

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/22/2022
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NAME OF PROVIDER OR SUPPLIER NEW SEASON MORGANTON	STREET ADDRESS, CITY, STATE, ZIP CODE 145 WEST PARKER ROAD, SUITE C MORGANTON, NC 28655
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V 000	<p>INITIAL COMMENTS</p> <p>A limited follow up survey for the Type A1 was completed on July 22, 2022. This was a limited follow up survey, only 10A NCAC 27G .0202 Personnel Requirements (V108), 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .3603 Staff (V235), 10A NCAC 27G .3604 Operations (V237), and 10A NCAC 27G .0201 Governing Body Policies (V105) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .0202 Personnel Requirements (V108). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.</p> <p>This facility has a current census of 170. The survey sample consisted of audits of 9 current clients.</p>	V 000		
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,</p>	V 105		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 105	<p>Continued From page 1</p> <p>defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (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; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (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</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>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 record reviews and interviews, the facility failed to ensure that its written policies and procedures for applicable standards of practice were being implemented. The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0203 Competencies of Qualified Professionals (V109). Based on record reviews and interviews, 2 of 4 audited Qualified Professionals (Program Director and Regional Director) failed to demonstrate the knowledge, skills and abilities required by the population served.</p> <p>Cross Reference: 10A NCAC 27G .3603 Staff (V235). Based on record review and interviews, the facility failed to maintain a minimum of one counselor to 50 clients.</p> <p>Cross Reference: 10A NCAC 27G .3604 Operations (V237). Based on record reviews, and interviews, the facility failed to comply with The Substance Abuse and Mental Health Services Administration (SAMHSA) regulations.</p> <p>Review on 7/22/22 of a Plan of Protection submitted by the Senior Counselor on 7/22/22 revealed:</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>-"What immediate action will the facility take to ensure the safety of the consumers in your care? The immediate action the company will take to manage consumers in our care are the following: All staff, administrative as well as clinical and medical staff will continue to remain up to date on all trainings through New Season and required for the credentialing board. Staff will be provided increased training in competency based core skills as well as monitoring that training has been completed and policies are complied with. Staff will continue to check for any updates on new policy/procedures as well as job aids that have been provided through CMGLP (Colonial Management Group, LP/Owner). Pertaining to the MD (Medical Director) on site: New Season Morganton and CMGLP will continue to communicate and schedule MD to be onsite no less than required in contract. On a weekly basis MD will be contacted, via email and by phone to remind him of on site duties. Day of on site schedule time, MD will be contacted as well. In the event that MD is not available to be onsite and contracted, he will be informed to be provide New Season Morganton treatment center no less than 24 hour notice that he will be unavailable. In the event that MD is not available, New Season Morganton Treatment center will seek out a PRN (as needed) MD. In the event that MD does not maintain contractual agreement cooperate/compliance will be notified to review MD's contract. Beginning 7-22-22 New Season Morganton treatment center is requesting increased review of MD's contract. Provider/FNP-C (Family Nurse Practitioner Certified) and MD will continue to collaborate and coordinate regarding all patients and increased collaboration for special population patients</p>	V 105		

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V 105	<p>Continued From page 4</p> <p>including Special Care Patients. Special care: All staff will be required to maintain up to date knowledge and understanding of special care policies and procedures as well as new Job Aids that are released by CMGLP. Staff will increase frequency that staff meetings and review take place regarding special care patients. Effective immediately new season Morganton treatment center will hold intakes until an additional counselor has been hired. Remaining patient's above 150 will be transferred to an approved counselor no later than 7/22/2022. At this time Approved Counselor does not have a caseload. There will be no danger of going over the 1 to 50 per Counselor. Pertaining to MSW (Medically Supervised Withdrawal): All staff will continue to take and be up to date on policy and procedure and trainings regarding MSW. Job openings and listings will continue to be posted on [employment website] and recruiting will continue to assist in hiring staff for New Season Morganton Treatment Center. UDS (Urine Drug Screens): Patient who continue to test positive for illicit UDS will continue to have interventions included during counseling as outlined in policies and increased monitoring will take place for level and phase decrease. Describe your plans to make sure the above happens. The immediate action the company will take to manage consumers in our care are the following: All staff, administrative as well as clinical and medical staff will continue to remain up to date on all trainings through New Season and required for the credentialing board. Staff will be provided</p>	V 105		

