

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-865	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/07/2024
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NAME OF PROVIDER OR SUPPLIER CHARLOTTE TREATMENT CENTER, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 3315 WILKINSON BLVD. CHARLOTTE, NC 28208
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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed May 7, 2024. The complaint was substantiated (intake #NC00214788). 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 285. The survey sample consisted of audits of 11 current clients and 3 deceased clients.	V 000		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based	V 109		

RECEIVED

JUN 07 2024

DHSR-MH Licensure Sect

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

TITLE

(X6) DATE

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V 109	<p>Continued From page 1</p> <p>employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, 1 of 1 Program Director failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 5/1/24 of the Program Director's personnel file revealed: -Hire date of 4/7/23. -Job title Program Director. -Job description for the Program Director signed and dated 3/1/24.</p> <p>Review on 4/30/24 of the facility's incident reports and grievances (no names on report) revealed: -2/9/24 "The Director (Program Director) continuously interrupted a client's counseling session, rushing staff to end the session to attend a meeting." -2/12/24 "The Director (Program Director) has always been abrasive to me as well. We (client and Program Director) were arguing about this money...we were screaming and hollering at each</p>	V 109		
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V 109	<p>Continued From page 2</p> <p>other... I am probably going to leave and go somewhere else. When she talks to me it is in the lobby in front of everyone and it is embarrassing for others to hear I owe money."</p> <p>-2/12/24 "When the PD (Program Director) is present she is not kind to the patients (clients). The PD always wants to talk over the patients in way that puts them down. The patients are being bullied from what I have witnessed and what they have shared."</p> <p>-3/15/24 "[Client] came in at 6:00 am and the cashier informed her that she (client) was scheduled for a physical at 6:30 am. [Client] was not given notice about a physical and around 6:15 am, the female program director rudely shared, "Take a seat in the lobby and we will see you when we can." [Client] explained that she was not given notice but the program director only countered with, "Like I said, take a seat in the lobby and we will be with you when we can. If you have your medication, you have time for a physical."</p> <p>-4/8/24 "I have never been treated at a facility this way. Why would somebody be so mean? [Counselor] and me had been talking about klonopins in my system. I told her (Counselor) I was going to the doctor and getting klonopin out of my system. That lady (Program Director) said it didn't matter if it was getting pot or klonopin out of our system. It was her tone and I felt like I was getting scolded by a principal. I am probably quitting and going somewhere else. I can't stand to get treated like a second class citizen... Every time she comes out of her office she is yelling at staff and patients. Everyone is afraid to say anything because she threatens to take their dose."</p> <p>-4/12/24 Caller reported that her pick days for her take home doses would be changed because staff did not want to work on Fridays. Caller said</p>	V 109		
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V 109	<p>Continued From page 3</p> <p>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."</p> <p>-4/19/24 Reporter wanted their grievance to go to another person in management other than the Program Director out of fear of retaliation.</p> <p>Interview on 4/30/24 with Anonymous Client #2 revealed: -Asked to remain anonymous due to fear of retaliation. - "The clinic has gone downhill since they got new management. She (Program Director) is running the good staff off."</p> <p>Interview on 5/1/24 with Anonymous Client #5 revealed: -Asked to remain anonymous due to fear of retaliation. -"Most of the staff are respectful except the director (Program Director), I don't deal with her."</p> <p>Interview on 5/3/24 with Anonymous Client #9 revealed: -Asked to remain anonymous due to fear of retaliation. -"I like the counselors, but there was a change in management. It's the director (Program Director). Seems to be a lot of tension between management and counselors. When I was on boarding I remember feeling bad for [the counselor]." -"She (Program Director) seems to always be irritated. I asked her a question once and it seemed to upset her."</p> <p>Interview on 4/30/24 with Anonymous Staff #5 revealed: -Asked to remain anonymous due to fear of</p>	V 109		
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V 109 Continued From page 4

retaliation.

- Had not witnessed the Program Director be rude to clients, but clients have reported having issues with the Program Director and the way she talked to them.
- "The Program Director talks to people rudely and deters people from the program."

Interview on 5/3/24 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 Program Director.

Interview on 5/3/24 with the Program Director revealed:

- "There has been a lot of resistance since I got here."
- "I did not threaten to withhold dose (methadone), a staff member told clients I would withhold their dose."
- "Clients would not do groups and were very argumentative."
- "There have been communication issues."
- "I have created an open door policy that allows staff to come to me with all of their concerns."

