

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL064-089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/14/2022
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NAME OF PROVIDER OR SUPPLIER ROCKY MOUNT TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 104 ZEBULON COURT ROCKY MOUNT, NC 27804
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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
V 000	INITIAL COMMENTS An annual and follow up survey was completed on 9/14/22. 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 230. The survey sample consisted of audits of 12 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

RECEIVED

By DHSR Mental Health Licensure & Certification at 3:57 pm, Oct 05, 2022

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a treatment plan was updated on an annual basis for 1 of 12 audited clients (#1253). The findings are: Review on 9/13/22 of client #1253's record revealed: - admitted 12/3/20 - diagnosis: Opioid Disorder - treatment plan dated 5/27/21 - no goals to address his attendance & positive drug screens Review on 9/13/22 of 1253's attendance revealed: - 6 days thus far in September 2022 - 11 days in August 2022 - 7 days in July 2022 Review on 9/13/22 of 1253's drug screens revealed: - May - August 2022 urine drug screens were positive for Fentanyl, Opioid's & Morphine During interview on 9/13/22 the Clinical Supervisor reported: - the counselors responsible for updating the plans - was not aware of 1253's absences and positive drug screens - counselor should have notified the treatment	V 112	The clinical supervisor will re-educate the counseling team on the importance of ensuring treatment plan documentation is consistently updated on an annual basis. The counseling team will continue to receive clinical supervision related to treatment plan development and updating to ensure treatment plans are current to where the client is in their treatment episode. This plan of correction will be tracked and monitored by the clinical supervisor and the program director during the record auditing process and monthly clinical supervision. <i>Robyn Mitchell</i> 9/29/2022	
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V 112	Continued From page 2 team - he and the Regional Director randomly selected records to audit quarterly - client #1253's record had not been audited During interview on 9/13/22 the Regional Director reported: - Clinical Supervisor will check to see if treatment plans were completed on a monthly basis	V 112		
V 234	27G .3602 Outpt. Opioid Tx. - Definitions 10A NCAC 27G .3602 DEFINITIONS In addition to terms defined in G.S. 122C-3 and Rule .0103 of this Subchapter, the following definitions shall also apply: (1) "Capacity management system" is a computerized database, maintained at the Office of the North Carolina State Authority for governing treatment of opioid addiction with an opioid drug, which ensures timely notification of the State whenever a program reaches 90 percent of its capacity to treat intravenous drug users, and to make any excess treatment capacity available. The requirement to have a capacity management system in 45 C.F.R. Part 96.126(a), the Substance Abuse Prevention and Treatment Block Grant, is incorporated by reference and includes all subsequent amendments and editions and may be obtained from the Substance Abuse Services Section of DMH/DD/SAS. The computerized system shall ensure that a continuous updated record of all such reports is maintained and that excess capacity information shall be available to all other programs. (2) "Central registry" is a computerized patient database, maintained at the Office of the	V 234		

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V 234	<p>Continued From page 3</p> <p>North Carolina State Authority for governing treatment of opioid addiction with an opioid drug. The purpose of the database is to prevent multiple methadone treatment program enrollments; thereby lessening the possibility of methadone diversion for illicit use.</p> <p>(3) "Waiting list management system" is a component of the capacity management system whereby systematic reporting of treatment demand is maintained. The data required for the waiting list management component of the capacity shall include a unique patient identifier for each intravenous drug user seeking treatment, the date initial treatment was requested, and the date the drug user was removed from the waiting list. The waiting list management system requirement in 45 CFR 96.126(c) is incorporated by reference and includes subsequent amendments and editions of the referenced material. It may be obtained from the Substance Abuse Services Section of DMH/DD/SAS.</p> <p>(4) "Methadone hydrochloride" (hereafter referred to as methadone) is a synthetic narcotic analgesic with multiple actions quantitatively similar to those of morphine, most prominent of which involves the central nervous system and organs composed of smooth muscle. The principal actions of therapeutic value or analgesia and sedation are detoxification or temporary maintenance in narcotic addiction. The methadone abstinence syndrome, although quantitatively similar to that of morphine differs in that the onset is slower, the course more prolonged, and the symptoms are less severe.</p> <p>(5) "Other medications approved for use in opioid treatment" are those medications approved by the Food and Drug Administration for use in opioid treatment and also approved for accepted</p>	V 234		