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V 105	<p>Continued From page 5</p> <p>increased training in competency based core skills as well as monitoring that training has been completed and policies are complied with. Staff will continue to check for any updates on new policy/procedures as well as job aids that have been provided through CMGLP.</p> <p>Pertaining to MD on site: New Season Morganton and CMGLP will continue to communicate and schedule MD to be onsite no less than required in contract. On a weekly basis MD will be contacted, via email and by phone to remind him of on site duties. Day of on site scheduled time, MD will be contacted as well. In the event that MD is not available to be onsite and contracted, he will be informed to be provide New Season Morganton treatment center no less than 24 hour notice that he will be unavailable.</p> <p>In the event that MD is not available, New Season Morganton Treatment center will seek out a PRN MD.</p> <p>Int the event that MD does not maintain contractual agreement cooperate/compliance will be notified to review MD's contract.</p> <p>Beginning 7-22-22 new Season Morganton treatment center is requesting increased review of MD's contract.</p> <p>Provider/FNP-C and MD will continue to collaborate and coordinate regarding all patients and increased collaboration for special population patients including Special Care Patients.</p> <p>Special care: All staff will be required to maintain up to date knowledge and understanding of special care policies and procedures as well as new Job Aids that are released by CMGLP.</p> <p>Staff will increase frequency that staff meetings and review take place regarding special care patients.</p> <p>Effective immediately new season Morganton</p>	V 105		

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V 105	<p>Continued From page 6</p> <p>treatment center will hold intakes until an additional counselor has been hired. Remaining patient's above 150 will be transferred to an approved counselor no later than 7/22/2022. Pertaining to MSW: All staff will continue to take and be up to date on policy and procedure and training regarding MSW. Job opening and listings will continue to be posted on [employment website] and recruiting will continue to assist in hiring staff for New Season Morganton Treatment Center. UDS: Patients who continue to test positive for illicit UDS will continue to have interventions included during counseling as outlined in policies and increased monitoring will take place for level and phase decrease."</p> <p>Review on 7/22/22 of a Plan of Protection Addendum submitted by the Senior Counselor on 7/22/22 revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? New Season Morganton Treatment Center will take the following immediate action to ensure the safety and welfare of the consumers as follows: New Season Morganton Treatment Center has scheduled [MD] for onsite appearances/working hours every Thursday. Corporate for New Season Morganton Treatment Center has scheduled to contact [MD] 24 hours prior to his scheduled days as well as on the day of his scheduled onsite appearances. In the event that [MD] does not comply with onsite appearances Corporate has notified [MD] that his contract may be terminated and new MD sought as well as action has already been taken to hire a new full time MD in addition to / and / or working with [MD]. And PRN MD position has also been made available online and</p>	V 105		

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V 105	<p>Continued From page 7</p> <p>corporate for CMGLP and recruiting are actively taking steps to fill this position and maintain MD onsite appearances. In the event that [MD] is not reached via phone a leadership position from New season Morganton has preplanned for face to face intervention / request with [MD] to inform and / or assist him in appearing onsite at the New Season Morganton treatment center.</p> <p>In addition to the above</p> <p>As of 7/22/2022 [Dr.] is available to be onsite at the New Season Morganton Treatment Center in any capacity needed to ensure the safety and welfare of the consumers.</p> <p>As of 7/22/2022 In the event that [MD] can not provide in person services/appearance at new season morganton treatment center and give advance notice at that time [Dr.] is available to provide in person onsite appearance for new season morganton treatment center to ensure safety and welfare of the consumers.</p> <p>As of current date 7/22/2022 all staff in New season morganton treatment center are certified in CPR (cardiopulmonary resuscitation). Communication and collaboration with [Dr.] is in effect as of 7/22/2022.</p> <p>As of 7/22/2022 New Season Morganton Treatment Center has placed a stop on all intakes and assessments until a fourth counselor is hired.</p> <p>As of 7/22/2022 New Season Morganton Treatment Center counselor to patient caseload ratio will remain 50 and under patient and the remaining patients transferred to a sister clinic counselor providing counseling services who currently does not have an active patient caseload.</p> <p>New Season Morganton Treatment Center has taken action to post job openings for a fourth counselor position online as well as recruiting continues to take action and internal hiring from within the office is taking place.</p>	V 105		
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V 105	<p>Continued From page 8</p> <p>Describe your plans to make sure the above happens.</p> <p>New Season Morganton Treatment Center will take the following immediate action to ensure the safety and welfare of the consumers as follows: New Season Morganton Treatment Center has scheduled [MD] for onsite appearances/working hours every Thursday. Corporate for New Season Morganton Treatment Center has scheduled to contact [MD] 24 hours prior to his scheduled days as well as on the day of his scheduled onsite appearances. In the event that [MD] is not available another MD will be scheduled to take his place. In the event that [MD] does not comply with onsite appearances Corporate has notified [MD] that his contract may be terminated and new MD sought as well as action has already been taken to hire a new full time MD in addition to / and / or working with [MD]. And PRN MD position has also been made available online and corporate for CMGLP and recruiting are actively taking steps to fill this position and maintain MD onsite appearances. In the event that [MD] is not reached via phone a leadership position from New season morganton has preplanned for face to face intervention / request with [MD] to inform and / or assist him in appearing onsite at the New season morganton treatment center. As of 7/22/2022 [Dr.] is available to be onsite at the New Season Morganton Treatment Center in any capacity needed to ensure the safety and welfare of the consumers. As of 7/22/2022 In the event that [MD] can not provide in person services/appearance at new season morganton treatment center and give advance notice at that time [Dr.] is available to provide in person onsite appearance for new season morganton treatment center to ensure safety and welfare of the consumers. As of current date 7/22/2022 all staff in New</p>	V 105		

