

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL025-231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/08/2025
NAME OF PROVIDER OR SUPPLIER EASTERSEALS PORT HEALTH-NEW BERN MN		STREET ADDRESS, CITY, STATE, ZIP CODE 1309 TATUM ROAD NEW BERN, NC 28560		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual survey was completed on 7/8/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment. This facility has a current census of 106. The survey sample consisted of audits of 11 current clients and 2 deceased clients.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.	V 108		

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

TITLE

(X6) DATE

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V 108	<p>Continued From page 1</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 5 audited staff (Licensed Practical Nurse (LPN) #1) had current Cardiopulmonary Resuscitation (CPR) and First Aid. The findings are:</p> <p>Review on 7/8/25 of the LPN #1's record revealed:</p> <ul style="list-style-type: none"> - Date of hire: 2/3/09 - CPR/First Aid dated 9/1/21 and expired 9/1/23 - No current CPR/First Aid training <p>Interview on 7/8/25 the LPN #1 reported:</p> <ul style="list-style-type: none"> - She had been working at the facility for 16 years - She and LPN #2 alternated weekends for dosing - Worked alone at the facility every other weekend 6:00 am - 10:00 am <p>Interview on 7/8/25 the Opioid Treatment Program Supervisor reported:</p> <ul style="list-style-type: none"> - Prior to LPN #2 being hired in April 2025, LPN #1 worked every weekend alone at the facility - After LPN #2 started, LPN #1 worked alternating weekends alone at the facility 	V 108		

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V 108	Continued From page 2 - The LPN #1 was scheduled for CPR/First Aid certification on 7/16/25 - The Nursing Supervisor was responsible for ensuring LPN #'s trainings were kept up to date	V 108		
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		

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V 112	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure treatment plans were reviewed annually for 2 of 11 audited clients (#8, #10). The findings are:</p> <p>A. Review on 7/8/25 of client #8's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 11/27/23 - Diagnoses: Other Stimulant Dependence uncomplicated, Opioid Dependence uncomplicated, Bipolar II Disorder, Generalized Anxiety Disorder, Post-traumatic Stress Disorder unspecified - Treatment Plan dated 11/23/23 - No documentation of an updated treatment plan <p>Interview on 7/8/25 client #8 reported:</p> <ul style="list-style-type: none"> - She had been receiving treatment at the facility for 4 years - Her counselor was Independent Practitioner #1 and she met with her in person at least once per month <p>Interview on 7/8/25 Independent Practitioner #1 reported:</p> <ul style="list-style-type: none"> - She was the counselor for client #8 - Was responsible for updating the annual treatment plan for client #8 - Client #8's treatment plan that started 11/23/23 was reviewed and updated on 4/26/24 but she had not completed a new treatment plan - "Forgot about it" - Had a spreadsheet she created with her clients assessment dates and "theoretically" when she updated the assessment yearly, she also updated the treatment plan 	V 112		

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V 112	<p>Continued From page 4</p> <ul style="list-style-type: none"> - The Opioid Treatment Program (OTP) Supervisor double checked to ensure treatment plans were updated but she did not know how often <p>B. Review on 7/8/25 of client #10's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 10/26/17 - Diagnoses: Opioid Dependence uncomplicated, Major Depressive Disorder recurrent, Sedative hypnotic or anxiolytic abuse, Cocaine Dependence uncomplicated, Anemia unspecified - Treatment Plan dated 6/14/24 - No documentation of an updated treatment plan <p>Interview on 7/8/25 client #10 reported:</p> <ul style="list-style-type: none"> - She had been receiving treatment at the facility for 6 years - Her counselor was Independent Practitioner #1 and she saw her in person at least once a month and more if needed <p>Interview on 7/8/25 Independent Practitioner #1 reported:</p> <ul style="list-style-type: none"> - She was the counselor for client #10 - Was responsible for updating the annual treatment plan for client #10 - She had worked with client #10 previously and just recently transferred back to her from another counselor "in the last couple of months" - She did not update client #10's treatment plan when she began working with her <p>Interview on 7/8/25 the OTP Supervisor reported:</p> <ul style="list-style-type: none"> - She was aware that there had been issues with counselors keeping treatment plans updated - Had implemented an internal plan of correction for completion of annual treatment 	V 112		

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V 112	Continued From page 5 plans - She checked to make sure treatment plans were updated during a quarterly chart review - 5 records were reviewed each quarter, but during the last review she checked 10 records - The last quarterly review was May 2025	V 112			