FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R-C B. WING MHL032-233 12/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1913 LAMAR STREET **DURHAM TREATMENT CENTER** DURHAM, NC 27705 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint and follow up survey was completed on 12/9/22. The complaint was unsubstantiated (intake #NC00194822). Deficiencies were cited. This facility is licensed for the following service Provide Clinical Supervision at least once per category: 10A NCAC 27G .3600 Outpatient Month, or per company policy, reviewing the audit results, scope of practice, feedback Opioid Treatment. from NCDHSR, Alliance Healthcare (Clinical Supervisor, Treatment Services Coordinator). 12/10/22 - 03/31/23 This facility has a current census of 296. The survey sample consisted of audits of 4 current clients and 2 deceased clients. Review state regulations and company policy on counseling sessions, at least once per month (Clinical Supervisor, Treatment V 238 27G .3604 (E-K) Outpt. Opiod - Operations V 238 Services Coordinator). 12/10/22 - 03/31/23 10A NCAC 27G .3604 OUTPATIENT OPIOD Review and provide aducation / supervision TREATMENT, OPERATIONS. on the importance of reviewing, in session, (e) The State Authority shall base program drug screens with all patients (Clinical Supervisor, Treatment Services Coordinator). 12/10/22 -03/31/23 approval on the following criteria: compliance with all state and federal (1) Follow up with Regional Director law and regulations: with additional requirements compliance with all applicable if staff fails to comply with state regulations and company policy (Clinical Supervisor, standards of practice: Treatment Services Coordinator). 12/10/22 - 03/31/23 program structure for successful service delivery; and Request colaborative training from Colonial impact on the delivery of opioid Management Group, LP / New Season Training Department, on-site Clinical Supervisor, and Treatment treatment services in the applicable population. Services Coordinator at least once per month for (f) Take-Home Eligibility. Any client in staff who need additional training (Clinical comprehensive maintenance treatment who Supervisor, Treatment Services Coordinator). 12/10/22 - 03/31/23 requests unsupervised or take-home use of Clinical Supervisor, Program Director, and / or methadone or other medications approved for Treatment Services Coordinator will conduct treatment of opioid addiction must meet the weekly tracking of session notes, along with using specified requirements for time in continuous the chart auditing tool (938) to assist with providing treatment. The client must also meet all the support to all clinical staff. 12/10/22 - 03/31/23 requirements for continuous program compliance DHSR - Mental Health and must demonstrate such compliance during the specified time periods immediately preceding any level increase. In addition, during the first DEC 2 9 2022 year of continuous treatment a patient must

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

attend a minimum of two counseling sessions per

TITLE

(X8) DATE

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R-C B. WING MHL032-233 12/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1913 LAMAR STREET DURHAM TREATMENT CENTER DURHAM, NC 27705 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 238 Continued From page 1 V 238 month. After the first year and in all subsequent years of continuous treatment a patient must attend a minimum of one counseling session per month. Levels of Eligibility are subject to the (1) following conditions: (A) Level 1. During the first 90 days of continuous treatment, the take-home supply is limited to a single dose each week and the client shall ingest all other doses under supervision at the clinic: (B) Level 2. After a minimum of 90 days of continuous program compliance, a client may be granted for a maximum of three take-home doses and shall ingest all other doses under supervision at the clinic each week; Level 3. After 180 days of continuous treatment and a minimum of 90 days of continuous program compliance at level 2, a client may be granted for a maximum of four take-home doses and shall ingest all other doses under supervision at the clinic each week; (D) Level 4. After 270 days of continuous treatment and a minimum of 90 days of continuous program compliance at level 3, a client may be granted for a maximum of five take-home doses and shall ingest all other doses under supervision at the clinic each week: (E) Level 5. After 364 days of continuous treatment and a minimum of 180 days of continuous program compliance, a client may be granted for a maximum of six take-home doses and shall ingest at least one dose under supervision at the clinic each week; Level 6. After two years of continuous treatment and a minimum of one year of continuous program compliance at level 5, a client may be granted for a maximum of 13 take-home doses and shall ingest at least one