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V 105	<p>Continued From page 9</p> <p>season morganton treatment center are certified in CPR (cardiopulmonary resuscitation). Communication and collaboration with [Dr.] is in effect as of 7/22/2022.</p> <p>As of 7/22/2022 New Season Morganton Treatment Center has placed a stop on all intakes and assessments until a fourth counselor is hired. As of 7/22/2022 New Season Morganton Treatment Center counselor to patient caseload ratio will remain 50 and under patient and the remaining patients transferred to a sister clinic counselor providing counseling services who currently does not have an active patient caseload.</p> <p>New Season Morganton Treatment Center has taken action to post job openings for a fourth counselor position online as well as recruiting continues to take action and internal hiring from within the office is taking place."</p> <p>New Season Morganton is an outpatient facility licensed to serve clients diagnosed with Opioid Dependence. The Program Director and the Regional Director were responsible for ensuring the facility was in compliance with local, state and federal requirements. The Medical Director had not been on site at the facility for over one year and did not have access to any of the client records. A Nurse Practitioner was performing intake admission assessments/physicals and determining Methadone doses for a current census of 170 clients. Additionally, the facility did not maintain ratio requirements of having one counselor per every 50 clients. The facility had 3 counselors for 170 clients.</p> <p>This deficiency constitutes a Failure to Correct the Type A1 rule violation originally cited for serious neglect. An administrative penalty of \$500.00 per day is imposed for failure to correct</p>	V 105		

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V 105	Continued From page 10 within 23 days.	V 105		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p>	V 109		

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V 109	<p>Continued From page 11</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 2 of 4 audited Qualified Professionals (Program Director and Regional Director) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 7/22/22 of the Program Director's Personnel Record revealed: -Date of Hire: 2/10/20. -Title/Position: Program Director. -Certified Substance Abuse Counselor (CSAC). -Bachelor of Science degree.</p> <p>Review on 7/22/22 of the Program Director's Job Description revealed: -" ...Ensures key compliance components are met; not limited to local, state, federal ...requirements ..." -" ...Identifies and addresses clinic needs and makes recommendations for clinic improvement ..."</p> <p>Review on 7/22/22 of the Regional Director's Personnel Record revealed: -Date of Hire: 8/7/2017. -Title/Position: Regional Director. -Bachelor of Science degree.</p> <p>Review on 7/22/22 of the Regional Director's Job Description revealed: -" ...Partners with ...recruiting of all centers staff positions including contract labor to maintain appropriate staff levels in accordance with local,</p>	V 109		

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V 109	<p>Continued From page 12</p> <p>state, and federal regulations, third party contracts and company policies ..."</p> <p>- "...Ensures key compliance components are met; not limited to local, state, federal ...requirements ..."</p> <p>- "...Provide leadership and guidance to Program Directors ..."</p> <p>- "...Ensure that each clinic in the region maintains appropriate qualified staffing patterns according to local, state, federal and company policies ..."</p> <p>- "...Identifies any clinic needs in their region and works to address those needs ..."</p> <p>The following are examples of how the Program Director and Regional Director failed to demonstrate competency:</p> <p>-Refer to V235 for failing to ensure the required minimum staffing ratios by not having a minimum of one certified drug abuse counselor or certified substance abuse counselor to each 50 clients.</p> <p>-Refer to V237 for failing to ensure the Medical Director (MD) was present at the program a sufficient number of hours to meet the needs of the clients and to assure regulatory compliance.</p> <p>Interview on 7/21/22 with the Program Director revealed:</p> <p>-He was aware each counselor was over the maximum ratio of 1:50.</p> <p>-He acknowledged that the MD had not been present at the facility since the last survey.</p> <p>-"...He (the MD) has been scheduled for every Thursday, but he hasn't come. He was scheduled to be here at 7:00 a.m., but never showed. That schedule was worked out between the Regional Director and [MD]. I have no control over the contractor."</p>	V 109		