V 109

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

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V 235	<p>Continued From page 5</p> <p>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> <p>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:</p> <p>Review on 4/30/24 of the facility's staff and client census list dated 4/30/24 revealed: -There were 285 clients. -There were 3 counselors.</p>	V 235		
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V 235	<p>Continued From page 6</p> <p>Interview on 4/30/24 with Counselor #1 revealed" -"I have about 90 patients that I see monthly." -The facility was short staffed. -Individual sessions were cut short due to time constraints. -She and the other counselors had a caseload over 50 for three months. -"I may not get to have a full 30 minute session with each client due to the high caseload and trying to do intakes."</p> <p>Interview on 4/30/24 with Counselor #2 revealed: -Had 95 clients on her caseload. -"We are short staffed, I do intakes, groups, and see clients individually."</p> <p>Interview on 4/30/24 with Counselor #3 revealed: -"We have more patients (clients) than usual on our caseload because it's been hard to get another counselor hired." -Had caseload of 80 clients.</p> <p>Interview on 5/3/24 with the Program Director revealed: -She was aware that the counselors had a very high caseload. -She was aware caseloads were to be no more than 50 clients per counselor. -"We are short staffed. We have been interviewing for another counselor." -"I reach out to HR (human resources) to bring in temporary staff or contracted when they (counselors) need it, that's all I can do."</p>	V 235		
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Compliance Corrective Action Plan

CLINIC NAME: Charlotte Treatment Center
 RESPONSE TO: Division of Health Service Regulation
 Date of Audit/Review: 5/7/24
 Due: 6/3/24

This Corrective Action Plan should be used when documenting actions necessary to correct deficiencies identified by external parties. The document is not deemed final until all noted findings/observations have been corrected and all required reviews and signatures have been received.

By signing below you acknowledge the findings/observations below and understand that the Compliance Team may conduct a random follow-up audit to confirm the corrections are adhered to.

Regulatory Reference	Issue/Deficiency	Corrective Actions	Responsible Business Owner	Start Date	End Date	Comments
<p>V 109 27G .0203 Privileging/Training Professionals</p>	<p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileges requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and</p>	<p>The Regional Director, [REDACTED] will monitor for completion and understanding the following: 2) The Program Director is under direct supervision externally with [REDACTED] MA, QMHP, LCMHCS, LCAS, CCS as of 11/16/2023 See attachment letter See Document Supervision letters The Program Director was under direct supervision internally by [REDACTED] LCAS, CCS See attachment letter Internal Supervision with Area Clinical Supervisor [REDACTED] will continue.</p>		<p>11/16/2023</p> <p>10/24/24</p>	<p>To date</p> <p>02/14/24</p>	

	<p>(7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 1 Program Director failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are: Review on 5/1/24 of the Program Director's personnel file revealed: -Hire date of 4/7/23. -Job title Program Director. -Job description for the Program Director signed and dated 3/1/24. Review on 4/30/24 of the facility's incident reports and grievances (no names on report) revealed: -2/9/24 "The Director (Program Director) continuously interrupted a client's counseling session, rushing staff to end the session to attend a meeting." -2/12/24 "The Director (Program Director) has always been abrasive to me as well. We (client and Program Director) were arguing about this</p>	<p>The Program Director, [REDACTED] will complete a course in Effective Communication for Supervisors via our online learning management system which consists of an exam at the end of each course to ensure competency. The Regional Director [REDACTED] will ensure the course is completed by the assigned due date.</p>	<p>Program Director Regional Director</p>	<p>05/31/24</p>	<p>06/14/24</p>	
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	<p>money...we were screaming and hollering at each other... I am probably going to leave and go somewhere else</p> <p>When she talks to me it is in the lobby in front of everyone and it is embarrassing for others to hear I owe money."</p> <p>-2/12/24 "When the PD (Program Director) is present she is not kind to the patients (clients). The PD always wants to talk over the patients in a way that puts them down. The patients are being bullied from what I have witnessed and what they have shared."</p> <p>-3/15/24 "[Client] came in at 6:00 am and the cashier informed her that she (client) was scheduled for a physical at 6:30 am. [Client] was not given notice about a physical and around 6:15 am, the female program director rudely shared, "Take a seat in the lobby and we will see you when we can." [Client] explained that she was not given notice but the program director only countered with, "Like I said, take a seat in the lobby and we will be with you when we can. If you have your medication, you have time for a physical."</p> <p>-4/8/24 "I have never been treated at a facility this way. Why would somebody be so mean? [Counselor] and I had been talking about klonopins in my system. I told her (Counselor) I was going to the doctor and getting klonopin out of my system. That lady (Program Director) said it didn't matter if it was getting pot or klonopin out of our system. It was her tone and I felt like I was getting scolded by a principal. I am probably quitting and going</p>	<p>The Program Director, [REDACTED] will complete a course in Influence of Culture on Care in Behavioral Health for Paraprofessionals via our online learning management system which consists of an exam at the end of each course to ensure competency. The Regional Director, [REDACTED] will ensure the course is completed by the assigned due date.</p>	<p>Program Director, Regional Diretor</p>	<p>05/31/24</p>	<p>06/14/24</p>	
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	<p>somewhere else. I can't stand to get treated like a second class citizen... Every time she comes out of her office she is yelling at staff and patients. Everyone is afraid to say anything because she threatens to take their dose."</p> <p>-4/12/24 Caller reported that her pick days for her take home doses would be changed because staff did not want to work on Fridays. Caller said 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."</p> <p>-4/19/24 Reporter wanted their grievance to go to another person in management other than the Program Director out of fear of retaliation.</p> <p>Interview on 4/30/24 with Anonymous Client #2 revealed:</p> <p>-Asked to remain anonymous due to fear of retaliation.</p> <p>- "The clinic has gone downhill since they got new management. She (Program Director) is running the good staff off."</p> <p>Interview on 5/1/24 with Anonymous Client #5 revealed:</p> <p>-Asked to remain anonymous due to fear of retaliation.</p> <p>-"Most of the staff are respectful except the director (Program Director), I don't deal with her."</p> <p>Interview on 5/3/24 with Anonymous Client #9 revealed:</p> <p>-Asked to remain anonymous due to fear of retaliation.</p> <p>-"I like the counselors, but there was a change in management. It's the director (Program Director). Seems to be a lot of tension between</p>	<p>The Program Director, [REDACTED] will complete a course in Employee Wellness: Emotional Awareness via our online learning management system which consists of an exam at the end of each course to ensure competency. The Regional Director, [REDACTED]</p>	<p>Regional Director Clinical Supervisor</p>	<p>05/31/24</p>	<p>06/14/24</p>	
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	<p>management and counselors. When I was on boarding I remember feeling bad for [the counselor]."</p>	<p>will ensure the course is completed by the assigned due date.</p>				
	<p>- "She (Program Director) seems to always be irritated. I asked her a question once and it seemed to upset her." Interview on 4/30/24 with Anonymous Staff #5 revealed: - Asked to remain anonymous due to fear of retaliation. - Had not witnessed the Program Director be rude to clients, but clients have reported having issues with the Program Director and the way she talked to them. - "The Program Director talks to people rudely and deters people from the program." Interview on 5/3/24 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 Program Director. Interview on 5/3/24 with the Program Director revealed: - "There has been a lot of resistance since I got here." - "I did not threaten to withhold dose (methadone), a staff member told clients I would withhold their dose." - "Clients would not do groups and were very argumentative." - "There have been communication issues."</p>					

