	T OF DEFICIENCIES OF CORRECTION	(X1)PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S COMPLI	
		MHL034-370	B. WING		R 10/0	? 95/2022
NAME OF PRO	OVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE. ZIP CODE		
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WINSTON	I-SALEM COMPREHENS	SIVE TREATMENT CE	SALEM, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
∨ 000	completed on Octobe (Intake #NC0019350) Deficiencies were cite This facility is license category: 10A NCAO Opioid Treatment. This facility has a cur	d for the following service C 27G .3600 Outpatient rent census of 269. The sted of audits of 15 current	V 000			
V 105	10A NCAC 27G .020 POLICIES (a) The governing bo facility or service sha written policies for the (1) delegation of operation of the facilit (2) criteria for ac (3) criteria for di (4) admission as (A) who will perform t (B) time frames for cc (5) client record mans (A) persons auth (B) transporting (C) safeguard of defacement or use by (D) assurance of recc users at all times; and (E) assurance of cont (6) screenings, which	f management authority for the ty and services; dmission; scharge; ssessments, including: he assessment; and empleting assessment. agement, including: horized to document; records; records against loss, tampering, or unauthorized persons; ord accessibility to authorized difidentiality of records.	V 105			

Division of Health Service Regulation

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

TITLE (X6) DATE

	T OF DEFICIENCIES OF CORRECTION	(X1)PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA H HAWTHOR I			
WINSTON	I-SALEM COMPREHENS	SIVE TREATMENT CE	SALEM, NC 2			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	I	(X5) COMPLETE
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V 105	Continued From page	1	V 105			
	(B) an assessment can provide services needs; and (C) the disposition recommendations; (7) quality assurance activities, including: (A) composition assurance and quality (B) written quality improvement plan; (C) methods for quality and appropriation including delineation utilization of services; (D) professional including a requirement qualified professional in that are (E) strategies for (F) review of state determination made to privileges: (G) review of all who were being served contracted residential death; (H) adoption of some operational and programeeting applicable state purpose, "applicable state purpose, and the degree methods, and the degree methods, and the degree methods.	ent of whether or not the facility to address the individual's on, including referrals and and quality improvement and activities of a quality improvement committee; y assurance and quality monitoring and evaluating the teness of client care, of client outcomes and or clinical supervision, ent that staff who are not and provide direct client ervised by a qualified rea of service; improving client care; aff qualifications and a or grant treatment/habilitation fatalities of active clients ed in area-operated or a programs at the time of standards that assure rammatic performance andards of practice. For this standards of practice, petence established with				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPLE		
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		MHL034-370	B. WING			5/2022
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
WINSTON	-SALEM COMPREHENS		HAWTHORI	NE ROAD		
Wiltoroit	-OALLIN OOMI KLIILKO		SALEM, NC 2	7103	Т	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 105	Continued From page	÷ 2	V 105			
	interviews, the facility standards to assure of programmatic perform applicable standards Observations of the facilicensed Practical Not approximately 7:45an -1 of 4 dosing areas of -1	as, records review and failed to implement operational and mance meeting the of care. The findings are: acility and interview with the urse (LPN) on 9/28/22 at a revealed: were open; I Nurse (LPN) from a sister ring medications. with the Regional Director ity had 2 nurses was as were encouraged to guest a due to there being either if available to administer all staff to administer medications d wait times; and been difficult; an all over the other clinics over had nurses come from the een suspended; are people have access to				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER:			, ,	CONSTRUCTION	(X3) DATE S COMPLI	
			A. BUILDING: _			
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NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE. ZIP CODE	•	
			H HAWTHORI			
WINSTON	I-SALEM COMPREHENS		SALEM, NC 2	7103		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 105	Continued From page	e 3	V 105			
	saying we're in a great-Clients had been en other facilities even were available to admit because of the wait tities and the the fees (guest dosin pay;" "We know how this waimplemented wasn't to not an ideal situation. Review on 9/29/22 of the results of urine of the pays and the control of the pays and the control of the pays and the pays	at position." couraged to guest dose at when medical personnel ninister medications ime at the facility; re is some concern about g) that clients are having to whole thing has been the bestWe know this is: f client #1's record revealed: of 8/10/22; tance Use Disorder; drug screens dated 9/9/22, revealed positive results for d Fentanyl. with client #1 revealed: -He ges as to when the facility closed and days that he er at another facility; -Had er facility which was an hour; ait in line for over 3 hours to so too much money to guest and having to pay for gas. I he streets because of this." f client #2's record revealed: of 8/10/22; tance Use Disorder; drug screens dated 9/7/22, revealed positive results for				

