Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
		MUU 007 400		B. WING		40/	00/0000			
		MHL067-166		D. W		12/0	06/2022			
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE					
JACKSO	JACKSONVILLE TREATMENT CENTER, LLC 291 HUFF DRIVE JACKSONVILLE, NC 28546									
			JACKSON	IVILLE, NC	28546					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENC MUST BE PRECEDED E SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE			
V 000	INITIAL COMMENT	rs		V 000						
	A annual survey wa 2022. A deficiency		ecember 6,							
	This facility is licensed for the following service categories: 10A NCAC 27G .3600 Outpatient Opioid Treatment and 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program.									
	This facility has a current census of 380. The survey sample consisted of audits of 18 current clients.									
V 237	27G .3604 (A-D) O	utpt. Opiod - Opera	itions	V 237						
	10A NCAC 27G .36 (a) Hours. Each fadays per week, 12 is weekend and holidate hours shall be scheethe client. (b) Compliance with Mental Health Services or The Center for Stagency, that has been of the United State Human Services are all SAMHSA Opioid Detoxification Treat regulations in 42 Clincorporated by reference available from the Compliance with the Complianc	acility shall operate months per year. Do ay medication dispendiculation dispendiculation dispendiculation meet the fices Administration substance Abuse Tres. Each facility shall be in comported by the Department of Head shall be in comported by the Department of Head shall be in comported by the Department of Head shall be in comported by the Department of Opioid Adder Part 8, which are perfect to include so ditions. These regulations. These regulations are processed to the DEA Regulations.	at least six aily, ensing needs of Abuse and (SAMHSA) reatment II be ar a State e SAMHSA alth and liance with ance and diction re ubsequent ulations are ockwall II, ad 20857 at s. Each							
	facility shall be curr Federal Drug Enfor	ently registered wit	h the							

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

(X6) DATE TITLE

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DIVISION	of Health Service Re	eguiation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	reien
		MHL067-166	B. WING		12/0	6/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		291 HUFF	DRIVE			
JACKSO	NVILLE TREATMENT	JACKSON	NVILLE, NC	28546		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		COMPLETE DATE
TAG	REGULATORY OR E	OCIDENTII TING INI OKWATION)	TAG	DEFICIENCY)	INAIL	5,112
\/ 227	Continued From no	go 1	V 237			
V 237	Continued From pa		V 231			
		nce with all Drug Enforcement				
		llations pertaining to opioid				
		s codified in 21 C.F.R., Food				
		00 to end, which are erence to include subsequent				
		ditions. These regulations are				
		Jnited States Government				
		shington, D.C. 20402 at the				
	published rate.					
		th State Authority Regulations.				
		e approved by the North ority for Opioid Treatment,				
		ch is the person designated by				
		ealth and Human Services to				
		nsibility and authority within the				
		the treatment of addiction with				
		uding program approval, for				
		nce with the regulations				
		aff, and operations, and for nce with Section 1923 of P.L.				
		enced material may be				
		Substance Abuse Services				
	Section of DMH/DD					
	This Rule is not me	et as evidenced bv:				
		view and interview, the facility				
	failed to ensure clie	nts attended a minimum of 2				
		s per month during the first				
		nd at least 1 counseling				
		equent years, affecting 5 of 18				
	#2764). The finding	031, #2393, #1844, #2057, and				
	#2104). THE IIIIding	₁ 3 a15.				
	Finding #1:					
	Review on 12/6/22 of client #1031's record					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		ER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COME	COMPLETED		
				D WING			
		MHL067-166		B. WING		12/0	06/2022
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
JACKSO	NVILLE TREATMENT	CENTER, LLC	291 HUFF		00540		
				IVILLE, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED B CONTROL TEMPORE TEMPO	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 237	Continued From pa	ge 2		V 237			
	revealed: -44 year old female -Diagnoses of opioi -Order dated 4/25/2 taking methadone 1 could increase by 5 Opiate Withdrawal 2 up to a maximum d -Client #1031 had in mg to 115 mg on 11 -Client #1031's urin 9/23/22 was positive -Client #1031's UDS were positive for Fe Tetrahydrocannabir Review on 12/6/22 notes revealed: -Counselor notes da	d use disorder, severally, client #1031 was 100 mg (milligrams) mg weekly for a Cliscale (COWS) greatose of 120mg. Increased her dose for Fentanyl. Son 10/25/22 and 1 entanyl and nol (THC).	currently daily and inical ater than 5 from 110 s) on 1/2/22				
	client #1031 had be regarding her positi -There was no docuseen for a counselin November 2022. Interview on 12/5/22-She did not current -She was not sure vicounselor leftShe thought it had she had seen a cou-She had not been -She learned her cou-	een informed or courve drug screen on 9 umentation client #1 ng session in Octob 2 client #1031 stated tly have a counselor when her most rece been "maybe 2 mor unselor. "flagged" to see a counselor was no long	nseled 0/23/22. 031 was er or d: r. nt nths" since ounselor. ger				
	employed by the factorist counselor's name has office doorIf she requested to the facility would secounselor.	ad been removed for see a counselor sh	rom the ne believed				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING.			
		MHL067-166	B. WING		12/0	6/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
JACKSO	ONVILLE TREATMENT	CENTER, LLC 291 HUFF JACKSON	DRIVE NVILLE, NC	28546		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 237	revealed: -38 year old female -Diagnoses of opio -Order dated 10/13 increase by 5 mg e greater than 5 up to -Client #2393 had i to 75 mg on 10/12/ -Client #2393's UD Cocaine, Amphetar -Client #2393's UD Amphetamines and Review on 12/6/22 notes revealed -There was no doc seen for a counseli October or Noveml regarding her posit 10/4/22 and 11/17/2 -She had 4 to 5 diff her during her treat -Since her last cour "floater," meaning s counselors, but did counselorShe was supposed monthHer past experience been positive. Finding #3: Review on 12/6/22 revealed: -32 year old male a	of client #2393's record e admitted 10/13/20. id use disorder, severe. //20, client #2393 could very other day for a COWS of a maximum dose of 80 mg. Increased her dose from 70 mg 22. Son 10/4/22 was positive for mines and THC. Son 11/17/22 was positive for different from the months of core 2022, or counseled five drug screen results on 22. 2 client #2393 stated: ferent counselors assigned to the month and floated among the not have an assigned different to see a counselor twice a coes with the counselors had	V 237			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL067-166	B. WING		12/0	6/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
JACKSO	ONVILLE TREATMENT	CENTER, LLC 291 HUFF JACKSON	DRIVE	28546		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 237	-Order dated 8/23/2 request for a volunt was 87 mg of meth 1 mg weekly until h #1844 could stop h uncomfortable and he requestedClient #1844 had owas at 72 mg of me-Client #1844's UD were positive for TI Review on 12/6/22 notes revealed: -There was no doc seen for a counseli October or Noveml regarding his positi 10/20/22, and 11/1/2 Finding #4: Review on 12/6/22 revealed: -38 year old female-Diagnoses of opio-Order dated 8/20/2 allowed her to increase of methadoneClient #2057 was and received 6 take-Client #2057's UD THC. Review on 12/6/22 notes revealed: -There was no doc seen for a counseli October or Novemloctober or	22 approved client #1844's tary taper, his current dose adone, he could decrease by e reached 30 mg. Client is taper at any time if he felt could receive blind dosing as continued his taper down and ethadone on 12/5/22. S on 10/20/22, and 11/1/22 HC. of client #1844's counselor umentation client #1844 was ng session in the months of per 2022, or counseled we drug screen results on 1/22. of client #2057's record admitted 8/20/19. Id use disorder, severe. 19, client #2057's order pase to a maximum dose of 80 at 64 mg of methadone daily the home doses each week. S on 10/6/22 was positive for of client #2057's counselor umentation client #2057 was ng session in the months of per 2022. client #2057 was counseled	V 237			