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V 234	<p>Continued From page 4</p> <p>medical uses under the North Carolina Controlled Substances Act.</p> <p>(6) "Program compliance for purposes of take-home eligibility" is determined by:</p> <p>(a) absence of recent drug abuse;</p> <p>(b) clinic attendance;</p> <p>(c) absence of behavioral problems at the clinic;</p> <p>(d) stability of the patient ' s home environment and social relationships;</p> <p>(e) length of time in comprehensive maintenance treatment;</p> <p>(f) assurance that take-home medication can be safely stored within the patient's home; and</p> <p>(g) evidence the rehabilitative benefit the patient derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion.</p> <p>(7) "Recent drug abuse for purposes of determining program compliance" is established by evidence of the misuse of either opioids, methadone, cocaine, barbiturates, amphetamines, delta-9-tetrahydrocannabinol (hereafter referred to as THC), benzodiazepines or alcohol documented in the results of two random drug tests conducted within the same 90-day period of continuous treatment.</p> <p>(8) "Counseling session in Outpatient Opioid Treatment" is a face-to-face or group discussion of issues related to and of progress toward a client ' s treatment goals that is conducted by a person as specified in Rule .3603, Paragraph (a) of this Section.</p> <p>This Rule is not met as evidenced by:</p>	V 234		

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V 234	<p>Continued From page 5</p> <p>Based on record reviews and interviews, the facility failed to ensure counseling sessions discussed issues related to and of progress toward clients' treatment goals affecting 4 of 12 audited clients (#153, #811, 1170 & 1253). The findings are:</p> <p>A. Review on 9/13/22 of client #153's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 5/28/09 - Diagnoses: Opioid use disorder, severe, Cannabis use disorder, moderate and Generalized Anxiety disorder - Treatment plan dated 12/30/21 revealed: "Will participate in substance abuse treatment for opioid addiction through medicated-assisted treatment, counseling to learn abstinence and recovery, and provide negative UDS while in treatment." <p>Review on 9/13/22 of client #153's urine drug screens revealed:</p> <ul style="list-style-type: none"> - 7/12/22 positive urine drug screen for THC, fentanyl, opiates, codeine and morphine - 8/24/22 positive urine drug screen for fentanyl, opiates, morphine, hydromorphone and THC - No counseling sessions to address the positive urine drug screens <p>B. Review on 9/13/22 of client #1170's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 5/26/22 - Diagnoses: Opioid use disorder, severe and Generalized Anxiety disorder - Treatment plan dated 6/9/22 revealed: "Will participate in substance abuse treatment for opioid addiction through medicated-assisted treatment, counseling to learn abstinence and recovery, and provide negative UDS while in 	V 234	<p>The clinical supervisor will re-educate counseling team to ensure that issues related to and the progress of meeting goals established by the client are discussed and documented during counseling sessions. The counseling team will continue to receive supervision related to effective documentation of counseling sessions. This plan of correction will be tracked and monitored by the clinical supervisor and the program director during the record auditing process and monthly clinical supervision.</p> <p><i>Robyn Nitehell, 9/29/22</i></p>	
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V 234	<p>Continued From page 6 treatment."</p> <p>Review on 9/13/22 of client #1170's urine drug screens revealed:</p> <ul style="list-style-type: none"> - 5/26/22 positive urine drug screen for fentanyl - 6/10/22 positive urine drug screen for opiates, oxycodone and oxymorphone - No counseling sessions to address the positive urine drug screens. <p>C. Review on 9/13/22 of client #811's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 8/17/21 - Diagnosis: Opioid use disorder, severe - Treatment Plan dated 7/26/22 with the following goal: to reduce/eliminate all illicit drug use <p>Interview on 9/13/22 client # 811 stated he:</p> <ul style="list-style-type: none"> - Had some positive drug screens, had not spoken to a counselor about them - Did not know his current counselor - Had not attended any groups <p>Review on 9/13/22 of client #1170's urine drug screens revealed:</p> <ul style="list-style-type: none"> - 5/24/22 tested positive for cocaine, benzodiazepines and opioids - 6/22/22 tested positive for cocaine, benzodiazepines and opioids - 7/14/22 tested positive for cocaine, benzodiazepines and opioids - No counseling sessions to address the positive urine drug screens <p>D. Review on 9/13/22 of client #1253's record revealed:</p> <ul style="list-style-type: none"> - admitted 12/3/20 - diagnosis: Opioid Disorder - treatment plan dated 5/27/21: develop coping 	V 234		

