STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL022-017	A. BUILDING: _____ B. WING _____	R 09/05/2025

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MEDMARK TREATMENT CENTERS MURPHY	7540 US HIGHWAY 64 BRASSTOWN, NC 28902

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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on September 5, 2025. The complaint was substantiated (intake #NC00233086). 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 147. The survey sample consisted of audits of 14 current clients and 1 deceased client. A Suspension of Admission was issued on September 3, 2025.	V 000		
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	V 112		

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V 112	Continued From page 1 responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement goals and strategies to meet the individual needs of 9 of 14 audited current clients (Client #2, #3, #4, #6, #9, #10, #11, #12, #14) and 1 of 1 deceased client (DC #15). The findings are: Review on 9/4/25 of Client #2's record revealed: -Date of admission: 10/15/24. -Diagnoses: Opioid Dependence, Uncomplicated. -No documentation of a treatment plan. Review on 9/4/25 of Client #3's record revealed: -Date of admission: 3/1/21. -Diagnoses: Opioid Use Disorder. -No documentation of a treatment plan. Review on 9/4/25 of Client #4's record revealed: -Date of admission: 8/20/24. -Diagnoses: Opioid Dependence, Uncomplicated. -No documentation of a treatment plan. Review on 9/4/25 of Client #6's record revealed: -Date of admission: 11/28/23. -Diagnoses: Opioid Dependence, Uncomplicated. -No documentation of a treatment plan.	V 112		

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V 112	Continued From page 2 Review on 9/4/25 of Client #9's record revealed: -Date of admission: 6/17/25. -Diagnoses: Opioid Dependence with Opioid-Induced Mood Disorder, and Opioid Dependence, Uncomplicated. -No documentation of a treatment plan. Review on 9/4/25 of Client #10's record revealed: -Date of admission: 7/29/25. -Diagnoses: Opioid Dependence with Withdrawal. -No documentation of a treatment plan. Review on 9/5/25 of Client #11's record revealed: -Date of admission: 4/23/24. -Diagnoses: Opioid Dependence, Uncomplicated; Attention Deficit Hyperactivity Disorder; Methamphetamine Use Disorder; and Post-Traumatic Stress Disorder. -No documentation of a treatment plan. Review on 9/4/25 of Client #12's record revealed: -Date of admission: 11/19/24. -Diagnoses: Opioid Dependence, Uncomplicated. -No documentation of a treatment plan. Review on 9/4/25 of Client #14's record revealed: -Date of admission: 8/6/25. -Diagnoses: Opioid Abuse with Other Opioid-Induced Disorder. -No documentation of a treatment plan. Review on 9/3/25 of DC #15's record revealed: -Date of admission: 4/29/25. -Date deceased: 6/3/25. -Diagnoses: Opioid Dependence, Uncomplicated. -No documentation of a treatment plan. Interview on 9/3/25 with Client #3 revealed: -The Licensed Clinical Addiction Specialist	V 112		

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V 112	Continued From page 3 (LCAS) was her counselor. -Wanted to "stay off street drugs and remain stable on methadone." -Had not remembered going over a treatment plan with her counselor. Interview on 9/5/25 with Client #6 revealed: -The LCAS was his counselor. -Did not know if he had a treatment plan. Interview on 9/5/25 with Client #10 revealed: -The LCAS was her counselor. -Did not have a treatment plan, "don't have one." Interviews on 9/3/25, 9/4/25 and 9/5/25 with the LCAS revealed: -Was responsible for creating treatment plans that included goals and strategies to meet the individual client needs. -Kept up with client treatment plans by checking the clients charts to see if they had a current treatment plan. -Some of the client's treatment plans had been paper copies but "can't find" them. -"...know I did [Client #2's] plan (treatment plan) but can't find it...don't know where it could be." -Had let Former Certified Drug and Alcohol Counselor (FCDAC) #1 know to complete and update treatment plans for the clients on his caseload. -It was "tough" to follow up behind FCDAC #1 to make sure he had completed and updated treatment plans because "there are so many things I was responsible for and to keep up with." -"Hard to keep up with everything (creating and updating client treatment plans)." -"...they could get missed (creating and updating client treatment plans)." -"If there is anything missing, not enough time in the day with just me as the counselor to get it	V 112		

