STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			D 14/11/0		R	
		MHL064-089	B. WING		01/09	9/2025
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ROCKY	MOUNT TREATMENT	CENTER	JLON COURT MOUNT, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	on 1/9/25. A deficie	w up survey was completed ncy was cited.				
		C 27G .3600 Outpatient				
		urrent census of 284. The sisted of audits of 13 current r client.				
V 234	27G .3602 Outpt. C	piod Tx Definitions	V 234			
	27G .3602 Outpt. Opiod Tx Definitions 10A NCAC 27G .3602 DEFINITIONS In addition to terms defined in G.S. 122C-3 and Rule .0103 of this Subchapter, the following definitions shall also apply: (1) "Capacity management system" is a computerized database, maintained at the Office of the North Carolina State Authority for governing treatment of opioid addiction with an opioid drug, which ensures timely notification of the State whenever a program reaches 90 percent of its capacity to treat intravenous drug users, and to make any excess treatment capacity available. The requirement to have a capacity management system in 45 C.F.R. Part 96.126(a), the Substance Abuse Prevention and Treatment Block Grant, is incorporated by reference and includes all subsequent amendments and editions and may be obtained from the Substance Abuse Services Section of DMH/DD/SAS. The computerized system shall ensure that a continuous updated record of all such reports is maintained and that excess capacity information shall be available to all other programs. (2) "Central registry" is a computerized					

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY		
		MHL064	I-089	B. WING			R 09/2025
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
I ROCKY MOUNT TREATMENT CENTER		LON COURT					
(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 C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 234	North Carolina Stat treatment of opioid The purpose of the multiple methadone enrollments; thereb methadone diversion (3) "Waiting I component of the component is maintain waiting list manage capacity shall include for each intravenout treatment, the date requested, and the removed from the component system 96.126(c) is incorposited includes subsequent the Substance Abust DMH/DD/SAS. (4) "Methado referred to as methanalgesic with multissimilar to those of modern of the component of the compone	e Authority for addiction with database is to treatment proy lessening the property lessening of the database of t	an opioid drug. o prevent ogram le possibility of e. ent system" is a gement system reatment required for the ent of the atient identifier leeking int was le waiting list at in 45 CFR rence and as and editions of le obtained from lection of lide" (hereafter enthetic narcotic lantitatively st prominent of lis system and scle. The alue or analgesia remporary in The le, although orphine differs in lee more le less severe. In oved for use in cations approved tion for use in	V 234			

