

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL022-017</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/04/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MEDMARK TREATMENT CENTERS MURPHY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7540 US HIGHWAY 64</b> <b>BRASSTOWN, NC 28902</b>
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{V 000}	<p><b>INITIAL COMMENTS</b></p> <p>A follow up survey was completed on December 4, 2025. 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 118. The survey sample consisted of audits of 12 current clients and 1 deceased client.</p> <p>Sister facilities are identified in this report. Each of the four sister facilities will be identified by a corresponding letter. Sister facilities A and B are located in Georgia. Sister facility C is located in Alabama. Sister facility D is located in North Carolina. Staff from each sister facility will be identified using the letter of each sister facility and an identifier.</p> <p>This survey originally closed on 11/21/25 but was reopened on 12/3/25 due to additional information.</p>	{V 000}	<p>Effective immediately, MedMark Treatment Center Murphy ensures that all treatment plans are developed within 30 days of admission for patients expected to receive services beyond 30 days and are completed in partnership with the patient or legally responsible person, in accordance with 10A NCAC 27G .0205(c).</p> <p>Each treatment plan will now include all required elements outlined in 10A NCAC 27G .0205(d), specifically:</p> <p>Patient Outcomes: Clearly defined, individualized outcomes related to the patient's substance use disorder, with projected dates of achievement documented.</p> <p>Strategies: Measurable, individualized strategies that directly support achievement of the identified outcomes and address the patient's assessed needs.</p>	12/5/25
{V 112}	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p>	{V 112}	<p>Staff Responsible: Identification of the assigned counselor and clinical oversight staff responsible for implementation and monitoring of the treatment plan.</p> <p>Schedule for Review: Documentation of treatment plan reviews conducted at least annually, and more frequently as clinically indicated, in consultation with the patient or legally responsible person.</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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{V 112}	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop implement goals and strategies to meet the individual needs of 3 of 12 audited clients (Clients #1, # 2, and #4) and failed to develop treatment plans for 3 of 12 audited clients (Clients #7, #8 and #11). The findings are:</p> <p>Review on 11/18/25 of Client #1's record revealed: -Date of admission: 9/6/19. -Diagnosis: Opioid Use Disorder, Moderate. -Treatment plan dated 8/29/25: no goals and strategies to address the client's needs related to the substance use history.</p> <p>Interview on 11/18/25 with Client #1 revealed: -Reviewed her treatment plan in September 2025 with the Former Licensed Clinical Addiction</p>	{V 112}	<p>Basis for Evaluation:Clear criteria for evaluating progress toward outcomes, including counseling participation, appointment attendance, and documented clinical progress.</p> <p>Patient Consent / Agreement:Written consent or agreement by the patient or legally responsible person is obtained and documented in the clinical record.If consent cannot be obtained, a written statement is completed by the provider documenting the reason consent was not obtained, in compliance with the rule.</p> <p>Preventive Measures:All treatment plans will be monitored using a daily counseling tracker and a comprehensive clinical charting tracker to ensure:</p> <p>Timely completion within required time frames Inclusion of all required elements Ongoing compliance with review and signature requirements The Clinical Director will review treatment plans routinely to verify completeness and regulatory compliance.</p>	

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{V 112}	<p>Continued From page 2</p> <p>Specialist (LCAS).</p> <p>Review on 11/18/25 of Client #2's record revealed: -Date of admission: 4/21/17. -Diagnosis: Opioid Use Disorder. -Treatment plan dated 9/23/25: no goals and strategies to address the client's needs related to the substance use history.</p> <p>Interview on 11/18/25 with Client #2 revealed: -"Updated" his treatment Pan "a couple months ago" with the Former LCAS. -His treatment plan goals were "working on my disability...getting ulcer in my foot checked out (by a physician)."</p> <p>Review on 11/18/25 of Client #4's record revealed: -Date of admission: 8/17/18. -Diagnosis: Substance Use Disorder. -Treatment plan dated 9/29/25: no goals and strategies to address the client's needs related to substance use disorder.</p> <p>Interview on 11/18/25 with Client #4 revealed: -Reviewed her treatment plan in August 2025 with the Former LCAS. -Current treatment plan goals were to get her Certified Nursing Assistant license and to get her teeth fixed.</p> <p>Review on 11/18/25 of Client #7's record revealed: -Date of admission: 7/16/25. -Diagnosis: Opioid Use Disorder, Moderate. -No documentation of a treatment plan.</p> <p>Attempted interview on 11/21/25 with Client #7 was unsuccessful as he did not return the call.</p>	{V 112}		