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLE	
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NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA H HAWTHORI			
WINSTON	-SALEM COMPREHENS	SIVE TREATMENT CE				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	SALEM, NC 2	PROVIDER'S PLAN OF CORRECTION	ı	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	COMPLETE DATE
V 105	Continued From page	. 4	V 105			
	Continued From page	9 4				
	not guest dose on 9/2 Fentanyl and Heroin if -Worked 12 hour shift to drive that far after is stand in line to dose therefore we should be treatmentWe came now buying drugs off Review on 9/29/22 of -An admission date of -Diagnoses that incluid Disorder, Depression Disorder (PTSD); -The results of a urine	ts and, "It is too dangerous working long hours just to .We pay for a service be getting the correct type of here to get clean and are the street." client #3's record revealed: f 6/17/20;				
	She had not received her the facility was go-Had guest dosed at a facility not having meadminister medication-Was required to pay local facility rather that regularly paid; -Had missed work du dosing facility requesshe had been informed When she dosed at the extremely long becaupersonnel weren't fant the facility utilized.	a local facility due to the dical personnel to h; \$15 to guest dose at a an the \$13 that she e to the wait of the guest ting medication orders that ed were already submitted; -ne facility, the lines were se visiting medical hiliar with the program that client #4's record revealed: f 8/17/22;				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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		MHL034-370	B. WING		R 10/05/2022
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE	
WINETON	-SALEM COMPREHENS		H HAWTHORI	NE ROAD	
WINSTON	-SALEW COMPREHENS		SALEM, NC 2	7103	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 105			V 105		
	Continued From page	e 5			
	-The results of a urine revealed a positive re	e drug screen dated 9/7/22 sult for Cannabis.			
	-He had received text	<u> </u>			
	Clinical Director (CD) he needed to guest d	informing him of days that ose:			
	-Guest dosed at a sis	ter facility because there			
	were no medical pers medication at the faci				
		uest dose 1 day rather than			
	drive an hour to a sist	ter facility.			
	Review on 9/29/22 of	client #5's record revealed:			
	-An admission date of	*			
	-A diagnosis of Subst-The results of urine of	drug screens dated 8/31/22			
	and 9/6/22 revealed p				
	Cannabis, Cocaine a	na Alconoi.			
		with client #5 revealed: -			
		messages from the CD that he needed to guest			
	dose;	· ·			
	 Guest dosed twice a Used illicit drugs duri 				
	Review on 9/29/22 of -An admission date of	client #6's record revealed:			
	-A diagnosis of Subst	ance Use Disorder;			
	 The result of a urine revealed a positive re 	drug screen dated 9/12/22			
	·				
		with client #6 revealed: - ext message from the CD			
	informing her that the	facility was going to be			
	closed on 9/30/22 due personnel available a	e to a lack of medical nd she was scheduled to			
	guest dose at a local				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPL	
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NAME OF P	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
WINSTON	I-SALEM COMPREHENS		H HAWTHORI	NE ROAD		
		WINSTON-S	SALEM, NC 2	7103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 105			V 105			
	Continued From page	9 6				
	-Was thankful for the been a, "s**t show."	facility but it had recently				
	-An admission date of -A diagnosis of Substi- -The results of urine of					
	Benzodiazepines and	Fentanyl.				
	He had received a textuneed for him to guest Was scheduled to guest tomorrow (9/29/22) be medical personnel to	<u> </u>				
	-An admission date or -A diagnosis of Substresults of urine drug s	client #8's record revealed: f 8/23/22; ance Use Disorder; -The screens dated 9/7/22 and titve results of Fentanyl.				
	She had been informed days that the facility we Guest dosed at a sist there were no medicate administer medicate. She had driven a care hour to a sister facility transportation; -When dosing at the fework due to the long leading at the fework due to the leading at the fework due to the long leading at the fework due to the leading at th	with no registration an because she had no other facility, she had been late to				

NAME OF PROVIDER OR SUPPLIER NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1617 SOUTH HAWTHORNE ROAD WINSTON-SALEM COMPREHENSIVE TREATMENT CE WINSTON-SALEM, NC 27103	R 10/05/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1617 SOUTH HAWTHORNE ROAD WINSTON-SALEM COMPREHENSIVE TREATMENT CE WINSTON-SALEM, NC 27103	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1617 SOUTH HAWTHORNE ROAD WINSTON-SALEM COMPREHENSIVE TREATMENT CE WINSTON-SALEM, NC 27103	10/00/2022
WINSTON-SALEM COMPREHENSIVE TREATMENT CE 1617 SOUTH HAWTHORNE ROAD WINSTON-SALEM, NC 27103	
WINSTON-SALEM COMPREHENSIVE TREATMENT CE WINSTON-SALEM, NC 27103	
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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH	VIDER'S PLAN OF CORRECTION (X5) CORRECTIVE ACTION SHOULD BE LEFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLET DATE
V 105 Continued From page 7	
she had court and didn't have time to drive an hour to the sister facility.	
