

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL064-089</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/09/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROCKY MOUNT TREATMENT CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>104 ZEBULON COURT</b> <b>ROCKY MOUNT, NC 27804</b>		
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V 000	<b>INITIAL COMMENTS</b>  An annual and follow up survey was completed on 1/9/25. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.  This facility has a current census of 284. The survey sample consisted of audits of 13 current clients and 1 former client.	V 000		
V 234	<b>27G .3602 Outpt. Opiod Tx. - Definitions</b>  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 patient database, maintained at the Office of the	V 234		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 234	<p>Continued From page 1</p> <p>North Carolina State Authority for governing treatment of opioid addiction with an opioid drug. The purpose of the database is to prevent multiple methadone treatment program enrollments; thereby lessening the possibility of methadone diversion for illicit use.</p> <p>(3) "Waiting list management system" is a component of the capacity management system whereby systematic reporting of treatment demand is maintained. The data required for the waiting list management component of the capacity shall include a unique patient identifier for each intravenous drug user seeking treatment, the date initial treatment was requested, and the date the drug user was removed from the waiting list. The waiting list management system requirement in 45 CFR 96.126(c) is incorporated by reference and includes subsequent amendments and editions of the referenced material. It may be obtained from the Substance Abuse Services Section of DMH/DD/SAS.</p> <p>(4) "Methadone hydrochloride" (hereafter referred to as methadone) is a synthetic narcotic analgesic with multiple actions quantitatively similar to those of morphine, most prominent of which involves the central nervous system and organs composed of smooth muscle. The principal actions of therapeutic value or analgesia and sedation are detoxification or temporary maintenance in narcotic addiction. The methadone abstinence syndrome, although quantitatively similar to that of morphine differs in that the onset is slower, the course more prolonged, and the symptoms are less severe.</p> <p>(5) "Other medications approved for use in opioid treatment" are those medications approved by the Food and Drug Administration for use in opioid treatment and also approved for accepted</p>	V 234		

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V 234	<p>Continued From page 2</p> <p>medical uses under the North Carolina Controlled Substances Act.</p> <p>(6) "Program compliance for purposes of take-home eligibility" is determined by:</p> <p>(a) absence of recent drug abuse;</p> <p>(b) clinic attendance;</p> <p>(c) absence of behavioral problems at the clinic;</p> <p>(d) stability of the patient ' s home environment and social relationships;</p> <p>(e) length of time in comprehensive maintenance treatment;</p> <p>(f) assurance that take-home medication can be safely stored within the patient's home; and</p> <p>(g) evidence the rehabilitative benefit the patient derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion.</p> <p>(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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by:</p>	V 234		

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V 234	<p>Continued From page 3</p> <p>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 &amp; #1471). The findings are:</p> <p>A. Review on 1/9/25 of client #396's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 8/28/24</li> <li>- Diagnosis: Opioid Use Disorder, severe</li> <li>- Treatment plan dated 10/24/24 revealed: "stabilize dose and recovery..."</li> <li>- Drug screen revealed: <ul style="list-style-type: none"> <li>- 12/12/24 positive for benzodiazepines, opiates, marijuana, and fentanyl</li> </ul> </li> <li>- No counseling session to address the positive urine drug screen on 12/12/24</li> </ul> <p>B. Review on 1/9/25 of client #1104's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 1/10/22</li> <li>- Diagnoses: Attention-Deficit/Hyperactivity Disorder (ADHD), Opioid Use Disorder Severe, Stimulant Use Disorder - Cocaine Moderate, Cannabis Use Disorder Moderate &amp; Hepatitis C</li> <li>- Treatment plan dated 5/7/24 revealed: Maintain sobriety</li> <li>- Drug screen revealed: <ul style="list-style-type: none"> <li>- 9/13/24 positive for methamphetamine (meth), cocaine and fentanyl</li> <li>- 10/21/24 positive for meth, opiates, cocaine and fentanyl</li> <li>- 11/27/24 positive for meth, amphetamine, cocaine, opiates and fentanyl</li> <li>- 12/24/24 positive for meth, cocaine, opiates and fentanyl</li> </ul> </li> <li>- No counseling sessions to address the positive urine drug screens</li> </ul>	V 234	<p>The counseling team was re-educated on the importance of discussing urine drug screen results during client counseling sessions. To ensure this occurrence does not happen again the staff will include the discussion of urine drug screens results in their monthly client chart auditing process as a means of monitoring the effectiveness of the re-education. The Program Director and Regional Director are responsible for ensure that client chart audit results are corrected. If a trend in this area is indicated as a result of a monthly client chart audit additional education/ training will be completed. The Program Director and Regional Director will make the determination if additional support is needed.</p>	

