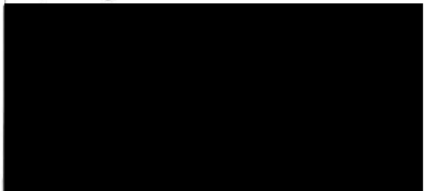


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL028-020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/01/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NAGS HEAD TREATMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2224-A SOUTH CROATAN HIGHWAY NAGS HEAD, NC 27959</b>
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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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A annual survey was completed on December 1, 2022. A deficiency was cited.</p> <p>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.</p> <p>This facility has a current census of 53. The survey sample consisted of audits of 6 current clients.</p>	V 000	<p>Since the DHSR site visit on December 1, 2022 the client census has dropped from 53 to 51 active clients resulting in one client over the client/ counselor ratio of 50/1. The Program Director will continue to advertise current job openings at the treatment center.</p> 	12/27/2022
V 235	<p><b>27G .3603 (A-C) Outpt. Opiod Tx. - Staff</b></p> <p><b>10A NCAC 27G .3603 STAFF</b></p> <p>(a) A minimum of one certified drug abuse counselor or certified substance abuse counselor to each 50 clients and increment thereof shall be on the staff of the facility. If the facility falls below this prescribed ratio, and is unable to employ an individual who is certified because of the unavailability of certified persons in the facility's hiring area, then it may employ an uncertified person, provided that this employee meets the certification requirements within a maximum of 26 months from the date of employment.</p> <p>(b) Each facility shall have at least one staff member on duty trained in the following areas:</p> <ol style="list-style-type: none"> <li>(1) drug abuse withdrawal symptoms; and</li> <li>(2) symptoms of secondary complications to drug addiction.</li> </ol> <p>(c) Each direct care staff member shall receive continuing education to include understanding of the following:</p> <ol style="list-style-type: none"> <li>(1) nature of addiction;</li> <li>(2) the withdrawal syndrome;</li> <li>(3) group and family therapy; and</li> <li>(4) infectious diseases including HIV, sexually transmitted diseases and TB.</li> </ol>	V 235	<p style="text-align: center;"><b>DHSR - Mental Health</b></p> <p style="text-align: center;"><b>DEC 29 2022</b></p> <p style="text-align: center;"><b>Lic. &amp; Cert. Section</b></p>	

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL028-020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/01/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NAGS HEAD TREATMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2224-A SOUTH CROATAN HIGHWAY NAGS HEAD, NC 27959</b>
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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
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V 235	<p>Continued From page 1</p> <p>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:</p> <p>Review on 11/30/22 of the facility census and staff list revealed: -53 clients were currently receiving treatment at the facility. -1 counselor was employed.</p> <p>Interview on 11/30/22 with the Program Director revealed: -The facility currently served 53 clients. -There was one counselor employed and assigned to all clients.</p>	V 235		
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**NAGS HEAD TREATMENT CENTER**

2224 S Croatan Hwy  
Nags Head, NC 27959  
OFFICE (252) 715-6556

December 27, 2022

[REDACTED] RN, MSN  
Nurse Consultant I  
Mental Health Licensure & Certification Section

Dear [REDACTED]

Please find enclosed the response to the Annual Survey completed on 12/01/2022 for Nags Head Treatment Center, MHL #028-020.

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

[REDACTED]  
[REDACTED] RN, BSN  
VP  
252-299-0378  
[RM@TreatmentNC.com](mailto: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