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V 112	Continued From page 4 done." Interview on 9/4/25 with the Medical Director revealed: -"Work with what we got but even that's hard with one counselor and 147 clients." -The facility was "trying to limp through best we can (meeting licensure requirements)...[LCAS] works real hard but physically doesn't have the time (to complete treatment plan development)." Interviews on 9/3/25, 9/4/25 and 9/5/25 with the Treatment Center Director/Certified Drug and Alcohol Counselor (TCD/CDAC) revealed: -The facility counselors were responsible for creating treatment plans that included goals and strategies to meet the individual client needs. -The counselor position for the facility was open for a year prior to her starting, "...it is so hard to get credentialed people down here (work for facility)." -Requested an admissions hold from the facility Regional Director of Operations (RDO) on 8/20/25 due to only having one counselor for the current caseload. -The hold on admissions was approved by the RDO on 9/3/25. Interview on 9/4/25 with the RDO revealed: -Will address the concerns of clients not having treatment plans immediately. Review on 9/5/25 of the Plan of Protection dated 9/5/25 completed by the TCD/CDAC revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? Counselor Supervisor (LCAS) and TCD (TCD/CDAC) will divide the active client list and develop a shared spreadsheet within the next three (3) business days to reflect the status of the	V 112		

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V 112	Continued From page 5 patients' (clients') treatment plans, indicating expiration dates. Counselor Supervisor and TCD (the latter of whom is also a CADC) will schedule to meet with patients who either lack treatment plans or whose treatment plans have expired. All treatment plans will be completed and/or brought current. Counselor Supervisor and TCD will meet together and review the spreadsheet weekly to keep track of upcoming expiration dates and ensure the patient is met and the treatment plan completed prior to the expiration date. Describe your plans to make sure the above happens. Counselor Supervisor and TCD will work together beginning 09/08/2025 to develop an excel spreadsheet that will be housed in a network folder for access by both staff. Beginning 9/08/2025, Counselor Supervisor will review patients whose last name begins with 'A-L'; TCD will review patients whose last name begins with 'M-Z', and both staff will update the spreadsheet with the date of the last treatment plan and the due date for the next treatment plan. Beginning 9/08/2025, Counselor Supervisor and TCD will immediately reach out to patients to schedule those needing treatment plans or updates thereof. Counselor Supervisor and TCD will individually meet with patients over the next 45 days to ensure that all treatment plans are completed prior to the expiration date of the treatment plan. Counselor Supervisor and TCD will continue to monitor the spreadsheet weekly to ensure the treatment plans are being timely completed and will continue to schedule patients for treatment plans/reviews prior to the expiration of same." This facility served adults with diagnoses which included Opioid Dependence and Opioid Use Disorder. Facility clients did not have treatment	V 112		

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V 112	Continued From page 6 plans for 10 of the 15 clients audited dating back as far as 3/2021 through 8/2025. Due to the lack of an initial treatment plan, annual reassessment or the basis for evaluation the facility could not develop treatment strategies to determine achievement for the individuals served. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety, and welfare of the clients and must be corrected within 45 days.	V 112		
V 235	27G .3603 (A-C) Outpt. Opiod Tx. - Staff 10A NCAC 27G .3603 STAFF (a) A minimum of one certified drug abuse counselor or certified substance abuse counselor to each 50 clients and increment thereof shall be on the staff of the facility. If the facility falls below this prescribed ratio, and is unable to employ an individual who is certified because of the unavailability of certified persons in the facility's hiring area, then it may employ an uncertified person, provided that this employee meets the certification requirements within a maximum of 26 months from the date of employment. (b) Each facility shall have at least one staff member on duty trained in the following areas: (1) drug abuse withdrawal symptoms; and (2) symptoms of secondary complications to drug addiction. (c) Each direct care staff member shall receive continuing education to include understanding of the following: (1) nature of addiction; (2) the withdrawal syndrome; (3) group and family therapy; and (4) infectious diseases including HIV, sexually transmitted diseases and TB.	V 235		

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V 235	Continued From page 7	V 235		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure a minimum of one certified drug abuse counselor (CDAC) or certified substance abuse counselor (CSAC) to each 50 clients. The findings are:

Cross Reference: 10A NCAC 27G .3604 Operations (V238). Based on record reviews and interviews, the facility failed to ensure during the first year of continuous treatment clients received a minimum of two counseling sessions a month affecting 6 of 14 clients (Client #2, #4, #9, #10, #12 and #14).