	<p>"I have created an open door policy that allows staff to come to me with all of their concerns."</p>					
<p>V 235 27G .3603 (A-C) Outpt. Opioid Tx. - Staff</p>	<p>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, 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 4/30/24 of the facility's staff and client census list dated 4/30/24 revealed:</p>	<p>The Program Director, [REDACTED] [REDACTED] will continue to work with talent acquisition as it relates to staffing at appropriate ratios. Clinicians are being offered a \$2,500.00 sign on bonus. The Program Director will monitor counselor caseloads weekly to ensure that counselor caseloads do not exceed 50 patients per counselor. The PD will immediately begin recruiting efforts as soon as any counselor submits a resignation. This will be monitored moving forward via the Regional Director, [REDACTED] LCAS-A hired as of 5/29/24 and in background. Staffing agencies being identified and interviews slated weekly.</p>	<p>Program Director, Regional Director, Talent Acquisition</p>	<p>5/29/24</p>	<p>in process</p>	<p>All open positions are posted internally and on recruitment websites with aggressive recruitment Current vacancies:2</p>

	<p>-There were 285 clients. -There were 3 counselors.</p>	<p>2 Additional clinicians are being sourced and once achieved the 50/1 ratio will be met.</p>				
	<p>Interview on 4/30/24 with Counselor #1 revealed" -"I have about 90 patients that I see monthly." -The facility was short staffed. -Individual sessions were cut short due to time constraints. -She and the other counselors had a caseload over 50 for three months. -"I may not get to have a full 30 minute session with each client due to the high caseload and trying to do intakes." Interview on 4/30/24 with Counselor #2 revealed: -Had 95 clients on her caseload. -"We are short staffed, I do intakes, groups, and see clients individually." Interview on 4/30/24 with Counselor #3 revealed: -"We have more patients (clients) than usual on our caseload because it's been hard to get another counselor hired." -Had caseload of 80 clients. Interview on 5/3/24 with the Program Director revealed: -She was aware that the counselors had a very high caseload. -She was aware caseloads were to be no more than 50 clients per counselor. -"We are short staffed. We have been interviewing for another counselor." -"I reach out to HR (human resources) to bring in temporary staff or contracted when they (counselors) need it, that's all I can do."</p>	<p>The Program Director, [REDACTED] will monitor counselor caseloads weekly to ensure that counselor caseloads do not exceed 50 patients per counselor. The Program Director will immediately re-assign case loads to correctly reflect the State guidelines of 50:1 as New Hires complete onboarding. The PD will immediately begin recruiting efforts as soon as any counselor submits a resignation. Hiring is in progress. This will be monitored moving forward in the Regional Director, [REDACTED]</p>	<p>Program Director Regional Director</p>	<p>5/29/24</p>	<p>in process</p>	

