## **Compliance Corrective Action Plan**

CLINIC NAME: Hickory Metro Treatment Center
RESPONSE TO: Annual and Complaint survey completed September 23, 2024
Hickory Metro Treatment Center, 1152 Lenoir Rhyne Boulevard S.E., Hickory, NC, 28601
MHL # 018-091

Date of Audit/Review: September 23, 2024.

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
V 235 .3603 (A-C) Outpt. Opiod Tx Staff	10A NCAC 27G .3603. OUTPATIENT OPIOD TREATMENT. 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.	Program Director, in conjunction with Regional Director and company Talent Acquisition Department, will continue to seek, hire, and train qualified counselors in order to obtain a patient to counselor ratio of 50 to 1.	Program Director; tegional Director; Director of Talent Acquisitions	10/15/2024	ongoing	

Business Owner Name		Date: 10 -15 - 2024
Business Owner Signature:		