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V 000	INITIAL COMMENTS An annual survey was completed on 4/13/23. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment and 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program. The current census was 324 in the 3600 program and 5 in the 4400 program. The survey sample consisted of audits of 13 current clients and 3 deceased clients.	V 000		
V 235	27G .3603 (A-C) Outpt. Opiod Tx. - Staff 10A NCAC 27G .3603 STAFF (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. (b) Each facility shall have at least one staff member on duty trained in the following areas: (1) drug abuse withdrawal symptoms; and (2) symptoms of secondary complications to drug addiction. (c) Each direct care staff member shall receive continuing education to include understanding of the following: (1) nature of addiction; (2) the withdrawal syndrome; (3) group and family therapy; and (4) infectious diseases including HIV,	V 235		

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V 235	Continued From page 1 sexually transmitted diseases and TB. This Rule is not met as evidenced by: Based on personnel record reviews and staff interviews, the facility did not ensure that all staff completed continuing education in the nature of addiction, withdrawal syndrome, group and family therapy and infectious diseases including HIV (Human Immunodeficiency virus) for 3 of 3 audited staff (Counselor #1, Counselor #2 and Registered Nurse (RN)). The findings are: Record review on 4/12/23 for Counselor #1 revealed: -Date of hire- 9/12/22. -Certified Alcohol and Drug Counselor (CADC). -No documentation of training in withdrawal syndrome, family therapy or infectious diseases. Record Review on 4/12/23 for Counselor #2 revealed: -Date of hire-4/4/22. -LCAS-A (Licensed Clinical Addiction Specialist-Associate). -No documentation of training in withdrawal syndrome, family therapy or infectious diseases. Record Review on 4/12/23 for the RN revealed: -Date of hire-10/31/22. -Registered Nurse verification 10/25/22. -No documentation of training in nature of addiction, withdrawal syndrome, group and family therapy or infectious diseases.	V 235		

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V 235	Continued From page 2 Interview on 4/12/ 23 with Counselor #1 revealed: -Had a training called Addiction 101 but did not have the other training. Interview on 4/13/22 with the Program Director (PD) revealed: -Their online training called Addiction 101 would have covered the nature of addiction. -Was not aware of the training requirements but did not understand why their Corporate Human Resources had not included these trainings in their online requirements for staff.	V 235		
V 238	27G .3604 (E-K) Outpt. Opiod - Operations 10A NCAC 27G .3604 OUTPATIENT OPIOD TREATMENT. OPERATIONS. (e) The State Authority shall base program approval on the following criteria: (1) compliance with all state and federal law and regulations; (2) compliance with all applicable standards of practice; (3) program structure for successful service delivery; and (4) impact on the delivery of opioid treatment services in the applicable population. (f) Take-Home Eligibility. Any client in comprehensive maintenance treatment who requests unsupervised or take-home use of methadone or other medications approved for treatment of opioid addiction must meet the specified requirements for time in continuous treatment. The client must also meet all the requirements for continuous program compliance and must demonstrate such compliance during the specified time periods immediately preceding any level increase. In addition, during the first	V 238		

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year of continuous treatment a patient must attend a minimum of two counseling sessions per 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.
(1) Levels of Eligibility are subject to the 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;
(C) 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;
(F) Level 6. After two years of continuous treatment and a minimum of one year of continuous program compliance at level 5, a

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client may be granted for a maximum of 13 take-home doses and shall ingest at least one 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.
(2) Criteria for Reducing, Losing and Reinstatement of Take-Home Eligibility:
(A) 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;
(B) A client who tests positive on three drug screens within the same 90-day period shall have all take-home eligibility suspended; and
(C) The reinstatement of take-home eligibility shall be determined by each Outpatient Opioid Treatment Program.
(3) 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.
(B) A client who is unable to conform to the applicable mandatory schedule because of a

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verifiable physical disability may be permitted additional take-home eligibility by the State 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:

(A) An additional one-day supply of 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.

(B) 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 opioid 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

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V 238	Continued From page 6 to include at least the following: opioids, methadone, cocaine, barbiturates, 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-Acetyl-Methadol (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 Opioid Treatment. (k) Diversion Control Plan. Outpatient Addiction Opioid 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	V 238		

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V 238	Continued From page 7 registry or list exchanges; (2) call-in's for bottle checks, bottle returns 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 follow the take-home eligibility for 1 of 13 audited clients (Client #3) and 1 of 3 audited deceased clients (DC #16); failed to ensure that during the first year of continuous treatment each client attended a minimum of two counseling sessions per month for 4 of 13 audited clients (Clients #7, #8, #9, #11) and after the first year of treatment attended at least one counseling session per month for 1 of 3 audited deceased clients (DC # 16); failed to conduct a minimum of one random urine drug screen (UDS) each month for 1 of 6 audited client (Client #9) and 1 of 3 audited deceased clients (DC #16). The findings are: Review on 4/11/23 of Client #3's record revealed: -Admitted 8/22/18. -Diagnoses of Opioid Use Disorder, Chronic Pain,	V 238		

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Hemophilia Disorder, Benign Prostatic Hypertrophy and Depression.
-UDS 1/9/23 positive for Fentanyl and 2/14/23 positive for Methamphetamines/Amphetamines.
-9/16/22 physician's orders was code "T"; client had 13 take homes of Methadone 120 milligrams (mg).
-There was no order to reduce the take home level after 2 UDS showed positive for illicits.

Review on 4/11/23 of Client #3's Medication Administration Record from 1/1/23 to present date revealed:
-120 mg of Methadone administered at the facility once every 13 days.
-He was given 13 take home doses.