Review on 9/29/22 of client #9's record revealed: -An admission date of 8/16/21; -A diagnosis of Substance Use Disorder; -The result of a urine drug screen dated 9/9/22 revealed positive results of Opiates, Benzodiazepines, Cocaine and Oxycodone.	
Interview on 9/28/22 with client #9 revealed: - She had received text messages from the facility encouraging her to guest dose at other facilities rather than wait in a long line at the facility; -Guest dosed at a sister facility once (9/27/22) because the receptionist had informed her that they only had medical personnel to dose a certain number of clients that day; -Had to wait at the sister facility to guest dose because her medication order had not been received; -Was unable to afford to pay for gas to drive an hour to the sister facility to guest dose every day; -Had not dosed rather than guest dose 2 days; -Last used illicit drugs yesterday (9/28/22); -"It's a s**t show hereWhat the f**k You want people to go off and OD (overdose)I came in for help and I'm not getting what I need."	
Review on 9/29/22 of client #11's record revealed: -An admission date of 2/10/21; -A diagnosis of Substance Use Disorder; -The results of urine drug screens dated 8/31/22 and 9/7/22 revealed positive results of Alcohol, Cannabis and Fentanyl. Interview on 9/28/22 with client #11 revealed:	

STATEMENT O	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PRO	VIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
WINOTON	AL EM COMPREHENO		H HAWTHORI	NE ROAD		
WINSTON-S	SALEM COMPREHENS		SALEM, NC 2	7103		
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V 105	Continued From page	2.8	V 105			
far gental version of the second of the seco	of days that she need acility; The days that she way guest dose, she mission onth old and didn't ho a sister facility; It was hard to maintal was unorganized. Review on 10/3/22 of evealed: An admission date of A diagnosis of Sever The results of urine of 2/15/22, 9/22/22 and esults of Opiates, Am Cocaine, Benzodiaze Interview on 10/3/22 of guest dosed at a nour's drive, 2 days belosed; Was transported by figas; Had not dosed 1 day sues; Used illicits during the Review on 10/3/22 of evealed: An admission date of A diagnosis of Sever The results of urine diand 10/3/22 revealed denzodiazepines, Amenterview on 10/3/22 of enzodiazepines, Amenterview on 10/3/22 of enzodiazepines of enzod	as informed she needed to ed because she had a 4-nave time to travel an hour ain sobriety when the facility client #13's record f 3/29/22; re Opioid Use Disorder; drug screens dated 9/12/22, 10/3/22 revealed positive exphetamines, Fentanyl, pines and Cannabis. With client #13 revealed: - sister facility that was an ecause the facility was riends and had to pay for a due to transportation re past week. client #14's record f 3/29/22; re Opioid Use Disorder; - rug screens dated 9/22/22				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PE	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE. ZIP CODE		
			HAWTHOR			
WINSTON	-SALEM COMPREHENS		SALEM, NC 2	7103		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 105	Continued From page	. 0	V 105			
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	because the facility w -Was transported by t gas;	lest dose at another facility as closed; friends and had to pay for bstances today (10/3/22).				
