

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023-238</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHELBY COMPREHENSIVE TREATMENT CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1895 EAST DIXON BOULEVARD SHELBY, NC 28150</b>		
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 6/2/25. The complaint was unsubstantiated (Intake #NC00229494). Deficiencies were 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 159. The survey sample consisted of audits of 8 current clients.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <p>(1) the client's presenting problem;</p> <p>(2) the client's needs and strengths;</p> <p>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</p> <p>(4) a pertinent social, family, and medical history; and</p> <p>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</p> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the</p>	V 111		

Division of Health Service Regulation

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

TITLE

(X6) DATE

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V 111	<p>Continued From page 1</p> <p>client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure admission assessment was completed prior to delivery of services affecting 1 of 8 audit clients (Client #2). The findings are:</p> <p>Review on 6/2/25 of Client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date 2/26/24;</li> <li>- Diagnosis Opioid Use Disorder;</li> <li>- No documentation of an admission assessment completed prior to receiving services at the facility.</li> </ul> <p>Interview on 6/2/25 with the Clinical Manager revealed:</p> <ul style="list-style-type: none"> <li>- Checked admission assessments weekly and signed off on them;</li> <li>- "We recently transition from bio social assessment to North Carolina admissions assessment, some the of assessments have been corrupted and we are looking into it now."</li> </ul> <p>Interview on 6/2/25 with the Clinical Director revealed:</p> <ul style="list-style-type: none"> <li>- Looked into the Smart system (system for client information) and there was no admission assessment;</li> </ul>	V 111		

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V 111	Continued From page 2  - Recently switched to Smart system and "not sure if something happened while transferring his information into the new system."	V 111		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

Division of Health Service Regulation

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V 112	Continued From page 3  This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to have an annually updated treatment plan affecting 1 of 8 audited clients (Client #7). The findings are:  Review on 6/2/25 of Client #7's record revealed: - Admission date 5/15/24; - Diagnosis Opioid Use Disorder, Severe; - Treatment Plan was signed on 3/5/25; - There were no updated treatment goals; - Original treatment plan dated 5/15/24 stated "In the next 90 days client will start and maintain methadone treatment in order to reduce cravings and relapse frequency by 100% evidenced by maintain abstinence from illicit substances and providing negative UDS 100% of the time."  Interview on 6/2/25 with the Clinical Manager revealed: - Treatment plans were completed at intake; - Treatment plans are updated every 90 days or as needed.	V 112		
V 367	27G .0604 Incident Reporting Requirements  10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of	V 367		

Division of Health Service Regulation

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V 367	Continued From page 4  becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 5</p> <p>incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to submit a level II incident to the Local Management Entity (LME)/ Managed Care</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>Organization (MCO) responsible for the catchment area where services are provided within 24 hours and 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 6/2/25 of Client #7's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date 5/15/24;</li> <li>- Diagnosis Opioid Use Disorder, Severe;</li> </ul> <p>Review on 5/30/25 of the North Carolina Incident Response Improvement System (IRIS) from February 1, 2025- May 30, 2025 revealed:</p> <ul style="list-style-type: none"> <li>- There was no level II incident for client #7 incident on 2/5/25. Client #7 was given 36mg (milligram) Buprenorphine instead of 28mg.</li> </ul> <p>Attmepted interview on 5/30/25 and 6/2/025 with Client #7 revealed:</p> <ul style="list-style-type: none"> <li>- Telephone call and voice message were left for Client #7 during the survey. Client #7 did not return call before surveyor exit survey.</li> </ul> <p>Interview on 5/30/25 with the Clinical Director revealed:</p> <ul style="list-style-type: none"> <li>- Was responsible for putting incidents into IRIS;</li> <li>- "I thought that was for death reporting."</li> </ul>	V 367		