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V 234	<p>Continued From page 7</p> <p>skills to reduce drug cravings, change daily routine and route</p> <p>Review on 9/13/22 of client 1253's urine drug screens revealed:</p> <ul style="list-style-type: none"> - May - August 2022 positive for Fentanyl, Opioid's & Morphine <p>Interview on 9/13/22 the Clinical Supervisor reported:</p> <ul style="list-style-type: none"> - was not aware of client #1253's positive drug screens - should have been brought to the treatment teams attention - he would have also met with the counselor & client to address the positive urine screens - planned to meet with the counselor and client #1253 tomorrow <p>Interview on 9/13/22 CADCR #1 (Certified Addiction and Drug Counselor) reported:</p> <ul style="list-style-type: none"> - Been employed since June 2021 - Title: Counselor - Was certified as a counselor through the Substance Abuse Board - Duties: treatment plans, individualized and group counseling, links to referrals and work with the nurses and medical doctor for treatment of clients - When she was notified a client had a positive urine drug screen, she would have a discussion with the client about what they were positive for and what stressors they had prior to using and to review their coping skills <p>Interview on 9/13/22 the Regional Director reported:</p> <ul style="list-style-type: none"> - if she was made aware counselor notes did not address positive drug screens, would discuss with the counselor during their supervisions 	V 234		

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V 234	Continued From page 8 - will have the Clinical Supervisor to make "spot checks" to see if notes addressed any issues clients may have	V 234		
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ROCKY MOUNT TREATMENT CENTER

104 Zebulon Court.
Rocky Mount, NC 27804
OFFICE (252) 972-4357

September 28, 2022

Rhonda Smith
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Dear Ms. Smith:

Please find enclosed the response to the Annual Survey completed on 09/14/2022 for Rocky Mount Treatment Center, MHL #064-089.

We thank you and the survey team for the site visit and welcome the opportunity to improve services at the facility. We look forward to our continued partnership with NCDHSR.

If you have any additional needs, please do not hesitate to reach out to me.

Thank you,



Robyn Mitchell, RN, BSN
VP
252-299-0378
RM@TreatmentNC.com

Facility Locations:

Nags Head Treatment Center
Morehead City Treatment Center
Jacksonville Treatment Center
Sanford Treatment Center
Rocky Mount Treatment Center
Western Wake Treatment Center
Lumberton Treatment Center



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

September 19, 2022

Macy Hamm, CEO
1112 Silver Oaks Court
Raleigh, NC 27614

Re: Annual & Follow up Survey completed September 14, 2022
Rocky Mount Treatment Center, 104 Zebulon Court, Rocky Mount, NC 27804
MHL #064-089
E-mail Address: macyhamm@gmail.com

Dear Ms. Hamm:

Thank you for the cooperation and courtesy extended during the Annual & Follow up survey completed September 14, 2022.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is November 13, 2022

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

September 19, 2022
Rocky Mount Treatment Center
Rocky Mount Treatment Center, LLC

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Renee Kowalski at (919) 552-6847.

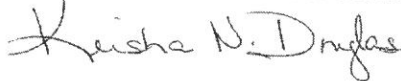
Sincerely,



Rhonda Smith
Facility Compliance Consultant I
Mental Health Licensure & Certification Section



Tinika Ferguson, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section



Keisha Douglas
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
Joy Futrell, CEO, Trillium Health Resources LME/MCO
Fonda Gonzales, Director of Quality Management, Trillium Health Resources LME/MCO
Smith Worth, SOTA Director (for 3600 only)
Pam Pridgen, Administrative Supervisor