	record revealed: -An admission date o -A discharge date of 9 -A diagnosis of Subst -The results of urine of	9/27/22;				
	She had been informed she had to guest dosed at a local also completed her in There was 1 day that she chose not to guest-Took half of her boyf from another local facture. "They (facility) are also completely not capable there (facility)I just the unacceptableIt's a just the sheet of	al facility on 9/26/22 but take at the local facility; - the facility was closed, and st dose; riend's take home dose cility; psolutely awfulThey're le of taking care of patients ind it completely				
	-An admission date o -A discharge date of 9 -A diagnosis of Subst result of a urine drug revealed a positive re Interview on 9/30/22	f 8/17/22; 9/21/22; ance Use Disorder; -The screen dated 9/6/22 sult of Cannabis. with FC #17 revealed: -He t a local facility because				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI. AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE S		
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NAME OF P	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
WINETON	I CAL EM COMPDEHENS		HAWTHORI	NE ROAD		
WINSTON	I-SALEM COMPREHENS		SALEM, NC 2	7103		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 105			V 105			
	Continued From page	e 10				
	Review on 9/29/22 of revealed: -Report dated 9/29/2: -18 new admissions of Review on 10/4/22 of submitted to the Depthuman Services revealed: -8/26/22 included, "Wexception for shorter September. We will be and above will receive the 5th. Only patients the doctor will receive Those not stable enough the 4th. All patients rehome will have to have medication storage;" -8/31/22 included, "Wexception to be closed due to federal holiday extra take home for the special take home lockbox for safe medications who are deed director will be set up included, "We are subbe closed on the 10th training and development of the special take home for the special take home for the special take home lockbox for safe medical director will be set up included, "We are subbe closed on the 10th training and development of the special take home for the special take home lockbox for safe medical director will be set up included, "We are subbe closed on the 10th training and development of the special director will be storage. Patients who medical director will be storage.	\$15 to guest dose rather arly paid at the facility. an Admissions Report 2; rom 9/1/22 - 9/29/22. the Exception Requests artment of Health and ealed: //e are submitting for an hours on the 5th of ee open 6-7. Levels one ee an extra take home for deemed stable enough by the special takeout. ugh will dose in-clinic on ecciving the special take vera lockbox for safe //e are submitting for an don the 5th of September //e. All patients will receive an ee 5th. All patients receiving er will have to have a cation storage. med unstable by medical for guest dosing;" -9/8/22 comitting for an exception to not September Staff				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		MHL034-370	B. WING		10/05/2022	2
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
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WINSTON	-SALEM COMPREHENS	SIVE TREATMENT CE				
			SALEM, NC 2			
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V 105			V 105			
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	. •					
	· ·	d on the 17th of September . All patients will receive an				
	extra take home for the	=				
		take home will have to have				
		edication storage. Patients				
		table by medical director will				
	be set up for guest de	/e are submitting for an				
		late on the 19 and 20 of				
	-	aff shortage. All patients will				
	=	set up guest dosing in [4				
		cannot wait until the PA-c				
	• •	Certified) comes in to start				
	dosing;" -An additional reques	et submitted 0/19/22				
		bmitting for an exception to				
		of September due to Staff				
		will receive an extra take				
		I patients receiving the				
	•	Il have to have a lockbox for				
	safe medication stora	_				
	director will be set up	emed unstable by medical				
		e are submitting for an				
		d on Saturdays through				
	the end of October de	-				
		an extra take home for				
	•	dical) Director deems				
	home will have to have	ceiving the special take				
		All other patients who are				
		medical director will be set				
	up for guest dosing;"					
		dmitted to treatment on:				
		Max (maximum) compliance- drug screen) 09/28/2022				
	-08/17/2022- 07/27/2					
		ne and prescribed Bup				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S		
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		MHL034-370	B. WING		1 0/0	5/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE			
WINETON	CALEM COMPREHENS		H HAWTHOR	NE ROAD			
WINSTON	WINSTON-SALEM COMPREHENSIVE TREATMENT CE WINSTON-SALEM, NC 27103						
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 105	Continued From page	e 12	V 105				
	-04/27/22 Pt (patient) Mgs (milligrams) Bup 09/29/22 thru 10/02/2 shortage. Patient is u the not having transp provides Bup as they from his residence;" -9/29/22 included, "Ctake homes doses for of high risk patients a provider to reduce ris impending hurricane. take home doses for will return to normal control of the provider to reduce ris impending hurricane.	es Reporting System) is currently prescribed 8 Clinic will be closed co22 due to a nursing nable to guest dose due to cortation to either clinic that are 17 miles and 18 miles linic is requesting additional r all Pts, with the exception s identified by the medical					
	Review on 9/28/22 of a Guest Dosing History report revealed a total of 153 clients were expected to guest dose at a sister facility or other local facility from 8/15/22 - 10/3/22.						
