


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>220438</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/20/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MOREHEAD CITY TREATMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>309 COMMERCE AVENUE MOREHEAD CITY, NC 28557</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
V 000	<b>INITIAL COMMENTS</b>  An annual survey was completed on December 20, 2022. A deficiency was cited.  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 242. The survey sample consisted of audits of 13 current clients.	V 000	The utilization of the SAIOP service license was delayed based on staffing issues related to the COVID pandemic, the relocation of the facility to a larger location, and the delay in receiving the new DHSR license for the new location after the site visit. Morehead City Treatment Center has experienced difficulty, as most employers post-COVID, in filling open positions at the facility. The Program Director and Regional Director of Morehead City Treatment Center will continue to place job postings to fill positions for a LCAS (Licensed Clinical Addiction Specialist) and QP (qualified professional) specific for the SAIOP program. Morehead City Treatment Center was notified on December 21, 2022 that the SAIOP service was added to the facility's LME/MCO contract with an effective date of 01/01/2023. While facing the obstacles shared above, Morehead City Treatment Center continued to hold groups available to all clients, at no cost to the client. The availability of the group was based on safety measures related to the COVID pandemic. We look forward to resuming SAIOP in January 2023.	
V 139	<b>27G .0404 (F-L) Operations During Licensed Period</b>  <b>10A NCAC 27G .0404 OPERATIONS DURING LICENSED PERIOD</b> (f) DHSR shall conduct inspections of facilities without advance notice. (g) Licenses for facilities that have not served any clients during the previous 12 months shall not be renewed. (h) DHSR shall conduct inspections of all 24-hour facilities an average of once every 12 months, to occur no later than 15 months as of July 1, 2007. (i) Written requests shall be submitted to DHSR a minimum of 30 days prior to any of the following changes: (1) Construction of a new facility or any renovation of an existing facility; (2) Increase or decrease in capacity by program service type; (3) Change in program service; or (4) Change in location of facility. (j) Written notification must be submitted to DHSR a minimum of 30 days prior to any of the following changes: (1) Change in ownership including any	V 139	 <b>DHSR - Mental Health</b>  DEC 29 2022  <b>Lic. &amp; Cert. Section</b>	12/27/2022

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 139	<p>Continued From page 1</p> <p>change in partnership; or</p> <p>(2) Change in name of facility.</p> <p>(k) When a licensee plans to close a facility or discontinue a service, written notice at least 30 days in advance shall be provided to DHSR, to all affected clients, and when applicable, to the legally responsible persons of all affected clients. This notice shall address continuity of services to clients in the facility.</p> <p>(l) Licenses shall expire unless renewed by DHSR for an additional period. Prior to the expiration of a license, the licensee shall submit to DHSR the following information:</p> <p>(1) Annual Fee;</p> <p>(2) Description of any changes in the facility since the last written notification was submitted;</p> <p>(3) Local current fire inspection report;</p> <p>(4) Annual sanitation inspection report, with the exception of a day/night or periodic service that does not handle food for which a sanitation inspection report is not required; and</p> <p>(5) The names of individuals who are owner, partners or shareholders holding an ownership or controlling interest of 5% or more of the applicant entity.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide 30 days advance written notice to the Division of Health Service Regulation (DHSR) of plans to temporarily discontinue a licensed service. The findings are:</p> <p>Review on 12/14/22 of the DHSR Enterprise electronic licensure system revealed no</p>	V 139		

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V 139	<p>Continued From page 2</p> <p>documented notice of discontinuation a licensed service at the facility location.</p> <p>During interviews on 12/14/22 and 12/20/22 the Program Director stated:</p> <ul style="list-style-type: none"> <li>- SAIOP services were not being provided at the facility.</li> <li>- The facility moved to its current location in September 2022 and SAIOP had not been provided since the move.</li> <li>- The Chief Executive Officer requested funding for SAIOP from the Local Management Entity, but it had not been approved.</li> <li>- She did not know if DHSR was notified of the temporary discontinuation of SAIOP and she did not have documentation of a notification.</li> </ul>	V 139		
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**MOREHEAD CITY TREATMENT CENTER**

309 Commerce Avenue  
Morehead City, NC 28557  
OFFICE (252) 773-0306

December 27, 2022

[REDACTED]  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

[REDACTED]  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Dear Ms. [REDACTED]

Please find enclosed the response to the Annual Survey completed on 12/20/2022 for Morehead City Treatment Center, MHL #016-046.

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]  
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