

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2024
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NAME OF PROVIDER OR SUPPLIER HICKORY METRO TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1152 LENOIR RHYNE BOULEVARD SE HICKORY, NC 28601
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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
V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on September 23, 2024. The complaint was unsubstantiated (intake #NC00219603). A deficiency was 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 440. The survey sample consisted of audits of 20 current clients.</p>	V 000		
V 235	<p>.3603 (A-C) Outpt. Opiod Tx. - Staff</p> <p>10A NCAC 27G .3603. OUTPATIENT OPIOD TREATMENT. 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: (1) drug abuse withdrawal symptoms; and (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: (1) nature of addiction; (2) the withdrawal syndrome; (3) group and family therapy; and</p>	V 235		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 235	<p>Continued From page 1</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 have a minimum of one certified drug abuse counselor or certified substance abuse counselor to each 50 clients. The findings are:</p> <p>Review on 9/4/24 of the facility's staff and client census revealed: -There were 441 clients enrolled in the program. -There were 5 counselors.</p> <p>Interview on 9/10/24 with Counselor #3 revealed: -Employed for two years. -He had 98 clients on his caseload. -The facility is short staffed. -"I try to see everyone (clients) at least once a month, but most times I see them twice a month."</p> <p>Interview on 9/10/24 with Counselor #4 revealed: -employed for one year. -She had about 113 clients on her caseload. -She was aware that she was not supposed to have more than 50 clients on her caseload. -"My days are busy, but I get to see every active client twice a month." -"We are down a counselor."</p> <p>Interview on 9/4/24 with the Program Director revealed: -There was a staff shortage. -He was actively doing interviews for another counselor. -He had contracted some peer support staff to help take care of the needs of the clients.</p>	V 235		

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V 235	Continued From page 2 Interview on 9/20/24 with the Regional Director revealed: -Was aware of the staff shortage. -"It's been hard to keep people in that position." -He was helping the Program Director do job interviews to fill the counselor position.	V 235		