	clients; -The CD or C them when the facility administering medica personnel available; -There were no medicadminister medication (9/29/22 - 10/1/22); -"I've been setting per dosing all day;"	not been appropriate ailable for the past 2 dminister medications to linical Manager texted was not going to be tions due to no medical cal personnel scheduled to					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURV COMPLETE	
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		MHL034-370	B. WING		R 10/05/2	2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
14/11/07/01			HAWTHORI	NE ROAD		
WINSTON	I-SALEM COMPREHENS		SALEM, NC 2	7103		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE ((X5) COMPLETE DATE
V 105	Continued From page	: 13	V 105			
V 103	illicit drugs rather than facilities; -"Lack of stability, it's feel sick and if you're medication, you'll find (facility) with 1 counses supervisor but when we staff here, it cripples the end to me, it looks (nursing shortage)." Interview on 9/28/22 -He had worked at the An emergency notific clients when they need facilities; -"We can't seem to ke "They're (clients) scaraguess they're scared patients (clients) say go out and use (illicit addict mentality to reat them (clients) complate they didn't want to go Interview on 9/28/22 -She had worked at the Since she was hired a large turnover of all and counselors; -Clients had informed any type of communication the facility was closed -"To wait (to be admir causing clients to lose -"I will say that I know	difficultNobody wants to not able to get your a wayWe can open it elor, a nurse and a we don't have that nursing usThis doesn't look like is like the very beginning with Counselor #2 revealed: e facility for almost 2 years; cation was sent out to edded to guest dose at other eep a nurse in the building;" - red for the clinic (facility)I for their dosingI've had so, you're setting me up to drugs)I guess it's like an each out like thatMost of inedThey (clients) said (guest dose)." with Counselor #3 revealed: he facility for 7 months; - at the facility, there had been staff but primarily nurses ther that they didn't receive cation regarding the days at; instered medication) is e jobs;" y some clients have said ion (required to guest dose)	V 105			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S COMPLE	
7.1.2 . 2		BENTI IOATION NOMBER.	A. BUILDING: _		COIVII LL	LILD
					R	
		MHL034-370	B. WING			5/2022
NAME OF B				TE 310 0005		
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA			
WINSTON	-SALEM COMPREHENS		H HAWTHORI	NE ROAD		
		WINSTON-S	SALEM, NC 2	7103		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE DATE
				DEFICIENCY)		
V 105			V 105			
	Continued From page	e 14				
	Interview on 9/28/22	with a visiting LPN from a				
	sister facility revealed					
	 Her first trip to the fa and she was there to 	cility was 9/6/22 - 9/8/22				
		supposed to train didn't work				
		dministered medications; -				
	-	member the dates of her				
		t the facility for a couple of				
	days administering m					
	-This was her third tri					
	administering medica	tions at the facility, -				
		out was unable to stay any				
	longer;	at the disable to only ally				
	-Had been asked to s	stay and administer				
		2 days (9/29/22 - 9/30/22)				
	but was unable to do	· ·				
	•	peen much of a line this				
	dosing21 dosed yes	them (clients) are still guest				
	dosing21 dosed yes	steruay.				
		with the contract Physician				
	Assistant-Certified (P -She had contracted)	· · · · · · · · · · · · · · · · · · ·				
	months;	with the facility for 4				
	,	oday (9/28/22) and the				
		ot to renew it; -Was asked				
	-	tering medication rather				
		ob duties as the PA-C;				
		d her on 9/18/22 that there				
		ses from a sister facility				
	administering medica (9/19/22) but she was	s informed later that day				
		not going to be available; -				
	Was informed that if s	she didn't agree to				
		ns on 9/19/22 then clients				
	were going to be force facilities;	ed to guest dose at other				
	radiitios,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING		
		MHL034-370	B. WING		R 10/05/2022
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE	
WINSTON	-SALEM COMPREHENS		H HAWTHORI	NE ROAD	
WINSTON	-SALEM COMPREHENS		SALEM, NC 2	7103	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 105	Continued From page	15	V 105		
	Continued From page				
	lines for 4 hours;	egularly waiting in dosing			
	 -Had encouraged clie complaints to the Lice 	The state of the s			
	-"Honestly, I'm really	The state of the s			
		ok an oathThese are			
	human beingsOur g sobriety."	goal is to get them to			
	Interview on 0/20/22	with the Medical Director			
	(MD) of a sister facilit				
	-The sister facility had 50 clients a day from	d been guest dosing at least			
		s) have some pretty bad			
		he facility)As I understand			
	it, it (guest doing proc mealOur nurses (sis	ster facility) called their			
	nurses (facility) and w	vorked it out for the sake of			
	the clientsWe're hap a point when somethi	ppy to help but there comes			