Review on 9/3/25 of the Licensed Clinical Addiction Specialist (LCAS) record revealed:
-Date of Hire: 11/1/23.
-Case load as of 9/2/25: 147 clients.

Review on 9/4/25 of Former Certified Drug Abuse Counselor (FCDAC) #1's record revealed:
-Date of Hire: 2/28/25.
-Date of Separation: 8/27/25.

Review on 9/4/25 of FCDAC #2's record revealed:
-Date of Hire: 6/16/25.
-Date of Separation: 8/1/25.

Review on 9/4/25 of the facility's records from 9/4/24-9/4/25 revealed:

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V 235	Continued From page 8 -9/4/24-1/25/25: -2 CDACs carrying a caseload. -144 days out of ratio. -1/25/25-2/28/25: -1 counselor carrying a caseload: The LCAS. -34 days out of ratio. -3/1/25-6/16/25: -2 counselors carrying a caseload: FCDAC #1 and the LCAS. -107 days out of ratio. -8/2/25-8/27/25: -2 counselors carrying a caseload: FCDAC #1 and the LCAS. -25 days out of ratio. -8/28/25-9/4/25: -1 counselor carrying a caseload: The LCAS. -6 days out of ratio. -Facility census range of 141-147 clients from 9/4/24-9/4/25. -Counselor to each 50 clients out of ratio for a total of 317 days. Review on 9/3/25 of an email dated 9/3/25 from the Regional Director of Operations (RDO) to the Treatment Center Director/Certified Drug and Alcohol Counselor (TCD/CDAC) revealed: -"Following up on our conversation last week, your clinic will be placed on an admission hold until we are able to bring on a counselor to assume a caseload." Interviews on 9/3/25, 9/4/25 and 9/5/25 with the LCAS revealed: -Had a current case load of 147 clients. Interview on 9/4/25 with the Medical Director revealed: -Counselors were "hard to find" in the facility's location. -Had asked upper management "for years" for	V 235		

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additional counselors and there would be "no follow up and hear nothing from them."
-"We should have no more admissions until we can get adequate counseling."
-"Work with what we got but even that's hard with one counselor and 147 clients."
-"We definitely need more counselors."

Interviews on 9/3/25, 9/4/25 and 9/5/25 with the TCD/CDAC revealed:
-Recognized the facility was out of compliance with the counselor to client ratio.
-"I see one client other than that not really seeing patients (clients)...[LCAS] is pretty much it (only counselor in facility)."
-The counselor position for the facility was open for a year prior to her starting, "...it is so hard to get credentialed people down here (to work for the facility)."
-Requested an admissions hold from the facility RDO on 8/20/25 due to only having one counselor for the current caseload.
-The hold on admissions was approved by the RDO on 9/3/25.
-"Tough balance of having less admissions and not treating clients that may need the help to stay in ratio (counselor and client ratio) or serve more clients while out of ratio to provide treatment."
-Believed there was a "disconnect between leadership and people on the ground (staff in the facility)."

Interview on 9/4/25 with the RDO revealed:
-Will immediately address the concerns of the facility not meeting the required counselor to client ratio.
-"We will make sure to figure it out, we will come up with ways to get people (counselors) in and retain them."