Review on 4/11/23 of Client #7's record revealed:
-Admitted 5/18/21.
-Diagnoses of Opioid Use Disorder, Depression, Post-Traumatic Stress Disorder, Anxiety Disorder and Bipolar Disorder.
-No counseling session for February 2023.

Review on 4/11/23 of Client #8's record revealed:
-Admitted 1/25/23.
-Diagnosis of Opioid Use Disorder.
-Had only 1 counseling session for February on 2/2/23.

Interview on 4/11/23 with Client #8 revealed:
-Had been at the facility for 2 and a half months.
-Thought he was supposed to see his counselor once a month.

Review on 4/11/23 of Client #9 revealed:
-Admitted 11/28/22.
-Diagnoses of Attention Deficit Hyperactivity Disorder, Bipolar, Opioid Use Disorder.
-No UDS was obtained in February 2023.

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V 238	Continued From page 9 Interview on 4/11/23 with Client #9 revealed: -Had been coming to the facility for 3 years after lengthy fentanyl use. -She had weekly observed UDS. Review on 4/11/23 of Client #11 revealed: -Admitted 2/21/23. -Diagnoses of Endocarditis, DVT (Deep Vein Thrombosis), Asthma, Anxiety, Depression, Hepatitis C. -Had only 1 counseling session in March on 3/10/23. Interview on 4/11/23 with Client #11 revealed: -Came into treatment 10 weeks pregnant. -One previous treatment attempt with buprenorphine but it made her sick. -Saw her counselor weekly or every 2 weeks. Review on 4/11/23 of DC #16 revealed: -Admitted 4/29/19. -Date of Death 1/13/23. -Diagnoses of Opioid Use Disorder, Cirrhosis of liver, COPD (Chronic Obstructive Pulmonary Disease), Type II Diabetes, Depression, Chronic Kidney Disease, Hepatitis C, Liver Cell Carcinoma, Dysphasia. -No counseling sessions in November or December 2022. -No UDS in December 2022. -UDS 9/29/22 and 10/17/22 were positive for Fentanyl. -9/22/22 physician's orders was code "T"; client had 13 take homes of Methadone 90mg. Interview on 4/11/23 and 4/13/23 with the Program Director revealed: -Client #7's counselor had been on extended leave.	V 238		

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V 238	Continued From page 10 -She and other counselors tried to pick up her caseload as much as possible but were not always able to. -Confirmed Client #3 continued to be on code "T" where he received 13 take homes. -Client's take homes should have been dropped due to 2 positive UDSs in a 90-day period. -It was the counselor's responsibility to keep up with required counseling sessions, UDS and follow up with screens outside the therapeutic range. (positives) -Had a lot of turn over with staff. "Finally to a point where we feel we can meet the challenges." Still have a counselor only seeing clients remotely but she should be back soon.	V 238		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based,	V 536		

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V 536	Continued From page 11 include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain	V 536		

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documentation of initial and refresher training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the outcomes (pass/fail);
(B) when and where they attended; and
(C) instructor's name;
(2) The Division of MH/DD/SAS may review/request this documentation at any time.
(i) Instructor Qualifications and Training Requirements:
(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.
(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.
(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.
(5) Acceptable instructor training programs shall include but are not limited to presentation of:
(A) understanding the adult learner;
(B) methods for teaching content of the course;
(C) methods for evaluating trainee performance; and
(D) documentation procedures.
(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive

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interventions at least one time, with positive review by the coach.
(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.
(8) Trainers shall complete a refresher instructor training at least every two years.
(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the outcomes (pass/fail);
(B) when and where attended; and
(C) instructor's name.
(2) The Division of MH/DD/SAS may request and review this documentation any time.
(k) Qualifications of Coaches:
(1) Coaches shall meet all preparation requirements as a trainer.
(2) Coaches shall teach at least three times the course which is being coached.
(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.
(l) Documentation shall be the same preparation as for trainers.

This Rule is not met as evidenced by:
Based on personnel record reviews and staff interviews, the facility failed to ensure that all staff

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-378	A. BUILDING: _____ B. WING _____	04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BHG ASHEVILLE TREATMENT CENTER	18 WEDGEFIELD DRIVE ASHEVILLE, NC 28806

(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 536	Continued From page 14	V 536		

were trained in alternative to restrictive interventions for 3 of 3 audited staff. (Counselor #1, #2 and Registered Nurse (RN)). The findings are:

Record review on 4/12/23 for Counselor #1 revealed:
-Date of hire- 9/12/22.
-Certified Alcohol and Drug Counselor (CADC).
-No documentation of alternative to restrictive interventions training was provided.

Record Review on 4/12/23 for Counselor #2 revealed:
-Date of hire-4/4/22.
-LCAS-A (Licensed Clinical Addiction Specialist-Associate).
-No documentation of alternative to restrictive interventions training was provided.

Record Review on 4/12/23 for the RN revealed:
-Date of hire-10/31/22.
-Registered Nurse verification 10/25/22.
-No documentation of alternative to restrictive interventions training was provided.

Interview on 4/12 23 with Counselor #1 revealed:
-Had online training on de-escalation but had NCI (North Carolina Interventions) at his previous provider.
-Did not have NCI training since employment with this Licensee.

Interview on 4/13/23 with Counselor #2 revealed:
-Had been with facility previously and left but returned a year ago.
-Had NCI training before.

Interview on 4/13/22 with the Program Director (PD) revealed:

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V 536	Continued From page 15 -There had been frequent turn over with the PD position and was not made aware of the training requirements.	V 536		