. Whoever finds out about a hospitalization is responsible for making sure that patient is seeing the doctor. Nurses schedule doctor's appointment, but they need to be informed by FO or counselors if they are the ones finding out about hospitalization. We are a team, and we need to all be cognizant of this process.
    - All staff expressed understanding of importance of this and process. [REDACTED] stated that she had had two patients come out of the hospital recently, and asked if she needed to go ahead and get them scheduled. PM informed her that she would need to send codaps to PM and nurses and that they would be scheduled as soon as possible.
  - Annual Trainings-When HR sends them out, do them, and SAVE THEM
  - Coordination of Care-This saved us on the audit, and we need to make sure we are doing it ALL the time for any medical, MH, or any other reason that could impact tx.
    - PM reminded everyone the process for COC, including getting patient to sign release, and sending that to [REDACTED] to send off for records.
  - Counselors-before alerting nurses about MD orders (especially SE orders), review carefully, and you MUST send MD order along with email
  - Nurses-Do not give any more bottles unless you have MD order in front of you.
    - Counselors and nurses expressed understanding of policy around MD order/take-homes.
- FO should have access to docuSign for PCP signatures
  - [REDACTED] confirmed they have access.
- Counselors now doing ROIs, FO continue with consent bundle.
  - All confirmed understanding
- Holiday-everyone be reminding patients of upcoming holiday hours.
- Nurses and FO were dismissed at this point.

### Counselors

- PCP-How is it going?

- [REDACTED] stated that she like the process much more than the word document and that it was a faster and easier process
- [REDACTED] stated that intake is difficult when patients do not have email, and PM informed all that if the patient does not have an email, they will need to reach out to someone onsite to help the patient set up an account.
- All counselors stated that they were doing well with new PCP and DocuSign, and had no questions or concerns regarding this.
- Time as allowed for questions/concerns, which no one had at this time.

[Redacted]

**From:** [Redacted]  
**Sent:** Thursday, July 14, 2022 2:08 PM  
**To:** Nurses; doctors; [Redacted]  
**Cc:** [Redacted]  
**Subject:** Follow-up after hospitalization

**Importance:** High

Good Afternoon!

As a reminder, any patient who has been hospitalized **must** meet with a McLeod Center medical provider as soon as possible. This includes each and every time a patient is hospitalized. Any patient who returns from the hospital requires review of their hospital paperwork and a staffing with a medical provider prior to dosing (please be aware that no patient should ever be turned away from dosing without staffing with a medical provider first. If you do not receive hospital paperwork in a timely matter, always call medical provider to staff). At that time, the patient should be scheduled for the visit with the provider and made aware of appointment. Nurse should place a care plan for a reminder and also document. The following is an example of documentation for a patient returning from the hospital: *Patient presented onsite today for medication administration. Patient reports he was hospitalized from 7/10/22-7/13/22. Hospital paperwork received and reviewed. Nurse called [Redacted] to staff patient's hospitalization. Per [Redacted] patient is approved to continue dosing at 100 mg Methadone PO daily. No further orders given. Patient is scheduled to see medical provider on 7/20/22 for hospitalization follow up.*

Please feel free to reach out to me directly with any questions. Thank you very much for all you do!

[Redacted]  
Director of Nursing  
McLeod Addictive Disease Center  
515 Clanton Road | Charlotte, NC 28217  
704-332-9001

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has completed 10 hours of training in the  
Nonviolent Crisis Intervention® training program.

Expires 03/15/23 + 10  
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For more learning opportunities  
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**NE2A3757**

**Workbook ID: NE2A3757**

...individual in crisis only.

## Review: NCI Initial Training Quiz

Respondent

92

01:15

Time to complete

88%

Score

✓ **Correct**

0 / 0 pts  
Auto-graded

1. Which is the correct order of the levels of the Crisis Development Model?

Defensive/Directive, Anxiety/Supportive, Risk Behavior/911, Tension Reduction/Therapeutic Rapport

Anxiety/Supportive, Defensive/Directive, Risk Behavior/911, Tension Reduction/Therapeutic Rapport ✓

Tension Reduction/Therapeutic Rapport, Anxiety/Supportive, Defensive/Directive, Risk Behavior/911

Risk Behavior/911, Defensive/Directive, Tension Reduction/Therapeutic Rapport, Anxiety/Supportive

✓ **Correct**

0 / 0 pts  
Auto-graded

2. Why is it valuable to know the phases of the Crisis Development Model and recommended staff approach for each?

Helps us to intervene early

Helps us to provide an appropriate response

Helps us to de-escalate potential crisis situations

All of the above ✓

✓ **Correct**

0 / 0 pts  
Auto-graded

3. Choose the correct order of the steps in the Verbal Escalation Continuum:

Refusal, Questioning, Intimidation, Release, Tension Reduction

Intimidation, Questioning, Tension Reduction, Refusal, Release

Questioning, Refusal, Release, Intimidation, Tension Reduction ✓

Questioning, Release, Tension Reduction, Refusal, Intimidation

More options for Respo

✓ **Correct**

0 / 0 pts  
Auto-graded



4. True or False: The Verbal Escalation Continuum is recommended for clients who would be considered at the Risk Behavior level of the Crisis Development Model.

True

False ✓

✗ **Incorrect**

0 / 0 pts  
Auto-graded

5. Select the three reasons why the Supportive Stance is important:

care, welfare and safety

dignity, respect and honor

nonthreatening, respects personal space, offers safety ✓

security, personal space, wellbeing

✓ **Correct**

0 / 0 pts  
Auto-graded

6. What are the two axis of the Decision Making Matrix?

Pride and Prejudice

Likelihood and Severity ✓

Chance and Circumstance

Personality and Location

✓ **Correct**

0 / 0 pts  
Auto-graded

7. What are the four key principles of the training?

Respect, Communication, Understanding, Compassion

Care, Welfare, Safety and Security ✓

Freedom, Wellness, Care and Security

Fries, Onion Rings, Milkshake and Pie

✓ **Correct**

0 / 0 pts  
Auto-graded

8. Who is the postvention process designed for?

Staff only

Patient/Client only

Both the Patient/Client and the Staff ✓

Neither