	doneI don't want to	endanger my			
	licenseWe've (siste horror."	r facility) kind of watched in			
	Interview on 10/4/22 v	with the facility's MD on the perfect stormWe			
		e clients can't doseThis			
		ast 2 weeksWe have not			
	the traveling agency,	ursing positionsEven with we can't fill the			
	positionsWe need to	o get stabilized with the			
	nurses and get back of the was aware that the	on track;" ne facility was required to			
	operate 6 days a wee	ek;			
		nurses to work, we haven't 6 days a weekWe are			
	getting intakes on boa	ard, but not dosing			
	themWe are trying to for the clients;"	to get the process started			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING		
MHL034-370		B. WING		R 10/05/2022	
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE	
			H HAWTHORI	NE ROAD	
WINSTON	-SALEM COMPREHENS		SALEM, NC 2	7103	
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V 105	Continued From page	e 16	V 105		
	-Was concerned abordose at other facilities -"We try to accommon more paperwork for upatients when they are for guest dosingI know the clients than it is in the clients than it is interviews on 9/28/22 revealed: -"This has been the phappening at one time fix it;" -The facility currently personnel that was also medications; -The last full-time nure."The ratio for one nure. The ratio fo	date the clients, but it is and harder for the referred to other clinics low the guest dosing has woneIt is more frustrating so for us." and 10/5/22 with the CD refect storm with everything e and here we are trying to had no full-time medical ble to administer se quit on 9/16/22; rese to clients is 1:150One dosing, but there would be ents would be late for late to work every day, I eep my job;" 6/22), we have had nurses ome in to dose the clients;" - admission holdWe are trying the clients;" hat there are issuesIt all gust (2022)/first of then [the former nurse] ing nurse and we are sending them out for guest has been very hard on staffWe are just doing have no control over what's			
	completed by the Reg	gional Director dated			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLE	
					R	
		MHL034-370	B. WING			5/2022
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADDF	RESS, CITY, STA	TE, ZIP CODE		
WINSTON	-SALEM COMPREHENS		H HAWTHORI	NE ROAD		
Will Control	WINSTON-SALEM COMPREHENSIVE TREATMENT CE WINSTON-SALEM, NC 27103					
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 105	ensure the safety of the	tion will the facility take to he consumers in your care?	V 105			
	Winston Salem Comprehensive Treatment Center (CTC) will immediately extend dosing hours by one hour to abate hardship on patients. Winston Salem CTC will immediately attempt to establish an MOU (Memorandum of Understanding) with [2 other treatment facilities] due to proximity, to provide emergency medication, should the need arise in the future. The MOU will include specificity regarding payment by WSCTC (Winston Salem Comprehensive Treatment Center) for patients to receive emergency medication. Winston-Salem CTC has secured two Nurses per day for the next 7 operating days and one nurse ongoing. Additionally, WSCTC will continue to aggressively recruit and onboard two full time NursesDescribe your plans to make sure the above happens. Clinic Director will update Regional Director on the status of the above action items during weekly Leadership Team calls."					
	that include Substance Opioid Use Disorder, facility failed to emploe personnel to meet the clients they currently and/or not having ence hardship for the client notified when the facility to attend the facility we	e dosing needs of the 269 serve. The facility closing ough staff caused a ts. Clients were not all lity was going to be closed clients. Clients that elected				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLI	
		MHL034-370	B. WING		R 10/0	₹ 05/2022
NAME OF PE	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE. ZIP CODE		,
			H HAWTHORI			
WINSTON	I-SALEM COMPREHENS		SALEM, NC 2	7103		
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V 105	sister facility an hour a local facility and pay a medication. Clients reguest dosing facility for being told that the orderesulted in clients utili missing their medicati missing work. 14 of the positive for illicit substitutes Cannabis, Cocaine, Fenzodiazepines, Am Opiates and Alcohol feacility admitted 18 clients and the current clients. This do Type A1 rule violation must be corrected with administrative penalty the violation is not conadditional administrative.	away or guest dose at a an increased cost for their egularly had to wait at the or medication orders after ders had been sent. This izing illicit substances, ions, and being late to or ne 17 audited clients tested tances that included Fentanyl, Barbiturates, inphetamines, Oxycodone, from 8/31/22 - 10/3/22. The ients from 9/1/22 - 9/29/22 eet the needs of their deficiency constitutes a in for serious neglect and thin 23 days. An ay of \$3,000.00 is imposed. If irrected within 23 days, an tive penalty of \$500.00 per or each day the facility is	V 105			