

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL067-166</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/01/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>JACKSONVILLE TREATMENT CENTER, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>291 HUFF DRIVE JACKSONVILLE, NC 28546</b>		
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on May 1, 2025. The complaint was unsubstantiated (intake #NC00228652). A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3600 Outpatient Opioid Treatment and 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program (SAIOP).</p> <p>This facility has a current census of 434. The .3600 Outpatient Opioid Treatment has a current census of 434 and the .4400 Substance Abuse Intensive Outpatient Program (SAIOP) has a current census of 0. The survey sample consisted of audits of 20 current clients and 2 former clients in the Outpatient Opioid Treatment.</p>	V 000		
V 237	<p><b>27G .3604 (A-D) Outpt. Opioid - Operations</b></p> <p><b>10A NCAC 27G .3604 OPERATIONS</b></p> <p>(a) Hours. Each facility shall operate at least six days per week, 12 months per year. Daily, weekend and holiday medication dispensing hours shall be scheduled to meet the needs of the client.</p> <p>(b) Compliance with The Substance Abuse and Mental Health Services Administration (SAMHSA) or The Center for Substance Abuse Treatment (CSAT) Regulations. Each facility shall be certified by a private non-profit entity or a State agency, that has been approved by the SAMHSA of the United State Department of Health and Human Services and shall be in compliance with all SAMHSA Opioid Drugs in Maintenance and Detoxification Treatment of Opioid Addiction regulations in 42 CFR Part 8, which are incorporated by reference to include subsequent</p>	V 237		

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

TITLE

(X6) DATE

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V 237	<p>Continued From page 1</p> <p>amendments and editions. These regulations are available from the CSAT, SAMHSA, Rockwall II, 5600 Fishers Lane, Rockville, Maryland 20857 at no cost.</p> <p>(c) Compliance With DEA Regulations. Each facility shall be currently registered with the Federal Drug Enforcement Administration and shall be in compliance with all Drug Enforcement Administration regulations pertaining to opioid treatment programs codified in 21 C.F.R., Food and Drugs, Part 1300 to end, which are incorporated by reference to include subsequent amendments and editions. These regulations are available from the United States Government Printing Office, Washington, D.C. 20402 at the published rate.</p> <p>(d) Compliance With State Authority Regulations. Each facility shall be approved by the North Carolina State Authority for Opioid Treatment, DMH/DD/SAS, which is the person designated by the Secretary of Health and Human Services to exercise the responsibility and authority within the state for governing the treatment of addiction with an opioid drug, including program approval, for monitoring compliance with the regulations related to scope, staff, and operations, and for monitoring compliance with Section 1923 of P.L. 102-321. The referenced material may be obtained from the Substance Abuse Services Section of DMH/DD/SAS.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure clients attended a minimum of 2 counseling sessions per month during the first year of treatment and at least 1 counseling session in all subsequent years, affecting 8 of 20 current clients audited (#2105, #2138, #2491, #2949, #2955, #3040, #3106 and #3109). The findings are:</p>	V 237		

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V 237	<p>Continued From page 2</p> <p><b>Finding #1</b> Review on 04/30/25 of client #3106's record revealed: -Admission date of 08/13/24. -Diagnoses of opioid use disorder, severe. -Order dated 04/21/25, client may increase methadone by 5 milligrams (mg) every other day for COWS (Clinical Opiate Withdrawal Scale) over 5 to max dose of 100 mg of methadone. -Current methadone dose was 40 mg.</p> <p>Review on 04/30/25 of client #3106's counselor notes revealed: -No documentation that client #3106 was seen for 2 counseling sessions for the months of November 2024, December 2024 and February 2025.</p> <p>Interview on 04/30/25 client #3106 stated: -He had been receiving treatment at the facility for 8 months. -He saw his counselor once per week.</p> <p><b>Finding #2:</b> Review on 04/30/25 - 05/01/25 of client #2105's record revealed: -Admitted 06/27/23. -Diagnoses of opioid use disorder, severe. -Order dated 10/08/24 approved client #2105's request for a voluntary taper. His current dose was 73 mg of methadone and he could decrease by 2 mg every two weeks until he reached 40 mg. Client #2105 could stop his taper at any time if he felt uncomfortable. -Client #2105 had continued his taper down and was at 73 mg of methadone on 05/01/25.</p> <p>Review on 04/30/25 - 05/01/25 of client #2105's counselor notes revealed:</p>	V 237		

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V 237	<p>Continued From page 3</p> <p>-There was no documentation client #2105 was seen for counseling sessions for the months of July 2024, August 2024, September 2024, November 2024, January 2025, and February 2025.</p> <p>Interview on 04/30/25 client #2105 stated: -He had been getting treatment at the facility for approximately 5 years. -He was uncertain who his current counselor was, as he had recently changed counselors. -He saw his counselor once per month.</p> <p>Finding #3: Review on 05/01/25 of client #2138's record revealed: -Admitted 11/25/22. -Diagnoses of opioid use disorder, severe. -Order dated 02/21/25, client may increase methadone by 5 mg every other day for COWS over 5, up to max dose of 80 mg of methadone. -Current methadone dose was 77 mg of methadone on 04/29/25.</p> <p>Review on 05/01/25 of client #2138's counselor notes revealed: -There was no documentation client #2138 was seen for counseling sessions for the months of May 2024, July 2024, August 2024, and September 2024.</p> <p>Interview on 04/30/25 client #2138 stated: -He could not remember the name of his counselor. -He saw his counselor twice a month.</p> <p>Finding #4: Review on 05/01/25 of client #2491's record revealed: -Admitted 03/16/21.</p>	V 237			