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V 234	<p>Continued From page 4</p> <p>C. Review on 1/9/25 of client #1108's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 7/24/24</li> <li>- Diagnoses: Opioid Use Disorder, Stimulant Use Disorder Cocaine Use Moderate, Cannabis Use Disorder, Major Depressive Disorder Moderate-recurrent, ADHD &amp; Tobacco Use Disorder</li> <li>- Treatment plan dated 7/24/24 revealed: "to be sober..."</li> <li>- Drug screen revealed: <ul style="list-style-type: none"> <li>- 10/3/24 positive for meth, cocaine, opiates, marijuana and fentanyl</li> <li>- 11/19/24 positive for meth, opiates, marijuana and fentanyl</li> <li>- 12/31/24 positive for meth, cocaine, opiates, marijuana and fentanyl</li> </ul> </li> <li>- No counseling sessions to address the positive urine drug screens</li> </ul> <p>Interview on 1/9/25 client #1108 reported:</p> <ul style="list-style-type: none"> <li>- Been in treatment at the facility for 6 years</li> <li>- Counselor #1 was her counselor</li> <li>- Had random drug screens that were positive</li> <li>- Counselor #1 spoke to her about the positive drug screens</li> </ul> <p>D. Review on 1/9/25 of client #1407's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 1/26/23</li> <li>- Diagnoses: Opioid Use Disorder, Tobacco Use Disorder, and Alcohol Use Disorder - sustained remission</li> <li>- Treatment plan dated 12/6/24 revealed: "to be sober and healthy"</li> <li>- Drug screens revealed: <ul style="list-style-type: none"> <li>- 10/9/24 positive for opiates and fentanyl</li> <li>- 11/5/24 positive for opiates and fentanyl</li> <li>- 12/2/24 positive for opiates and fentanyl</li> </ul> </li> <li>- No counseling sessions to address the</li> </ul>	V 234			

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V 234	<p>Continued From page 5</p> <p>positive urine drug screens</p> <p>E. Review on 1/9/25 of client #1471's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 12/21/23</li> <li>- Diagnosis: Opioid Use Disorder Severe</li> <li>- Treatment plan dated 12/21/23 revealed: "...get off drugs"</li> <li>- Drug screens revealed: <ul style="list-style-type: none"> <li>- 9/9/24 positive for fentanyl</li> <li>- 10/8/24 positive for opiates and fentanyl</li> <li>- 11/5/24 positive for opiates and fentanyl</li> <li>- 12/9/24 positive for opiates and fentanyl</li> </ul> </li> <li>- No counseling session to address the positive urine drug screens</li> </ul> <p>Interview on 1/9/25 client #1471 reported:</p> <ul style="list-style-type: none"> <li>- Had been coming to the facility for approximately a year</li> <li>- Counselor #1 was her counselor and she loved her</li> <li>- She met with counselor #1 whenever she needed but did have sessions at least once a month</li> <li>- Had worked with counselor #1 to secure housing, food stamps, and a phone</li> <li>- Received drug screens once, and sometimes twice, a month</li> <li>- Drug screens were positive until a few months ago</li> </ul> <p>Interview on 1/9/25 Counselor #1 reported:</p> <ul style="list-style-type: none"> <li>- Clients participated in random drug screens</li> <li>- Counselors were supposed to counsel clients that had positive drug screens</li> <li>- She spoke with her clients about their positive drug screens</li> <li>- She often "catch them (clients) downstairs and talk with them about the positives (drug screens)"</li> </ul>	V 234		



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V 234	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- She felt she needed to "do better with my notes"</li> <li>- She didn't document speaking with the clients about their positive drug screens because she did a lot of the clients' treatment plans and hadn't documented it yet</li> <li>- Was supposed to complete documentation within 7 days of meeting with the client</li> <li>- Recently spoke with her supervisor about her documentation</li> </ul> <p>Interview on 1/9/25 the Program Director reported:</p> <ul style="list-style-type: none"> <li>- Clients had at least one random drug screening a month</li> <li>- Counselors were supposed to counsel clients with positive drug screens within 24 to 48 hours of obtaining the lab results</li> <li>- Counselors were supposed to document what they talked to the clients about in the clients' case notes</li> <li>- Was just informed that some clients didn't have any documentation of counseling for positive drug screens</li> <li>- "I stress to staff that if you didn't document it, it didn't happen"</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 234		