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DIVIDION	of Health Service Re	egulation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED	
MHL067-166		B. WING		12/0	06/2022	
NAME OF F	PROVIDER OR SUPPLIER	STRI	EET ADDRESS, CITY,	STATE, ZIP CODE		
		291	HUFF DRIVE	,		
JACKSO	NVILLE TREATMENT	JAC	CKSONVILLE, NC	28546		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 237	Continued From pa	ige 5	V 237			
	revealed: -26 year old female -Diagnoses of opioi -Order dated 9/8/22 her to increase to a buprenorphineClient #2764 was a -Client #2764's UDS fentanyl. Review on 12/6/22 notes revealed: -There was no docuseen for a counselin November 2022No documentation about a positive UD Interview on 12/6/2: Addiction Specialist -Client #1031's coushe was not sure w -Client #1031 had b case load, but she w been assignedThere were no cous	id use disorder, severe. 2, client #2764's order allo a maximum dose of 16 mg at 8 mg of buprenorphine S on 10/11/22 was positive of client #2764's counsele umentation client #2764 was ng session in the month of client #2764 was counse of son 10/11/22. 2 the Licensed Clinical at (LCAS) #1 stated: unselor had left employment of the she left em	g of daily. e for or vas of led nt;			
	(Same former coun -She did not see an notes for client #18-2022.	inselor had left employme nselor as client #1031.) ny documentation of couns 44 in October or Novemb	selor er,			
	#2393 in October o	ny counselor notes for clie ir November, 2022. ibility of the counselor to				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE: A. BUILDING: COMPL			SURVEY PLETED			
		MHL067-166	B. WING		12/0	06/2022		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 291 HUFF DRIVE JACKSONVILLE, NC 28546								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE		
V 237	Interview on 12/6/22 -They had been sho during a transitiona	2 the Program Director stated: ort staffed on counselors I period. ad been hired and they were	V 237					

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