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V 235	Continued From page 10 Review on 9/4/25 of the Plan of Protection dated 9/4/25 completed by the TCD/CDAC revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? Group Counseling Access: Counselor Supervisor (LCAS) will offer groups no less than three (3) days per week effective immediately. Groups will be topic-specific (e.g., gender-specific, domestic violence) to increase engagement. Schedules will be posted visibly in the clinic and available for patients (clients) at the dosing window. Patient Outreach: Counselor Supervisor and TCD (TCD/CDAC) will jointly run the 'Patients without Counseling' report at least twice weekly and proactively contact those patients to schedule individual or group counseling sessions. Telehealth Counseling: Counselor Supervisor will conduct telehealth counseling for patients with transportation barriers or extended take-home schedules. Consents will be updated and documented in the record. Acute Patient Prioritization: Patients identified as being in acute distress will be prioritized for individual counseling sessions. Direct Support by Leadership: The TCD, who is a Certified Counselor (CADC), will remain on standby to provide individual counseling support as needed to ensure no patient goes without timely counseling. Recruitment & Retention: TCD will immediately coordinate with BayMark (Licensee) Recruiting for enhanced hiring campaigns. The RDO has scheduled a meeting with Recruiting and Marketing on 9/5 (2025) to identify new recruitment strategies. Weekly meetings will occur until positions are filled. The TCD will also implement a staff retention plan to stabilize the workforce. Describe your plans to make sure the above happens. Posting & Communication: Group counseling	V 235		

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schedules will be posted in patient areas and distributed at the dosing window. Patients will also receive reminders through Central Registry. Monitoring & Accountability: Counselor Supervisor and Treatment Center Director will track group and individual counseling attendance. The 'Patients without Counseling' report will serve as a monitoring tool to confirm patient follow-up. Safety Assurance: These measures are designed to eliminate gaps in counseling services, ensuring continuity of care and directly addressing the state's concern for patient health and safety. Timeline for Correction: All corrective measures described above are in place as of the date of this submission and will remain active. Full compliance with the staffing and counseling standard will be achieved within the required 23-day correction period. Sustainability & Ongoing Monitoring: RDO and TCD will review counseling coverage weekly with recruiting updates and staff retention monitoring. Progress will be documented and made available for review by DHSR (Division of Health Service Regulation) during next onsite visit."

Review on 9/5/25 of the 2nd Plan of Protection dated 9/5/25 completed by the TCD/CDAC revealed:
-"What immediate action will the facility take to ensure the safety of the consumers in your care? Group Counseling Access: Counselor Supervisor (LCAS) will offer groups no less than three (3) days per week effective immediately. Groups will be topic-specific (e.g., gender-specific, domestic violence) to increase engagement. Schedules will be posted visibly in the clinic and available for patients at the dosing window. Patient Outreach: Counselor Supervisor and TCD (TCD/CDAC) will jointly run the 'Patients without Counseling' report at least twice weekly and proactively contact

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V 235	Continued From page 12 those patients to schedule individual or group counseling sessions. Acute Patient Prioritization: Patients identified as being in acute distress will be prioritized for individual counseling sessions. Direct Support by Leadership: The TCD, who is a Certified Counselor (CADC), will engage in individual counseling and/or group counseling to support Counselor Supervisor so that all patients have access to counseling. Counselor Support: Counselor Supervisor will also be supported by a counselor-in-training (CIT), [CIT], under Rule 10A NCAC 27G .3603 STAFF (a) which allows an OTP (Outpatient Opioid Treatment) to '...employ an uncertified person, provided that this employee meets the certification requirements within a maximum of 26 months from the date of employment' being that MedMark Murphy (facility) does not yet have approval of the Mandatory Waiver. [CIT] will receive training in accordance with the Non-Violent Crisis Intervention trainings available in [electronic training vendor]. Monthly Counseling Requirement: Counselor Supervisor, TCD, and CIT will implement a shared spreadsheet identifying patients' last date of counseling and next scheduled counseling date to ensure that patients with a year or less in treatment are receiving counseling twice monthly, and patients with a year or more of treatment are receiving counseling once monthly. Counselor Supervisor will run a report weekly to identify patients without counseling a secondary measure to ensure compliance. Recruitment & Retention: TCD will immediately coordinate with BayMark (Licensee) Recruiting for enhanced hiring campaigns. The Regional Director of Operations (RDO) has scheduled a meeting with Recruiting and Marketing on 9/5 (2025) to identify new recruitment strategies. Weekly meetings will occur until positions are filled. The TCD will also implement a staff retention plan to stabilize the	V 235		