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V 237	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>-Diagnoses of opioid use disorder, severe.</li> <li>-Order dated 03/11/25 approved client #2491's request for a voluntary taper. Her current dose was 54 mg of methadone and she could decrease by 3 mg weekly until she reached 40 mg. Client #2491 could stop her taper at any time if she felt uncomfortable.</li> <li>-Client #2491 had continued her taper down and was at 40 mg of methadone on 05/01/25.</li> </ul> <p>Review on 05/01/25 of client #2491's counselor notes revealed:</p> <ul style="list-style-type: none"> <li>-There was no documentation client #2491 was seen for counseling sessions for the months of May 2024 - October 2024.</li> </ul> <p>Interview on 04/30/25 client #2491 stated:</p> <ul style="list-style-type: none"> <li>-She had been receiving treatment for 5 years.</li> <li>-She saw her counselor at least every month, and more often as needed.</li> </ul> <p>Finding #5:</p> <p>Review on 05/1/25 of client #3040's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 03/18/24.</li> <li>-Diagnoses of Opioid Use Disorder, severe.</li> <li>-Order dated 03/12/25, Decrease dose to methadone 48 mg today and daily. Continue voluntary taper of 2 mg every 2 weeks starting 3/19/25. Stop and hold taper at methadone 30 mg daily.</li> <li>-Client #3040 may stop taper at any time he is uncomfortable.</li> <li>-Current methadone dose was 40mg.</li> </ul> <p>Review on 05/1/25 of client #3040's counselor notes revealed:</p> <ul style="list-style-type: none"> <li>-There was no documentation client #3040 was seen for two counseling session for the months of January 2025 and February 2025.</li> </ul>	V 237			

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V 237	<p>Continued From page 5</p> <p>Interview on 04/30/25 client #3040 stated: -He had been getting treatment at the facility for a year. -The Program Director was his counselor. -He saw his counselor twice a month to discuss goals and any concerns.</p> <p>Finding #6: Review on 05/1/25 of client #2949's record revealed: -Admission date of 09/19/24. -Diagnoses of Opioid Use Disorder, severe. -Order dated 11/21/24, Increase dose to methadone 85 mg today and daily, may increase by 5 mg every other day for COWS over 5 max dose methadone 100 mg daily. Provide Narcan Kit with Educations. -Current methadone dose was 100mg.</p> <p>Review on 05/1/25 of client #2949 counselor notes revealed: -There was no documentation client #2949 was seen for two counseling sessions for the month of January 2025.</p> <p>Finding #7: Review on 05/1/25 of client #2955's record revealed: -Admission date of 09/19/24. -Diagnosis of Opioid Use Disorder, Severe. -11/20/24 Increase to dose 85 mg and increase 5mg to maximum of 100mg day for COWS over 5. -Current Methadone dose was 100mg.</p> <p>Review on 05/1/25 of client #2955's counselor notes revealed: -One counselor note for the month of February 2025 on 2/28/25.</p>	V 237			

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V 237	<p>Continued From page 6</p> <p>Interview on 04/30/25 client #2955 stated: -She had received services for 8 months. -The Program Director was her counselor. -She met her counselor twice a month and as needed.</p> <p>Finding #8: Review on 05/1/25 of client #3109's record revealed: -Admission date of 08/19/24. -Diagnosis of Opioid Use Disorder, Severe. -02/7/25 - Stop taper current dose at 78 mg. Increase dose to 80mg with COWS score of 5. -Current Methadone dose 80mg.</p> <p>Review on 05/01/25 of client #3109's counselor notes revealed: -No counselor notes documented for March 2025.</p> <p>Interview on 05/01/25 client #3109 stated: -He had received services for 9 months. -Counselor #1 was his counselor. -He met with counselor #1 monthly. -He was not sure of the number of times he met with his counselor monthly.</p> <p>Interview on 04/30/25 Counselor #1 stated: -She worked at the facility for 2 years. -Clients in treatment for less than one year were required to be seen by a counselor twice a month. -Clients in treatment for greater than one year were required to be seen by the counselor one time a month. -Clients should also be seen as needed for services.</p> <p>Interview on 04/30/25 Counselor #2 stated: -She worked at the facility since 09/23/24.</p>	V 237		

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V 237	<p>Continued From page 7</p> <p>-Clients in treatment for less than one year were required to be seen by a counselor twice a month.</p> <p>-Clients in treatment for greater than one year were required to be seen by the counselor one time a month.</p> <p>Interview on 04/30/25 Counselor #3 stated:</p> <p>-She had worked at the facility since February 2025.</p> <p>-Clients in treatment for less than one year were required to be seen by a counselor twice a month.</p> <p>-Clients in treatment for greater than one year were required to be seen by the counselor one time a month.</p> <p>During interview on 05/01/25 the Program Director revealed:</p> <p>-She noticed the trend of not having notes in the system during the holiday months.</p> <p>-She felt the counselors had completed the sessions and had not documented the sessions that had been completed with the patients.</p> <p>-The counselors had been provided education and informed that "if it was not documented then it was not done."</p>	V 237		