	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
			A. BUILDING:		R 05/07/2024	
		MHL060-865	B. WING			
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
HARLO	TTE TREATMENT CE	INTER INC	LKINSON BLVI DTTE, NC 2820			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 000	INITIAL COMMEN	rs	V 000			
		,				
		sed for the following service C 27G .3600 Outpatient				
		urrent census of 285. The sisted of audits of 11 current used clients.				
V 109	27G .0203 Privilegi	ng/Training Professionals	V 109			
	QUALIFIED PROF ASSOCIATE PROF (a) There shall be					
	(b) Qualified profest professionals shall and abilities require	ssionals and associate professionals demonstrate knowledge, skills d by the population served. a competency-based				
	then qualified profe professionals shall	n is established by rulemaking ssionals and associate demonstrate competence. hall be demonstrated by	,			
	exhibiting core skill (1) technical know (2) cultural awaren	s including: ledge; iess;				
	 (3) analytical skills (4) decision-makin (5) interpersonal s (6) communication 	g; kills;				
	(7) clinical skills.(e) Qualified profesNCAC 27G .0104 (ssionals as specified in 10A 18)(a) are deemed to have				
		nts of the competency-based				

Division	of Health Service Re	egulation			FORM	APPROVED
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		MHL060-865	B. WING		R 05/07/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
CHARLO	OTTE TREATMENT CE	INTER INC	KINSON BLV			
			TTE, NC 2820		OPPECTION	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 109	Continued From pa	ige 1	V 109			
	MH/DD/SAS. (f) The governing k develop and implen for the initiation of a plan upon hiring ea (g) The associate p supervised by a qua population served f specified in Rule .0	n in the State Plan for body for each facility shall nent policies and procedures an individualized supervision ch associate professional. professional shall be alified professional with the or the period of time as 104 of this Subchapter.				
	Program Director fa knowledge, skills an population served. Review on 5/1/24 o personnel file revea -Hire date of 4/7/23 -Job title Program [views and interview, 1 of 1 ailed to demonstrate the nd abilities required by the The findings are: f the Program Director's aled:				
	and grievances (no -2/9/24 "The Director continuously interru session, rushing sta a meeting." -2/12/24 "The Director always been abrasi and Program Director	of the facility's incident reports names on report) revealed: or (Program Director) upted a client's counseling aff to end the session to attend ctor (Program Director) has ve to me as well. We (client tor) were arguing about this creaming and hollering at each				

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 05/07/2024	
		MHL060-865				
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
		3315 WI	KINSON BLV	D.		
	DTTE TREATMENT CE	CHARLO	OTTE, NC 2820	8		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 109	Continued From pa	ige 2	V 109			
	somewhere else. W lobby in front of ever for others to hear I -2/12/24 "When the present she is not k The PD always war way that puts them bullied from what I have shared." -3/15/24 "[Client] ca cashier informed he scheduled for a phy not given notice ab am, the female pro- "Take a seat in the when we can." [Client] given notice but the countered with, "Lik lobby and we will be have your medication physical." -4/8/24 "I have new way. Why would so [Counselor] and me klonopins in my sys was going to the do of my system. That didn't matter if it was our system. It was I getting scolded by a quitting and going s to get treated like a time she comes ou staff and patients. E anything because s dose." -4/12/24 Caller report take home doses w	bly going to leave and go Vhen she talks to me it is in the eryone and it is embarrassing owe money." a PD (Program Director) is kind to the patients (clients). Ints to talk over the patients in down. The patients are being have witnessed and what they ame in at 6:00 am and the er that she (client) was ysical at 6:30 am. [Client] was out a physical and around 6:16 gram director rudely shared, lobby and we will see you ent] explained that she was no e program director only ke I said, take a seat in the e with you when we can. If you on, you have time for a er been treated at a facility this prebody be so mean? a had been talking about stem. I told her (Counselor) I botor and getting klonopin out of her tone and I felt like I was a principal. I am probably somewhere else. I can't stand a second class citizen Every t of her office she is yelling at Everyone is afraid to say she threatens to take their ported that her pick days for her yould be changed because o work on Fridays. Caller said	5 t f			