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NAME OF PROVIDER OR SUPPLIER NEW SEASON MORGANTON	STREET ADDRESS, CITY, STATE, ZIP CODE 145 WEST PARKER ROAD, SUITE C MORGANTON, NC 28655
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V 109	Continued From page 13 Interview on 7/21/22 with the Regional Director revealed: -She acknowledged that the caseload for each counselor was out of compliance. -"...We are currently over with the patients, but we have an employee moving into that position. We have had an ad (advertisement) out for it ..." -The MD was supposed to be at the facility each week on Thursdays " ...he's not there today, but he will be there next Thursday. He has done phone calls with the Nurse Practitioner and we have requisitioned for a new provider, so he's not overloaded and we don't spread him too thin ..." This deficiency is cross referenced into 10A NCAC 27G .0201 Governing Body Policies for a Failure to Correct Type A1 rule violation.	V 109		
V 235	27G .3603 (A-C) Outpt. Opioid 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	V 235		

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V 235	<p>Continued From page 14</p> <p>continuing education to include understanding of the following:</p> <ol style="list-style-type: none"> (1) nature of addiction; (2) the withdrawal syndrome; (3) group and family therapy; and (4) infectious diseases including HIV, sexually transmitted diseases and TB. <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to maintain a minimum of one counselor to 50 clients. The findings are:</p> <p>Review on 7/22/22 of a document titled Patient List by Counselor dated 7/21/22 revealed:</p> <ul style="list-style-type: none"> -Total census of 170. -Counselor #1 had 57 clients on their caseload. -Counselor #2 had 55 clients on their caseload. -Senior Counselor had 58 clients on their caseload. -Only 3 counselors were employed by the facility. <p>Interview on 7/21/22 and 7/22/22 with Counselor #1 revealed:</p> <ul style="list-style-type: none"> -"We had some intakes this week." -"We did have some (clinicians) from [sister facility] that took our higher phase patients since they weren't in the clinic everyday. She was a licensed clinical staff but we dropped that off." (stopped utilizing the other clinicians) -Current case load was at 56 on Monday (7/18/22). -The facility "...had a lot of discharges at one 	V 235		

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V 235	<p>Continued From page 15</p> <p>point and that opened slots." -"The corporate office continued to schedule our calendar with intakes and the direction we were given was not to turn people away."</p> <p>Interview on 7/22/22 with the Senior Counselor revealed: -"I think we moved some today (clients) so I am at 50 but I was about 2 over." -"We had intakes this week and had not transferred those." -The Program Director (PD) usually transfers the overflow on Thursday after treatment team meeting. "With him being out, that has kind of caused us to be behind."</p> <p>Interview on 7/21/22 with the PD revealed: -Only 3 counselors were providing services. -Acknowledged that the counselors caseloads were all over 50. -Did not have the information with him but estimated " ...the counselor caseload is roughly 52-53."</p> <p>Interview on 7/21/22 with the Regional Director (RD) revealed: -Acknowledged that the facility was out of ratio. -An ad had been placed for a new counselor position; but a current employee is moving into that position. -At one point the facility had a counselor from a sister facility assisting with the caseload. When the census dropped to 154, they stopped using that counselor.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0201 Governing Body Policies for a Failure to Correct Type A1 rule violation.</p>	V 235		

