STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL032-233	A. BUILDING: _____ B. WING _____	R-C 10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM TREATMENT CENTER	1913 LAMAR STREET DURHAM, NC 27705

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V 000	INITIAL COMMENTS A complaint and follow up survey was completed on October 12, 2023. The complaint was unsubstantiated (Intake #NC00207075). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment. This facility has a current census of 298. The survey sample consisted of audits of 14 current 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 record review and interviews, the facility failed to ensure a minimum of one certified drug abuse counselor or certified substance abuse counselor to each 50 clients. The findings are: Review on 10/12/23 of facility records revealed: -The facility had a census of 298 clients. -The facility had four full time substance abuse counselors. -Counselor #1 had a caseload of 72 clients. -Counselor #2 had a caseload of 56 clients. -Counselor #3 had a caseload of 85 clients. -Counselor #4 had a caseload of 72 clients. Interview on 10/12/23 with the Program Director revealed: -He started in the position May 2023. -They had 2 counselors in the process of being hired. -He confirmed the facility failed to ensure there was a ratio of one counselor to every 50 or less clients. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 235		
V 238	27G .3604 (E-K) Outpt. Opiod - Operations	V 238		

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V 238	Continued From page 2 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 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	V 238		

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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 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

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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 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

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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 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

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V 238	Continued From page 6 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 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.	V 238		

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V 238	Continued From page 7 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure counseling sessions were completed after a positive Urine Drug Screen (UDS) affecting three of fourteen audited current clients (#4, #6 and #14). The findings are: Review on 10/11/23 of Client #4's record revealed: -Admission date of 7/7/23. -Diagnosis of Opioid Use Disorder. - There were only 2 counseling sessions since admission to the program 10/3/23 and 10/10/23. Review on 10/11/23 of Client #6's record revealed: -Admission date of 6/4/18. -Diagnosis of Opioid Use Disorder. -Client received only 2 counseling sessions for 2023 on 2/13/23 and 4/11/23. Review on 10/11/23 of Client #14's record revealed: -Admission date of 6/23/23. -Diagnosis of Opioid Use Disorder. -Client tested positive each month for Urine Drug Screens. -Client received only one counseling session on 9/29/23 since admission to the program. Interview on 10/12/23 with the Program Director and Regional Clinicial Supervisor revealed: -Regional clinical supervisor supervises the counselors. -All counseling sessions were 30-minute sessions with a case note.	V 238		

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V 238	Continued From page 8 -There was a productivity report for each counselor. -They would run a requirement report on each counselor at least once a month. -Sent out patient list to each counselor without case notes at least once a week. -Counselors had access to running the report and recommended that they reviewed weekly. -Clients admitted after one year required once a month counseling session. -Clients admitted less than one year required twice a month counseling session. -Clients with repeated positive UDS would require individual and group sessions. -They would continue to run the reports for compliance. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 238		