

Division of Health Service Regulation

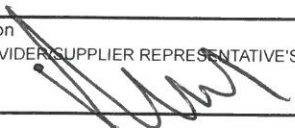
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-330</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/26/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CROSSROADS TREATMENT CENTER OF WEAVERVIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 OLD MARS HILL HIGHWAY, SUITE 3 WEAVERVILLE, NC 28787</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>An annual survey was completed on 4/26/23. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.</p> <p>This facility has a current census of 282. The survey sample consisted of audits of 12 current clients and 2 deceased clients.</p>	V 000		
V 235	<p>27G .3603 (A-C) Outpt. Opiod Tx. - Staff</p> <p>10A NCAC 27G .3603 STAFF</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> <p>(1) drug abuse withdrawal symptoms; and</p> <p>(2) symptoms of secondary complications to drug addiction.</p> <p>(c) Each direct care staff member shall receive continuing education to include understanding of the following:</p> <p>(1) nature of addiction;</p> <p>(2) the withdrawal syndrome;</p> <p>(3) group and family therapy; and</p> <p>(4) infectious diseases including HIV, sexually transmitted diseases and TB.</p>	V 235	<p>DHSR - Mental Health</p> <p>MAY 18 2023</p> <p>Lic. &amp; Cert. Section</p>	

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



TITLE  
**President & CEO**

(X6) DATE  
**05/16/23**

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V 235	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a minimum staffing ratio of one counselor to each 50 clients. The findings are:</p> <p>Review on 4/24/23 of facility census records revealed: -the facility had a client census of 282; -Lead Counselor had a caseload of 73; -Counselor #2 had a caseload of 77; -Counselor #3 had a caseload of 21; -Counselor #4 had a caseload of 40; -Clinical Director had a caseload of 71.</p> <p>Interview on 4/25/23 with Client #3 revealed: -had been coming to the facility for three years; -didn't have a complaint about the facility, "other than not having a counselor and having to tell my story over and over again;" -had four counselors in the last six months; -was supposed to meet her new counselor today ..."I can't remember her name."</p> <p>Interview on 4/24/23 and 4/25/23 with the Lead Counselor revealed: -her current caseload was 74; - "people had difficulty with the frequency of turnover (staff) ...clients deserved better;" -"a counselor left last week, one was going to part-time (Counselor #4) and another counselor was leaving in May 17th (2023)(Clinical Director)."</p> <p>Interview on 4/25/23 with the Clinical Director</p>	V 235		

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V 235	<p>Continued From page 2</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-her current caseload was 71;</li> <li>-was concerned about counselor caseload sizes and continued client intakes to the facility;</li> <li>- "understood that they could not turn people away;"</li> <li>-was concerned about ensuring adequate care for the current clients the facility served.</li> </ul> <p>Interview on 4/24/23 and 4/25/23 with the Program Director revealed:</p> <ul style="list-style-type: none"> <li>-a new counselor was starting in May (2023);</li> <li>-after May 17th (2023), caseloads would be in the 90's for some of the counselors;</li> <li>- "we can't see everyone ...waiting for compliance to hold admissions;"</li> <li>- "becomes like an urgent care ...you start to mitigate risk."</li> </ul> <p>Interview on 4/25/23 with the Chief Corporate Compliance Officer revealed:</p> <ul style="list-style-type: none"> <li>-could see caseload sizes online for the facility;</li> <li>-a new counselor was coming May 8, 2023;</li> <li>-was aware that counseling staff were over ratio and was working to resolve it.</li> </ul>	V 235	<p>In response to V235 and 10A NCAC 27G .3603, a weekly internal call occurs with the Program Director, Regional Director, Corporate Recruiter, and Chief Compliance Officer to discuss recruiting needs and counselor ratios. As a result of this internal call, two counselors are starting on May 15, 2023, and May 29, 2023, which will have ratios in compliance at 1:48. Starting May 15, 2023, an internal call scheduled with the Vice President of Operations, Manager of Personnel Compliance, Senior Manager of SAMHSA Compliance, Chief Operations Officer, and the Chief Compliance Officer to discuss counselor ratios, which is as needed.</p>	Ongoing
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p>	V 736		

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V 736	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in safe, clean, attractive, and orderly manner. The findings are:</p> <p>Observation on 4/24/23 at 8:15AM of the facility revealed:</p> <ul style="list-style-type: none"> <li>-the client bathroom where drug screens were observed appeared small, approximately 5' X 5';</li> <li>-the automatic hand-soap dispenser was off the wall and laying on top of the sink basin;</li> <li>-there was no other hand soap observed in the bathroom;</li> <li>-the light in the ceiling was missing a cover;</li> <li>-the ceiling was damaged and peeling;</li> <li>-there appeared to be brownish stains and dust around the air vent in the ceiling;</li> <li>-the toilet seat appeared to be loosely affixed to the base and low to the floor;</li> <li>-in the corner of the wall beside the toilet, there was a hole (approximately the size of a hand), that appeared to have been patched with putty and silver duct tape that was coming apart;</li> <li>- the staff bathroom had no hot water and the faucet handle was resistant to turning.</li> </ul> <p>Interview on 4/25/23 with the Dosing Nurse revealed:</p> <ul style="list-style-type: none"> <li>-she observed drug screens in the client bathroom;</li> <li>-it was difficult due to space and clients didn't like it.</li> </ul> <p>Interview on 4/25/23 with the Clinical Director revealed:</p> <ul style="list-style-type: none"> <li>-the client bathroom was unacceptable.</li> </ul> <p>Interview on 4/26/23 with the Program Director revealed:</p>	V 736		

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V 736	Continued From page 4  -the client and staff bathroom were an issue and they needed to be addressed.	V 736	In response to V736 and 10A NCAC 27G .030 (c), the Chief Compliance Officer, Manager of Clinical Compliance, Regional Director, and Chief Information Officer are researching alternative methods of completing observed drug screening. This group will continue to meet for internal calls to discuss alternative methods as needed. The Program Director will collaborate with the Director of Facilities to schedule repairs for the deficient items listed in the survey results by June 23, 2023. The Program Director or delegate will complete quarterly health and safety inspections highlighting facility needs and schedule repairs as required.	06.23.23