6899

Division of Health Service Regulation STATE FORM

OENR11 If continuation sheet 2 of 7

NAME OF PROVIDER OR SUPPLIER ROCKY MOUNT TREATMENT CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 104 ZEBULON COURT ROCKY MOUNT, NC 27804 (X4) ID PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 234 Continued From page 2 medical uses under the North Carolina Controlled REQUIRED STREET ADDRESS, CITY, STATE, ZIP CODE 104 ZEBULON COURT ROCKY MOUNT, NC 27804 ID PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 234 V 234	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE ((X3) DATE SURVEY COMPLETED			
NAME OF PROVIDER OR SUPPLIER ROCKY MOUNT TREATMENT CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 104 ZEBULON COURT ROCKY MOUNT, NC 27804 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 234 Continued From page 2 medical uses under the North Carolina Controlled B. WING DEFICIENCY STREET ADDRESS, CITY, STATE, ZIP CODE 104 ZEBULON COURT ROCKY MOUNT, NC 27804 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE DEFICIENCY) V 234 Continued From page 2 medical uses under the North Carolina Controlled			A. BUILDING:		R		
ROCKY MOUNT TREATMENT CENTER 104 ZEBULON COURT ROCKY MOUNT, NC 27804 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 234 Continued From page 2 Medical uses under the North Carolina Controlled			MHL064-089				
ROCKY MOUNT TREATMENT CENTER ROCKY MOUNT, NC 27804 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 234 Continued From page 2 medical uses under the North Carolina Controlled	NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	ATE, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 234 Continued From page 2 medical uses under the North Carolina Controlled (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE DEFICIENCY) V 234	I ROCKY MOUNT TREATMENT CENTER				804		
medical uses under the North Carolina Controlled	PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	_D BE	(X5) COMPLETE DATE
Substances Act. (6) "Program compliance for purposes of take-home eligibility" is determined by: (a) absence of recent drug abuse; (b) clinic attendance; (c) absence of behavioral problems at the clinic; (d) stability of the patient 's home environment and social relationships; (e) length of time in comprehensive maintenance treatment; (f) assurance that take-home medication can be safely stored within the patient's home; and (g) evidence the rehabilitative benefit the patient derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion. (7) "Recent drug abuse for purposes of determining program compliance" is established by evidence of the misuse of either opioids, methadone, cocaine, barbiturates, amphetamines, delta-9-tetrahydrocannabinol (hereafter referred to as THC), benzodiazepines or alcohol documented in the results of two random drug tests conducted within the same 90-day period of continuous treatment. (8) "Counseling session in Outpatient Opioid Treatment" is a face-to-face or group discussion of issues related to and of progress toward a client's treatment goals that is conducted by a person as specified in Rule .3603, Paragraph (a) of this Section.	V 234	medical uses unde Substances Act. (6) "Program take-home eligibility (a) absence (b) clinic atter (c) absence (clinic; (d) stability of environment and soft (e) length of maintenance treatm (f) assurance can be safely store and (g) evidence patient derived from clinic attendance of diversion. (7) "Recent of determining program by evidence of the methadone, cocain amphetamines, define (hereafter referred or alcohol document andom drug tests 90-day period of cot (8) "Counsell Opioid Treatment" discussion of issue toward a client 's tree conducted by a period of a period a client 's tree conducted by a period of	r the North Carolina Controlled compliance for purposes of y" is determined by: of recent drug abuse; endance; of behavioral problems at the f the patient 's home ocial relationships; time in comprehensive nent; e that take-home medication d within the patient's home; the rehabilitative benefit the n decreasing the frequency of utweighs the potential risks of drug abuse for purposes of m compliance" is established misuse of either opioids, ne, barbiturates, lta-9-tetrahydrocannabinol to as THC), benzodiazepines nted in the results of two conducted within the same ontinuous treatment. ing session in Outpatient is a face-to-face or group as related to and of progress reatment goals that is rson as specified in Rule a) of this Section.	V 234			

Division of Health Service Regulation

STATE FORM 6899 OENR11 If continuation sheet 3 of 7

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: COMPL	(X3) DATE SURVEY COMPLETED	
A. BUILDING:		
MHL064-089 B. WING 01/09	09/2025	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
ROCKY MOUNT TREATMENT CENTER 104 ZEBULON COURT ROCKY MOUNT, NC 27804		
(X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
V 234 Continued From page 3 Based on record review and interview, the facility failed to ensure counseling sessions discussed issues related to and of progress toward clients' treatment goals affecting 5 of 14 audited clients (#396, #1104, #1108, #1407 & #1471). The findings are: A. Review on 1/9/25 of client #396's record revealed: - Admitted: 8/28/24 - Diagnosis: Opioid Use Disorder, severe - Treatment plan dated 10/24/24 revealed: "stabilize dose and recovery" - Drug screen revealed: - 12/12/24 positive for benzodiazepines, opiates, marijuana, and fentanyl - No counseling session to address the positive urine drug screen on 12/12/24 B. Review on 1/9/25 of client #1104's record revealed: - Admitted: 1/10/22 - Diagnoses: Attention-Deficit/Hyperactivity Disorder (ADHD), Opioid Use Disorder Severe, Stimulant Use Disorder - Cocaine Moderate, Cannabis Use Disorder - Cocaine Moderate, Cannabis Use Disorder Roderate & Hepatitis C - Treatment plan dated 5/7/24 revealed: Maintain sobriety - Drug screen revealed: - 9/13/24 positive for meth, opiates, cocaine and fentanyl - 10/21/24 positive for meth, opiates, cocaine and fentanyl - 11/27/24 positive for meth, cocaine, opiates and fentanyl - 12/24/24 positive for meth, cocaine, opiates and fentanyl - No counseling sessions to address the positive urine drug screens		