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V 237	Continued From page 16	V 237		
V 237	<p>27G .3604 (A-D) Outpt. Opiod - Operations</p> <p>10A NCAC 27G .3604 OPERATIONS</p> <p>(a) Hours. Each facility shall operate at least six days per week, 12 months per year. Daily, weekend and holiday medication dispensing hours shall be scheduled to meet the needs of the client.</p> <p>(b) Compliance with The Substance Abuse and Mental Health Services Administration (SAMHSA) or The Center for Substance Abuse Treatment (CSAT) Regulations. Each facility shall be certified by a private non-profit entity or a State agency, that has been approved by the SAMHSA of the United State Department of Health and Human Services and shall be in compliance with all SAMHSA Opioid Drugs in Maintenance and Detoxification Treatment of Opioid Addiction regulations in 42 CFR Part 8, which are incorporated by reference to include subsequent amendments and editions. These regulations are available from the CSAT, SAMHSA, Rockwall II, 5600 Fishers Lane, Rockville, Maryland 20857 at no cost.</p> <p>(c) Compliance With DEA Regulations. Each facility shall be currently registered with the Federal Drug Enforcement Administration and shall be in compliance with all Drug Enforcement Administration regulations pertaining to opioid treatment programs codified in 21 C.F.R., Food and Drugs, Part 1300 to end, which are incorporated by reference to include subsequent amendments and editions. These regulations are available from the United States Government Printing Office, Washington, D.C. 20402 at the published rate.</p> <p>(d) Compliance With State Authority Regulations. Each facility shall be approved by the North Carolina State Authority for Opioid Treatment,</p>	V 237		

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V 237	<p>Continued From page 17</p> <p>DMH/DD/SAS, which is the person designated by the Secretary of Health and Human Services to exercise the responsibility and authority within the state for governing the treatment of addiction with an opioid drug, including program approval, for monitoring compliance with the regulations related to scope, staff, and operations, and for monitoring compliance with Section 1923 of P.L. 102-321. The referenced material may be obtained from the Substance Abuse Services Section of DMH/DD/SAS.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to comply with The Substance Abuse and Mental Health Services Administration (SAMHSA) regulations. The findings are:</p> <p>Review on 7-21-22 and 7-22-22 of SAMHSA regulations 42 CFR (Code of Federal Regulations) Part 8.12 Federal Guidelines for Opioid Treatment Programs (OTP) revealed: -" ...The medical director shall assume responsibility for administering all medical services performed by the OTP. In addition, the medical director shall be responsible for ensuring that the OTP complies with all applicable Federal, State, and local laws and regulations." -" ...The medical director should be present at the program a sufficient number of hours to assure regulatory compliance and carry out those duties specifically assigned to the medical director by regulation ..."</p> <p>Review on 7-22-22 of the Medical Director's (MD)</p>	V 237		

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V 237	<p>Continued From page 18</p> <p>Consulting Agreement revealed: -Electronically signed by the MD on 8-20-20. -" ...shall provide Medical Director services, a minimum 3 hours/maximum of 10 hours each week ..." -"Duties of Consultant ...(d) availability to staff for emergency management of patient care ...(f) Training of nursing staff ...(i) other duties as reasonably requested by Program Director of CLINIC and as set forth in the rules and regulations for medically-monitored treatment programs/facilities in the State in which the CLINIC operates ..." -"12. Compliance with Applicable Laws ...CONSULTANT agrees to comply with all applicable federal, state, and local laws ..."</p> <p>Interview on 7-22-22 with Counselor #1 and the Senior Counselor revealed: -They had never seen the MD in the facility.</p> <p>Interview on 7-21-22 with the Nurse Practitioner (NP) revealed: -To her knowledge, the MD had not been to the facility. -She was unsure as to why the MD had not been to the facility as he had been scheduled to come to the facility every Thursday.</p> <p>Interview on 7-21-22 with the Program Director (PD) revealed: -The MD was given a sign on to the electronic record for the purpose of reviewing charts. -The MD had not been to the facility. -The MD had been scheduled for every Thursday, but had not shown up. -"He (MD) hasn't been to any of the clinics he is over except the one he is close to." -The schedule for the MD was worked out between the MD and the Regional Director.</p>	V 237		

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V 237	<p>Continued From page 19</p> <p>Interview on 7-21-/22 with the Regional Director (RD) revealed: -It had been confirmed that the MD had access to the client charts since the date of the last state survey. -She was not sure the last time the MD had been at the facility.</p> <p>Interview on 7-21-22 with the Medical Director (MD) revealed: -Acknowledged that he had not been on site to the facility. "I haven't been there in over a year or two years." -Acknowledged that he did not have access to electronic Medical records. He would be at the facility next week to set up his passwords. -Was scheduled to be at the facility today, but " ...Since it was my birthday today, I decided not to come out." -His reason for not being at the facility was that he had just worked out with the RD reimbursement for travel. "I had to explain driving an hour out there had to be reimbursed."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0201 Governing Body Policies for a Failure to Correct Type A1 rule violation.</p>	V 237		