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING: R-C B. WING MHL032-233 12/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1913 LAMAR STREET **DURHAM TREATMENT CENTER** DURHAM, NC 27705 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 238 Continued From page 2 V 238 dose under supervision at the clinic every 14 days; and (G) Level 7. After four years of continuous treatment and a minimum of three years of continuous program compliance, a client may be granted for a maximum of 30 take-home doses and shall ingest at least one dose under supervision at the clinic every month, Criteria for Reducing, Losing and Reinstatement of Take-Home Eligibility: A client's take-home eligibility is reduced or suspended for evidence of recent drug abuse. A client who tests positive on two drug screens within a 90-day period shall have an immediate reduction of eligibility by one level of eligibility; A client who tests positive on three drug screens within the same 90-day period shall have all take-home eligibility suspended; and The reinstatement of take-home eligibility shall be determined by each Outpatient Oploid Treatment Program. Exceptions to Take-Home Eligibility: (A) A client in the first two years of continuous treatment who is unable to conform to the applicable mandatory schedule because of exceptional circumstances such as illness. personal or family crisis, travel or other hardship may be permitted a temporarily reduced schedule by the State authority, provided she or he is also found to be responsible in handling opioid drugs. Except in instances involving a client with a verifiable physical disability, there is a maximum of 13 take-home doses allowable in any two-week period during the first two years of continuous treatment. A client who is unable to conform to the applicable mandatory schedule because of a verifiable physical disability may be permitted additional take-home eligibility by the State

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R-C A WING MHL032-233 12/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1913 LAMAR STREET **DURHAM TREATMENT CENTER** DURHAM, NC 27705 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 238 Continued From page 3 V 238 authority. Clients who are granted additional take-home eligibility due to a verifiable physical disability may be granted up to a maximum 30-day supply of take-home medication and shall make monthly clinic visits. (4) Take-Home Dosages For Holidays: Take-home dosages of methadone or other medications approved for the treatment of opioid addiction shall be authorized by the facility physician on an individual client basis according to the following: An additional one-day supply of (A) methadone or other medications approved for the treatment of opioid addiction may be dispensed to each eligible client (regardless of time in treatment) for each state holiday. No more than a three-day supply of methadone or other medications approved for the treatment of opioid addiction may be dispensed to any eligible client because of holidays. This restriction shall not apply to clients who are receiving take-home medications at Level 4 or above. (g) Withdrawal From Medications For Use In Opioid Treatment. The risks and benefits of withdrawal from methadone or other medications approved for use in opicid treatment shall be discussed with each client at the initiation of treatment and annually thereafter. (h) Random Testing. Random testing for alcohol and other drugs shall be conducted on each active opioid treatment client with a minimum of one random drug test each month of continuous treatment. Additionally, in two out of each three-month period of a client's continuous treatment episode, at least one random drug test will be observed by program staff. Drug testing is to include at least the following: opioids, methadone, cocaine, barbiturates,

Divisio	n of Health Service R	egulation			1 01(1)	MALIKOVED	
	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL032-233	B. WING			R-C 12/09/2022	
NAME O	F PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
DURHA	M TREATMENT CENT	ER 1913 LAI	MAR STREET	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON OF TH			
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
V 238	Continued From pa	ge 4	V 238				
	amphetamines, THC, benzodiazepines and alcohol. Alcohol testing results can be gathered by either urinalysis, breathalyzer or other alternate scientifically valid method.  (i) Client Discharge Restrictions. No client shall be discharged from the facility while physically dependent upon methadone or other medications approved for use in opioid treatment unless the client is provided the opportunity to detoxify from the drug.  (j) Dual Enrollment Prevention. All licensed outpatient opioid addiction treatment facilities which dispense Methadone, Levo-Alpha-Acetyi-Methadoi (LAAM) or any other pharmacological agent approved by the Food and Drug Administration for the treatment of opioid addiction subsequent to November 1, 1998, are required to participate in a computerized Central Registry or ensure that clients are not dually enrolled by means of direct contact or a list exchange with all opioid treatment programs within at least a 75-mile radius of the admitting program. Programs are also required to participate in a computerized Capacity Management and Waiting List Management System as established by the North Carolina State Authority for Opicid Treatment.  (k) Diversion Control Plan. Outpatient Addiction Opicid Treatment Programs in North Carolina are required to establish and maintain a diversion control plan as part of program operations and shall document the plan in their policies and procedures. A diversion control plan shall include the following elements:  (1) dual enrollment prevention measures that consist of client consents, and either program contacts, participation in the central registry or list exchanges;						

