

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/09/2025
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NAME OF PROVIDER OR SUPPLIER MCLEOD CENTERS FOR WELLBEING	STREET ADDRESS, CITY, STATE, ZIP CODE 549 COX ROAD GASTONIA, NC 28054
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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 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow-up survey was completed on 10/9/25. The complaint was unsubstantiated (Intake #NC00233054). 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 214. The survey sample consisted of audits of 1 former client.</p>	V 000		
V 235	<p>27G .3603 (A-C) Outpt. Opiod Tx. - Staff</p> <p>10A NCAC 27G .3603 STAFF</p> <p>(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.</p> <p>(b) Each facility shall have at least one staff member on duty trained in the following areas:</p> <p>(1) drug abuse withdrawal symptoms; and</p> <p>(2) symptoms of secondary complications to drug addiction.</p> <p>(c) Each direct care staff member shall receive continuing education to include understanding of the following:</p> <p>(1) nature of addiction;</p> <p>(2) the withdrawal syndrome;</p> <p>(3) group and family therapy; and</p>	V 235		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 235	<p>Continued From page 1</p> <p>(4) infectious diseases including HIV, sexually transmitted diseases and TB.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure a minimum of one certified drug abuse counselor or certified substance abuse counselor to each 50 clients. The findings are:</p> <p>Review on 9/29/25 of the facility's staff and client census revealed: -There were 8 counselors -6 of the 8 counselors had a caseload over 50 clients.</p> <p>Interview on 9/29/25 with Counselor #1 revealed: -Substance Abuse Counselor -"I usually have at least 50 clients but it fluctuates." -Short staffed.</p> <p>Interview on 10/1/25 with Counselor #3 revealed: -"I have a little over 50 patients (clients) on my caseload."</p> <p>Interview on 9/29/25 with Counselor #4 revealed: -"I have about 53 (clients) on my case load."</p> <p>Interview on 10/1/25 with the Program Director revealed: -Aware counselors' caseload is not to exceed 50 clients.</p>	V 235		

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V 235	Continued From page 2 -Tried to move clients around to make the caseloads even. -Did not know is more counselors would be hired.	V 235		