PRINTED: 12/02/2022 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED							
			,									
		MHL028-020	B. WING		12/01	/2022						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
NAGS H	EAD TREATMENT CE	NTFR		TAN HIGHWAY								
NAGS HEAD, NC 27959												
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	N SHOULD BE COMPLÉTE DATE							
V 000	INITIAL COMMENTS		V 000									
	A annual survey wa 2022. A deficiency	s completed on December 1, was cited.										
	categories: 10A NC Opioid Treatment a	sed for the following service AC 27G .3600 Outpatient nd 10A NCAC 27G .4400 ntensive Outpatient Program.										
		urrent census of 53. The sisted of audits of 6 current										
V 235	27G .3603 (A-C) O	utpt. Opiod Tx Staff	V 235									
	counselor or certification each 50 clients and on the staff of the fathis prescribed ration individual who is certainly and an area, then it is person, provided the certification requires months from the dature (b) Each facility shamember on duty train (1) drug abust (2) symptoms to drug addiction.  (c) Each direct care continuing education the following:  (1) nature of (2) the withdress.	one certified drug abuse and substance abuse counselor and increment thereof shall be acility. If the facility falls below or, and is unable to employ an artified because of the tified persons in the facility's may employ an uncertified at this employee meets the ments within a maximum of 26 at the of employment. The facility is all have at least one staff ained in the following areas: withdrawal symptoms; and is of secondary complications are staff member shall receive in to include understanding of addiction; awal syndrome;										
		I family therapy; and diseases including HIV, I diseases and TB.										

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

(X6) DATE TITLE

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MAL 028-020    MAKE OF PROVIDER OR SUPPLIER   STREET ADDRESS, CITY, STATE, ZIP CODE   2224-A SOUTH CROATAN HIGHWAY   NAGS HEAD, NC 27959   MAGS HEAD TREATMENT CENTER   10   PREFIX   PROVIDER'S PLAN OF CORRECTION   MAGS HEAD, NC 27959   MAGS H	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED								
NAGS HEAD TREATMENT CENTER  2224-A SOUTH CROATAN HIGHWAY NAGS HEAD, NC 27959    (X4)   (1)			MHL028-020	B. WING		12/0	1/2022							
AGS HEAD IREATMENT CENTER  (24) ID PREFIX (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 235  Continued From page 1  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility died to employ a minimum of one (1) certified substance abuse counselor to each 50 clients or increment thereof. The findings are:  Review on 11/30/22 of the facility census and staff list revealed: -53 clients were currently receiving treatment at the facility1 counselor was employed.  Interview on 11/30/22 with the Program Director revealed: -The facility currently served 53 clientsThere was one counselor employed and														
PRÉFIX TAG    CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PRÉFIX TAG   CROSS-REFERENCED TO THE APPROPRIATE   DATE	NAGS HEAD TREATMENT CENTER													
This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to employ a minimum of one (1) certified substance abuse counselor to each 50 clients or increment thereof. The findings are:  Review on 11/30/22 of the facility census and staff list revealed: -53 clients were currently receiving treatment at the facility1 counselor was employed.  Interview on 11/30/22 with the Program Director revealed: -The facility currently served 53 clientsThere was one counselor employed and	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	ILD BE	COMPLETE							
	V 235	This Rule is not me Based on record re facility failed to emport facility failed to emport facility failed substance clients or increment Review on 11/30/22 staff list revealed: -53 clients were curthe facility1 counselor was ellinterview on 11/30/2 revealed: -The facility current facility current revealed:	et as evidenced by: views and interviews, the bloy a minimum of one (1) abuse counselor to each 50 t thereof. The findings are: 2 of the facility census and rrently receiving treatment at mployed. 22 with the Program Director ly served 53 clients. unselor employed and	V 235										

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