STATEMENT OF DEPICIENCIES MND PLAN OF CORRECTION  MHL032-233  MALEO32-233  MALEO32-234  MALEO32-233  DURHAM, NC 27705  MALEO32-233  DORAGRECTION SHOULD BE CARD SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE CORRECTION SHOULD BE CROSS-REFERENCE TO THE APP	Division	of Health Service R	Regulation			FORM	APPROVED	
MAJE OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  DURHAM TREATMENT CENTER  1913 LAMAR STREET  DURHAM, NC 27705  MAJE OF PROVIDER OR SUPPLIER  (SACH DEFICIENCY MUST SEP PREDEDED BY FULL TAG  REGULATORY OR LSC IDENTIFYING INFORMATION).  PRETIX TAG  V 238  Continued From page 5  or solid dosage form call-in's:  (3) call-in's for drug testing: (4) drug testing results that include a review of the levels of methadrone or other medications approved for the treatment of opicid addiction; (5) cifent attendance minimums; and (6) procedures to ensure that clients  properly ingest medication.  This Rute is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure after the first year and in all subsequent years of continuous treatment a client attended at least one counseling session per month affecting two of four audited current clients (#1 and #4) and two of two audited deceased clients (DC #5 and DC #6) and failed to ensure counseling sessions were completed after a positive urine drug acreen affecting one of four audited current clients (#4) and one of two audited deceased clients (DC #5). The findings are:  The following is evidence the facility staff feiled to ensure collents attended at least one counselling session per month.	STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA					
DURHAM TREATMENT CENTER    Majid   Summary statement of periciencies   PROVIDER'S FLANGE CORRECTION   PREFIX TAGE   PROVIDER'S FLANGE CORRECTION   PROVIDER'S FLANGE CORRECTION   PREFIX TAGE   PROVIDER'S FLANGE CORRECTION   PROVIDER'			MHL032-233	B. WING				
V 238  Continued From page 5  or solid dosage form call-in's; (3) cell-in's for drug testing; (4) drug testing results that include a review of the levels of methadone or other madications approved for the treatment of opicid addiction; (5) client attendance minimums; and (6) procedures to ensure that clients properly ingest medication.  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure after the first year and in all subsequent years of continuous treatment a client attended at least one counseling session per month affecting two of four audited current clients (#1 and 44) and two of two audited deceased clients (DC #5 and DC #6 ) and failed to ensure callent attended at least one counseling session per drug deceased clients (DC #6). The findings are:  The following is evidence the facility staff feiled to ensure clients attended at least one counseling session per month.	NAME OF	PROVIDER OR SUPPLIER	STREET A			Annual Control of the		
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG  CONTINUED FROM page 5  Or solid dosage form call-in's;  (3) cell-in's for drug testing;  (4) drug testing results that include a review of the levels of methadone or other madications approved for the treatment of opioid addiction;  (5) client attendance minimums; and (6) procedures to ensure that clients properly ingest medication.  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure atter the first year and in all subsequent; years of continuous treatment a client attended at least one counseling session per month affecting two of two audited deceased clients (DC #5 and failed to ensure counseling sessions were completed after a positive urine drug screen affecting one of four audited current clients (#1 and #4) and two of two audited deceased clients (DC #5) and failed to ensure counseling session per month.  The following is evidence the facility staff failed to ensure clients attended at least one counseling session per month.	DURHAN	M TREATMENT CENT						
or solid dosage form call-in's;  (3) call-in's for drug testing; (4) drug testing results that include a review of the levels of methadone or other medications approved for the treatment of opioid addiction; (5) client attendance minimums; and (6) procedures to ensure that clients properly ingest medication.  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure after the first year and in all subsequent years of continuous treatment a client attended at least one counseling session per month affecting two of four audited current clients (#1 and #4) and two of two audited deceased clients (DC #5 and DC #6 ) and failed to ensure counseling sessions were completed after a positive urine drug screen affecting one of four audited current clients (#4) and one of two audited deceased clients (#4) and one of four audited current clients (#4) and one of four audited deceased clients (#4) and one of two audited deceased clients (#4) and one of two audited deceased clients (#4) and one of two audited deceased clients (#6). The findings are:  The following is evidence the facility staff failed to ensure clients attended at least one counseling session per month.	PREFIX	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION  (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE				COMPLETE		
a, Review on 12/8/22 of client #1's record revealed: -Admission date of 8/9/22.		or solid dosage for (3) call-in's for (4) drug testi review of the levels medications approvadication; (5) client atter (6) procedure properly ingest medications and the sased on record refacility failed to ensuall subsequent year client attended at leper month affecting clients (#1 and #4); deceased clie	m call-in's; or drug testing; on gresults that include a of methadone or other wed for the treatment of opioid andance minimums; and es to ensure that clients dication.  Let as evidenced by: views and interviews, the ure after the first year and in the sof continuous treatment a lest one counseling session two of four audited current and two of two audited of 2°C #5 and DC #6 ) and failed g sessions were completed a drug screen affecting one of clients (#4) and one of two lients (DC #6). The findings the death of the death of the death of the facility staff failed to ded at least one counseling	V 238				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R-C B. WING MHL032-233 12/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1913 LAMAR STREET **DURHAM TREATMENT CENTER** DURHAM, NC 27705 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) V 238 Continued From page 6 V 238 -Staff #4 was his current Counselor. -There was no counseling sessions completed for October 2022. b. Review on 12/8/22 of client #4's record revealed: -Admission date of 7/16/18. -Diagnosis of Opioid Use Disorder. -Staff #2 was his current Counselor. -The last documented counseling session was on 8/31/22. -There were no counseling sessions completed for September, October and November 2022. c. Reviews on 12/8/22 and 12/9/22 of DC #5's record revealed: -Admission date of 11/4/21. -Diagnoses of Opioid Use Disorder, Post Traumatic Stress Disorder, Sleep Apnea, History of Strokes, Chronic Obstructive Pulmonary Disease and Emphysema. -He died on 6/28/22. -Staff #6 was his current Counselor. -The last documented counseling session was on 4/13/22. -There were no counseling sessions completed for May and June 2022. d. Reviews on 12/8/22 and 12/9/22 of DC #6's record revealed: -Admission date of 4/8/20. -Diagnosis of Opioid Use Disorder. -He died on 8/25/22. -Staff #1 was his current Counselor. -The last documented counseling session was on -There were no counseling sessions completed for July and August 2022,