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workforce.
Describe your plans to make sure the above happens.
Posting & Communication: Group counseling schedules will be posted in patient areas and distributed at the dosing window. Patients will also receive reminders through Central Registry. Monitoring & Accountability: Counselor Supervisor and Treatment Center Director will track group and individual counseling attendance. The 'Patients without Counseling' report will serve as a monitoring tool to confirm patient follow-up. Safety Assurance: These measures are designed to eliminate gaps in counseling services, ensuring continuity of care and directly addressing the state's concern for patient health and safety. Timeline for Correction: All corrective measures described above are in place as of the date of this submission and will remain active. Full compliance with the staffing and counseling standard will be achieved within the required 23-day correction period. Sustainability & Ongoing Monitoring: Regional Director of Operations (RDO) and TCD will review counseling coverage weekly with recruiting updates and staff retention monitoring. RDO and TCD will also review compliance with patients receiving counseling twice monthly for the first year of treatment and counseling once monthly thereafter. Progress will be documented and made available for review by DHSR during next onsite visit."

This facility served adults with diagnoses which included Opioid Dependence and Opioid Use Disorder. The facility did not meet the required ratio of 1 counselor to every 50 clients. The facility had a current ratio of 1 counselor to 147 clients. Counselor to client ratio remained out of compliance for a total of 317 days with a client

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V 235	Continued From page 14 census range of 141-147 from 9/4/24 to 9/4/25. The facility did not provide the required counseling sessions and clinical oversight required by the clients because of not having the required number of counselors employed. During the facility's time period of being without the required number of counseling staff, the facility continued to admit new clients. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 235		
V 238	27G .3604 (E-K) Outpt. Opioid - Operations 10A NCAC 27G .3604 OUTPATIENT OPIOID TREATMENT - OPERATIONS. (e) The State Authority shall base program approval on the following criteria: (1) compliance with all state and federal law and regulations; (2) compliance with all applicable standards of practice; (3) program structure for successful service delivery; and (4) impact on the delivery of opioid treatment services in the applicable population. (f) Take-Home Eligibility. Any client in comprehensive maintenance treatment who requests unsupervised or take-home use of methadone or other medications approved for treatment of opioid addiction must meet the specified requirements for time in continuous treatment. The client must also meet all the requirements for continuous program compliance and must demonstrate such compliance during the specified time periods immediately preceding any level increase. In addition, during the first year of continuous treatment a patient must	V 238		

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V 238	Continued From page 15 attend a minimum of two counseling sessions per month. After the first year and in all subsequent years of continuous treatment a patient must attend a minimum of one counseling session per month. (1) Levels of Eligibility are subject to the following conditions: (A) Level 1. During the first 90 days of continuous treatment, the take-home supply is limited to a single dose each week and the client shall ingest all other doses under supervision at the clinic; (B) Level 2. After a minimum of 90 days of continuous program compliance, a client may be granted for a maximum of three take-home doses and shall ingest all other doses under supervision at the clinic each week; (C) Level 3. After 180 days of continuous treatment and a minimum of 90 days of continuous program compliance at level 2, a client may be granted for a maximum of four take-home doses and shall ingest all other doses under supervision at the clinic each week; (D) Level 4. After 270 days of continuous treatment and a minimum of 90 days of continuous program compliance at level 3, a client may be granted for a maximum of five take-home doses and shall ingest all other doses under supervision at the clinic each week; (E) Level 5. After 364 days of continuous treatment and a minimum of 180 days of continuous program compliance, a client may be granted for a maximum of six take-home doses and shall ingest at least one dose under supervision at the clinic each week; (F) Level 6. After two years of continuous treatment and a minimum of one year of continuous program compliance at level 5, a client may be granted for a maximum of 13	V 238		