Division of Health Service Regulation

STATE FORM 6899 OENR11 If continuation sheet 4 of 7

CTATEMENT OF DEFICIENCIES (VA) DROVIDED/CURRILED/CUA			(VO) MULTIPL	E CONOTRILOTION	LOVON DATE	OLIDVEN.
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
					F	
		MHL064-089	B. WING		01/0	9/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE		
		104 ZEBI	ULON COUR	Г		
ROCKY	MOUNT TREATMENT	CENTER	MOUNT, NC			
(VA) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	ON	(VE)
(X4) ID PREFIX	_	/ MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
				DEFICIENCY)		
V 234	Continued From page 4		V 234			
	C. Review on 1/9/2	5 of client #1108's record				
	revealed:					
	- Admitted: 7/24/	24				
		ioid Use Disorder, Stimulant				
		ine Use Moderate, Cannabis				
		r Depressive Disorder				
		t, ADHD & Tobacco Use				
	Disorder	1.1.1.7/04/04				
		dated 7/24/24 revealed: "to				
	be sober" - Drug screen re	voolod:				
		sitive for meth, cocaine,				
	opiates, marijuana					
		ositive for meth, opiates,				
	marijuana and fenta					
		ositive for meth, cocaine,				
	opiates, marijuana	and fentanyl				
		sessions to address the				
	positive urine drug	screens				
	Into miles se 4/0/05	-1:				
		client #1108 reported:				
		ent at the facility for 6 years was her counselor				
		ug screens that were positive				
		poke to her about the positive				
	drug screens	pond to her about the positive				
	g					
	D. Review on 1/9/29 revealed:	5 of client #1407's record				
	revealed: - Admitted: 1/26/	723				
		ioid Use Disorder, Tobacco				
		Alcohol Use Disorder -				
	sustained remission					
		dated 12/6/24 revealed: "to				
	be sober and health					
	- Drug screens re	•				
		sitive for opiates and fentanyl				
		sitive for opiates and fentanyl				
		sitive for opiates and fentanyl				
		sessions to address the				

Division of Health Service Regulation

STATE FORM 6899 OENR11 If continuation sheet 5 of 7

Division of Health Service Regulation								
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
,			A. BUILDING:					
		MHL06	24.000	B. WING		04/0	₹ 1 9/2025	
		WITLU	04-009			01/0	3/2023	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ROCKY	MOUNT TREATMENT	CENTER		LON COURT				
	ROCKY			IOUNT, NC 2	27804			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
V 234	Continued From page 5		V 234					
	positive urine drug	screens						
	- 11/5/24 pos	1/23 bid Use Diso dated 12/21 evealed: tive for fenta sitive for opia sitive for opia session to ac	rder Severe /23 revealed: nyl ates and fentanyl ates and fentanyl ates and fentanyl					
	Interview on 1/9/25 - Had been comi approximately a yea - Counselor #1 w loved her - She met with coneeded but did hav month - Had worked withousing, food stam - Received drug twice, a month - Drug screens w months ago	ng to the factors yas her counce punselor #1 e sessions a th counselor ps, and a ph screens onc	selor and she whenever she it least once a #1 to secure one e, and sometimes					
	 Counselors we that had positive dr 	ated in randore supposed ug screens her clients a h them (clier	om drug screens to counsel clients about their positive nts) downstairs					

Division of Health Service Regulation

STATE FORM 6899 OENR11 If continuation sheet 6 of 7

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL064-089	B. WING		R 9/2025	
	PROVIDER OR SUPPLIER MOUNT TREATMENT	CENTER 104 ZEBU	DRESS, CITY, S LON COURT OUNT, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 234	- She felt she ne notes" - She didn't docu about their positive a lot of the clients' t documented it yet - Was supposed within 7 days of me - Recently spoke documentation Interview on 1/9/25 reported: - Clients had at less screening a month - Counselors we with positive drug sof obtaining the lab - Counselors we what they talked to case notes - Was just inform have any document positive drug screening and counselors were any document positive d	eded to "do better with my ment speaking with the clients drug screens because she did reatment plans and hadn't to complete documentation eting with the client with her supervisor about her the Program Director east one random drug re supposed to counsel clients creens within 24 to 48 hours results re supposed to document the clients about in the clients' ned that some clients didn't tation of counseling for ns f that if you didn't document it, stitutes a re-cited deficiency	V 234			

6899

Division of Health Service Regulation STATE FORM