Interview on 12/9/22 with staff #6 revealed:

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R-0 B. WING MHL032-233 12/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1913 LAMAR STREET **DURHAM TREATMENT CENTER** DURHAM, NC 27705 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG DEFICIENCY) V 238 Continued From page 7 V 238 -DC #5 was on her caseload prior to passing away in June 2022. -She was aware that some of the people on her caseload had some missing counseling sessions. -She was counting the treatment plan review she did with clients as a counseling session. -They were just recently told that those counseling sessions would not count. Interview on 12/8/22 with the Program Director -He was aware that some of the Counselors were not completing their counseling sessions with -He thought some of the Counselors were counting the treatment plan reviews as a counseling session. -He confirmed facility staff failed to ensure counseling sessions were completed for clients #1, #4, DC #5 and DC #6. The following is evidence the facility staff falled to ensure counseling sessions were completed after a positive urine drug screen. a. Review on 12/8/22 of client #4's record revealed: -UDS completed on 11/18/22, 10/31/22, 9/28/22 and 9/26/22-client #4 tested positive for Opiates and Fentanyl. -There was no documentation of a counseling session completed by client #4's Counselor to address the positive UDS results. b. Review on 12/8/22 of DC #6's record revealed: -UDS completed on 8/10/22, 7/13/22, 6/6/22 and 6/2/22-DC #6 tested positive for Cocaine. -There was no documentation of a counseling session completed by DC #'s Counselor to address the positive UDS results.

Division of Health Service Regulation

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R-C B. WING MHL032-233 12/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1913 LAMAR STREET **DURHAM TREATMENT CENTER** DURHAM, NC 27705 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) V 238 Continued From page 8 V 238 Interview on 12/8/22 with the Program Director revealed: -He was aware that Counselors were not consistently completing counseling sessions with clients when they tested positive for illicit substances. -Some of the Counselors were counting the treatment plan reviews as a counseling session. -He confirmed facility staff failed to ensure counseling sessions were completed after a positive urine drug screen for client #4 and DC #6. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.