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V 238	Continued From page 16 take-home doses and shall ingest at least one dose under supervision at the clinic every 14 days; and (G) Level 7. After four years of continuous treatment and a minimum of three years of continuous program compliance, a client may be granted for a maximum of 30 take-home doses and shall ingest at least one dose under supervision at the clinic every month. (2) Criteria for Reducing, Losing and Reinstatement of Take-Home Eligibility: (A) A client's take-home eligibility is reduced or suspended for evidence of recent drug abuse. A client who tests positive on two drug screens within a 90-day period shall have an immediate reduction of eligibility by one level of eligibility; (B) A client who tests positive on three drug screens within the same 90-day period shall have all take-home eligibility suspended; and (C) The reinstatement of take-home eligibility shall be determined by each Outpatient Opioid Treatment Program. (3) Exceptions to Take-Home Eligibility: (A) A client in the first two years of continuous treatment who is unable to conform to the applicable mandatory schedule because of exceptional circumstances such as illness, personal or family crisis, travel or other hardship may be permitted a temporarily reduced schedule by the State authority, provided she or he is also found to be responsible in handling opioid drugs. Except in instances involving a client with a verifiable physical disability, there is a maximum of 13 take-home doses allowable in any two-week period during the first two years of continuous treatment. (B) A client who is unable to conform to the applicable mandatory schedule because of a verifiable physical disability may be permitted	V 238		

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additional take-home eligibility by the State authority. Clients who are granted additional take-home eligibility due to a verifiable physical disability may be granted up to a maximum 30-day supply of take-home medication and shall make monthly clinic visits.

(4) Take-Home Dosages For Holidays: Take-home dosages of methadone or other medications approved for the treatment of opioid addiction shall be authorized by the facility physician on an individual client basis according to the following:

(A) An additional one-day supply of methadone or other medications approved for the treatment of opioid addiction may be dispensed to each eligible client (regardless of time in treatment) for each state holiday.

(B) No more than a three-day supply of methadone or other medications approved for the treatment of opioid addiction may be dispensed to any eligible client because of holidays. This restriction shall not apply to clients who are receiving take-home medications at Level 4 or above.

(g) Withdrawal From Medications For Use In Opioid Treatment. The risks and benefits of withdrawal from methadone or other medications approved for use in opioid treatment shall be discussed with each client at the initiation of treatment and annually thereafter.

(h) Random Testing. Random testing for alcohol and other drugs shall be conducted on each active opioid treatment client with a minimum of one random drug test each month of continuous treatment. Additionally, in two out of each three-month period of a client's continuous treatment episode, at least one random drug test will be observed by program staff. Drug testing is to include at least the following: opioids,

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V 238	Continued From page 18 methadone, cocaine, barbiturates, amphetamines, THC, benzodiazepines and alcohol. Alcohol testing results can be gathered by either urinalysis, breathalyzer or other alternate scientifically valid method. (i) Client Discharge Restrictions. No client shall be discharged from the facility while physically dependent upon methadone or other medications approved for use in opioid treatment unless the client is provided the opportunity to detoxify from the drug. (j) Dual Enrollment Prevention. All licensed outpatient opioid addiction treatment facilities which dispense Methadone, Levo-Alpha-Acetyl-Methadol (LAAM) or any other pharmacological agent approved by the Food and Drug Administration for the treatment of opioid addiction subsequent to November 1, 1998, are required to participate in a computerized Central Registry or ensure that clients are not dually enrolled by means of direct contact or a list exchange with all opioid treatment programs within at least a 75-mile radius of the admitting program. Programs are also required to participate in a computerized Capacity Management and Waiting List Management System as established by the North Carolina State Authority for Opioid Treatment. (k) Diversion Control Plan. Outpatient Addiction Opioid Treatment Programs in North Carolina are required to establish and maintain a diversion control plan as part of program operations and shall document the plan in their policies and procedures. A diversion control plan shall include the following elements: (1) dual enrollment prevention measures that consist of client consents, and either program contacts, participation in the central registry or list exchanges;	V 238		