		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
						R	
		MHL060-865	B. WING		05/	07/2024	
IAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST				
HARLO	TTE TREATMENT CE	INTER INC	KINSON BLVI TTE, NC 2820				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 109	Continued From pa	nge 3	V 109				
	she spoke to the Program Director to let her know the new pick up time would interfere with her job and the Program Director said, "That's not my problem." -4/19/24 Reporter wanted their grievance to go to another person in management other than the Program Director out of fear of retaliation.						
	revealed: -Asked to remain a retaliation. - "The clinic has go	4 with Anonymous Client #2 nonymous due to fear of ne downhill since they got new (Program Director) is running					
	revealed: -Asked to remain a retaliation. -"Most of the staff a	with Anonymous Client #5 nonymous due to fear of are respectful except the Director), I don't deal with her."					
	revealed: -Asked to remain a retaliation. -"I like the counseld management. It's th Seems to be a lot o management and o boarding I rememb counselor]." -"She (Program Dir	counselors. When I was on er feeling bad for [the rector) seems to always be er a question once and it					
	revealed:	4 with Anonymous Staff #5 nonymous due to fear of					

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	MHL060-865		B. WING		R 05/07/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
		3315 WIL	KINSON BLVI	D.		
CHARLO	TTE TREATMENT CE	CHARLO	TTE, NC 2820)8		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO		(X5) COMPLETI
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	DATE
V 109	Continued From pa	ge 4	V 109			
	retaliation.	0				
		the Program Director be rude				
		s have reported having issues				
		irector and the way she talked				
	to them.					
	-"The Program Director talks to people rudely and					
	deters people from the program."					
		with Anonymous Staff #6				
	revealed: -Asked to remain anonymous due to fear of					
	retaliation.					
	-Clients had reported feeling "bullied".					
	-The Program Director "talked down" to clients.					
	-"When she is mad with one person, she is mad					
	with everybody."					
	-Human Resources were aware of the ongoing					
	issues with the Pro	gram Director.				
	Interview on 5/3/24	with the Program Director				
	revealed:	5				
	-"There has been a	lot of resistance since I got				
	here."					
		to withhold dose (methadone),				
		I clients I would withhold their				
	dose." "Clients would not	do groups and wore yory				
	argumentative."	do groups and were very				
		communication issues."				
		open door policy that allows				
		with all of their concerns."				
V 235	27G .3603 (A-C) O	utpt. Opiod Tx Staff	V 235			
	10A NCAC 27G .36	03 STAFF				
		one certified drug abuse				
		ed substance abuse counselor				
		and increment thereof shall be				
		acility. If the facility falls below				
	ealth Service Regulation					

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		E SURVEY PLETED
ID FLAN OF CONNECTION	IDENTIFICATION NOWBER.	A. BUILDING:			
	MHL060-865	B. WING		R 05/07/2024	
AME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
HARLOTTE TREATMENT C	ENTER INC	LKINSON BLVD.			
	CHARLO	DTTE, NC 28208			
REFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 235 Continued From pa	age 5	V 235			
individual who is cer unavailability of cer hiring area, then it person, provided th certification require months from the da (b) Each facility sh member on duty tra (1) drug abus (2) symptom to drug addiction. (c) Each direct car continuing education the following: (1) nature of (2) the withd (3) group an (4) infectious	o, and is unable to employ an ertified because of the rtified persons in the facility's may employ an uncertified nat this employee meets the ements within a maximum of 2 ate of employment. nall have at least one staff ained in the following areas: se withdrawal symptoms; and s of secondary complications re staff member shall receive on to include understanding of addiction; rawal syndrome; d family therapy; and s diseases including HIV, d diseases and TB.				
Based on record re facility failed to ens drug abuse counse	et as evidenced by: eview and interviews, the sure a minimum of one certified elor or certified substance o each 50 clients. The findings				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL060-865	B. WING			R 07/2024
AME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
		3315 WI	LKINSON BLV			
HARLU	OTTE TREATMENT CE	CHARL	OTTE, NC 2820	8		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 235	Continued From pa	age 6	V 235			
	Interview on 4/30/2 -"I have about 90 p - The facility was sh -Individual sessions constraints. -She and the other over 50 for three m -"I may not get to h with each client due trying to do intakes Interview on 4/30/2 -Had 95 clients on I -"We are short staff see clients individual Interview on 4/30/2 -"We have more pa our caseload becau another counselor I -Had caseload of 8 Interview on 5/3/24 revealed: -She was aware that high caseload. -She was aware can than 50 clients per -"We are short staff interviewing for ano -"I reach out to HR temporary staff or out	4 with Counselor #1 revealed' atients that I see monthly." fort staffed. s were cut short due to time counselors had a caseload onths. ave a full 30 minute session e to the high caseload and ." 4 with Counselor #2 revealed: her caseload. fed, I do intakes, groups, and ally." 4 with Counselor #3 revealed: her caseload. fed, I do intakes, groups, and ally." 4 with Counselor #3 revealed: hired." 0 clients. with the Program Director at the counselors had a very seloads were to be no more counselor. fed. We have been				