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V 238	Continued From page 19 (2) call-in's for bottle checks, bottle returns or solid dosage form call-in's; (3) call-in's for drug testing; (4) drug testing results that include a review of the levels of methadone or other medications approved for the treatment of opioid addiction; (5) client attendance minimums; and (6) procedures to ensure that clients properly ingest medication. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure during the first year of continuous treatment clients received a minimum of two counseling sessions a month affecting 6 of 14 audited clients (Client #2, #4, #9, #10, #12 and #14). The findings are: Review on 9/4/25 of Client #2's record revealed: -Date of admission: 10/15/24. -Diagnoses: Opioid Dependence, Uncomplicated. -Counseling session notes for period 1/15/25-9/3/25: -7/25/25 telephone session with Former Certified Drug Abuse Counselor (FCDAC) #1. -6/11/25 in person with FCDAC #1. -5/30/25 telephone session with the Licensed Clinical Addiction Specialist (LCAS). -4/23/25 telephone session with FCDAC #1. -3/31/25 "counselor did not have time to call patient," recorded by the LCAS. -2/18/25 group therapy with the LCAS. -1/15/25 group therapy with the LCAS. Review on 9/4/25 of Client #4's record revealed: -Date of admission: 8/20/24. -Diagnoses: Opioid Dependence, Uncomplicated.	V 238		

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-Counseling session notes for period 2/1/25-9/3/25 :
-8/25/25 FCDAC #1 attempted to call Client #4 with no answer.
-8/7/25 telephone session with FCDAC #1.
-7/28/25 telephone session with FCDAC #1.
-7/10/25 telephone session with FCDAC #1.
-6/30/25 FCDAC #2 attempted to call Client #4 with no answer.
-5/6/25 in person session with FCDAC #1.
-4/28/25 FCDAC #1 attempted to call Client #4 with no answer.
-3/31/25 group therapy with the LCAS.
-February 2025, no counseling session note.

Review on 9/4/25 of Client #9's record revealed:
-Date of admission: 6/17/25.
-Diagnoses: Opioid Dependence with Opioid-Induced Mood Disorder, and Opioid Dependence, Uncomplicated.
-Counseling session notes for period 6/17/25-9/3/25:
-8/30/25 facility receptionist attempted to call client to schedule appointment.
-8/6/25, 8/12/25, 8/20/25, 8/25/25, 8/27/25 and 8/28/25 attempted to call client with no answer, no option to leave voicemail.
-August 2025, no counseling session note, missed counseling session on 8/6/25.
-7/9/25 in person with FCDAC #1.

Review on 9/4/25 of Client #10's record revealed:
-Date of admission: 7/29/25.
-Diagnoses: Opioid Dependence with Withdrawal.
-Counseling session notes for period 7/29/25-9/3/25:
-8/13/25 in person with the LCAS.
-7/31/25 in person with the LCAS.

Review on 9/4/25 of Client #12's record revealed:

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V 238	Continued From page 21 -Date of admission: 11/19/24. -Diagnoses: Opioid Dependence, Uncomplicated. -Counseling session notes for period 6/12/25-9/3/25: -8/5/25 in person with the LCAS. -7/28/25 telephone session with the LCAS. -7/10/25 telephone session with the LCAS. -7/3/25 in person with the LCAS. -6/12/25, 6/17/25, 6/19/25, and 6/30/25 facility attempted call client about missed appointments, no answer. -6/12/25 missed counseling session. Review on 9/4/25 of Client #14's record revealed: -Date of admission: 8/6/25. -Diagnoses: Opioid Abuse with Other Opioid-Induced Disorder. -Counseling session notes for period 8/6/25-9/3/25: -8/6/2025 in person with the LCAS. Interview on 9/3/25 with Client #2 revealed: -Met with the LCAS one time per month. -Had participated in group therapy once a month for the last 2 months. Interview on 9/5/25 with Client #10 revealed: -The LCAS was her counselor. -Met in person with the LCAS one time in August 2025. -"Haven't done any groups (group therapy)." Interview on 9/5/25 with Client #14 revealed: -The LCAS was her counselor. -Had not met with a counselor. -Had not participated in group therapy. Interviews on 9/3/25, 9/4/25 and 9/5/25 with the LCAS revealed: -Had a current case load of 147 clients.	V 238		

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V 238	Continued From page 22 -It was difficult to be the only counselor attempting to have counseling sessions 2 times per month with clients because there was "not that many hours in the month to see everyone." -Was told by the previous director that client counseling sessions need to be 1 hour and 1 time a month to meet the counseling session state rule requirement. -"...In management meetings it was only discussed that clients only need a 1 hour session a month" -It was tough to follow up behind FCDAC #1 to make sure he was having counseling sessions because "there are so many things I was responsible for and to keep up with." -"Hard to keep up with everything (provider counseling to clients and supervise counselors)." -"I check in with clients as much as I can, some days I stay later to get all of it (counseling and documentation) done." -"If there is anything missing, not enough time in the day with just me as the counselor to get it done." Interview on 9/4/25 with the Medical Director revealed: -Counseling was "definitely a component that is necessary" for client treatment. -"...Counseling situation here (at facility) is not good." -"[LCAS] works real hard but physically doesn't have the time (to have counseling with clients 2 times per month)." -Had asked upper management "for years" for additional counselors and there would be "No follow up and hear nothing from them (management at the facility corporate offices)." -"We should have no more admissions until we can get adequate counseling." -"Work with what we got but even that's hard with	V 238		

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V 238	Continued From page 23 one counselor and 147 clients." Interviews on 9/3/25, 9/4/25 and 9/5/25 with the Treatment Center Director/Certified Drug and Alcohol Counselor (TCD/CDAC) revealed: -The facility maintained at least an hour of counseling for clients per month, "...accomplish that by having the groups (group therapy with clients)." -"I see one client. Other than that, not really seeing patients (clients)...[LCAS] is pretty much it (only counselor in the facility)." -"Was not aware" of the rule requirement of 2 counseling sessions per month for the first year of a client's continuous treatment. -"Thought only one session was required (counseling session per month.)" Interview on 9/4/25 with the Regional Director of Operations revealed: -Will immediately address the concerns with clients not attending a minimum of two counseling sessions a month for their first year of continuous treatment. -"We will make sure to figure it out, we will come up with ways to get people (counselors) in and retain them." This deficiency is cross referenced into 10A NCAC 27G .3603 Staff (V235) for a Type A1 violation and must be corrected within 23 days.	V 238		
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	V 367		

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V 367	Continued From page 24 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 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	V 367		

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V 367	Continued From page 25 (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 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.	V 367		

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(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 367	Continued From page 26 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report level III incidents to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours of becoming aware of the incident. The findings are: Review on 9/3/25 of Deceased Client (DC) #15's record revealed: -Date of admission: 4/9/25. -Date of deceased: 6/3/25. -Diagnoses: Opioid Dependence, Uncomplicated. Review on 9/3/25 of DC #15's Supplemental Death Review dated 6/4/25 completed by the Treatment Center Director/Certified Drug and Alcohol Counselor (TCD/CDAC) revealed: -"Clinic (facility) was informed (by hospital staff) on 6/4/35 that client (DC #15) passed away evening of 6/3/35 while in care of hospital staff after allegedly suffering from a stroke." Review on 9/3/25 of DC #15's general note dated 6/4/25 completed by the TCD/CDAC revealed: -"TCD (TCD/CDAC) completed the Incident Response Improvement System (IRIS) report, attached the Supplemental Death Review and medical provider's intake H&P (history and physical) (on 6/4/25 TCD completed the IRIS report, but had not attached the supporting documents.)" Review on 9/3/25 of IRIS revealed: -No documentation of DC #15 level III incident submitted.	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL022-017	A. BUILDING: _____ B. WING _____	R 09/05/2025

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V 367	Continued From page 27 Interview on 9/4/25 with the IRIS consultant revealed: -The facility created the level III incident in IRIS on 6/4/25 but did not submit it. Interview on 9/4/25 with the TCD/CDAC revealed: -Was informed on 6/4/25 that DC #15 was pronounced deceased on 6/3/25 from a stroke while in care at the local hospital. -Completed the IRIS for DC #15 on 6/4/25 but "evidently didn't submit it." -"Thought I did it (complete and submit IRIS for DC #15) right." -"...first time doing IRIS." -Will make sure all level 3 incidents are completed and submitted correctly in IRIS moving forward. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 367		