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{V 112}	<p>Continued From page 3</p> <p>Review on 11/18/25 of Client #8's record revealed: -Date of admission: 6/17/25. -Diagnosis: Opioid Dependence, Uncomplicated. -No documentation of a treatment plan.</p> <p>Review on 11/18/25 of Client #11's record revealed: -Date of admission: 8/5/25. -Diagnosis: Opioid Use Disorder, Moderate. -No documentation of a treatment plan.</p> <p>Review on 11/18/25 of email correspondence dated 10/6/25 from the Regional Director of Operations (RDO) to the Division of Health Service Regulation (DHSR) Mental Health Licensure and Certification Section Chief revealed: -"Good afternoon All, I am reaching out to inform you all that [Former Treatment Center Director (TCD)] is no longer the TCD at the Murphy location. While I work to backfill please direct any clinic needs to both [Licensee employee] and I and we will do our best to accommodate. I will be on site next week to support the team and will have leadership present onsite until I am able to backfill the positions. If you have any additional questions, please do not hesitate to contact me."</p> <p>Interview on 11/18/25 with the Patient Access Representative/Front Desk Clerk revealed: -The facility did not have any certified drug abuse counselors or certified substance abuse counselors on staff as of 11/1/25. -"[RDO] told us (the Registered Nurse, Lead Nurse, and her) in October (2025) we would have counselors in October who never showed up." -2 counselors came from Sister Facility D from 11/3/25-11/14/25 and their "main focus was doing</p>	{V 112}		

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{V 112}	<p>Continued From page 4</p> <p>treatment plans for Medicaid patients (clients) only...focused on Medicaid patients." -Had "been trying to reach out to [RDO] since 10/20/25 (regarding counselors in the facility) and haven't heard back."</p> <p>Interview on 11/19/25 with the Medical Director revealed: -"Think they (RDO) interviewed 2 counselors but haven't been told anything."</p> <p>Interview on 11/19/25 with the Sister Facility A TCD revealed: -Contacted the RDO and volunteered to help out at the facility, "I just stepped in (at facility) a week ago." -Was "on site last week of October (2025) to see what was going on, spoke with staff and patients (clients) trying to get a feel for what's going on." -Had been helping with the facility the "last 7 days starting doing (client) discharges and getting counselors in place." -Did not complete detailed audits of the treatment plans and goals and strategies to address the clients' needs related to the substance use history for the facility, "still learning the process and requirements for treatment plans...still getting caught up."</p> <p>Interview on 11/19/25 with the Sister Facility B TCD revealed: -Had not been to the facility since the Former TCD left on 10/1/25. -"Came to the facility today (11/19/25) because the RDO asked for me to be here (to assist the DHSR surveyors with the current survey of the facility)." -Was not responsible for oversight of the facility's treatment plans and goals and strategies to address the clients' needs related to the</p>	{V 112}		

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{V 112}	<p>Continued From page 5</p> <p>substance use history.</p> <p>Interview on 11/20/25 with the Sister Facility C TCD revealed: -Was on site at the facility on 10/29/25 to talk with the Former LCAS about "what we could do to keep her to stay on as a clinical director...what could pay to keep her on." -The Former LCAS left employment at the facility on 10/31/25.</p> <p>Interviews on 11/18/25, 11/19/25 and 11/20/25 with the RDO revealed: -Was last "on site at the facility on 10/6/25 when State Opioid Treatment Authority (SOTA) came on site." -2 Sister Facility D counselors "worked the past couple weeks (11/3/25-11/14/25) doing the treatment plans..." -Had 2 LCASs in the process of being hired and would start at the facility on 11/24/25. -"Did not know treatment plans were not caught up, I thought [Former LCAS] was getting those done." -The "focus for me as operator was to make sure counselors on site (Sister Facility D counselors) to see patients...1st focal point...2nd focal point was to schedule to get the treatment plans done...major mess up of mine...I was focused on recruiting (counselors)..." -Treatment plans were not completed "due to losing staff and me learning every day about North Carolina requirements (related to the operation of a licensed outpatient opioid treatment facility)."</p> <p>Review on 12/3/25 of the facility's census records for period 11/19/25 to 12/3/25 revealed: -Current client census on 12/3/25 was 115 which included Client #12 who was administered</p>	{V 112}		

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{V 112}	<p>Continued From page 6</p> <p>medication as a guest.</p> <p>Review on 12/3/25 of the facility's treatment plan records revealed: -42 clients with expired treatment plans which were dated 1/26/23-3/27/24. -13 clients with no documentation of a treatment plan.</p> <p>Interview on 12/3/25 with the Patient Access Representative/Front Desk Clerk revealed: -Worked at the facility daily since 11/21/25. -The Clinical Supervisor and Counselor started employment at the facility on 11/25/25 and began trainings and meeting with other employees. -Sister Facility D's Counselor had not been to the facility from 11/21/25-12/3/25. -The Former Treatment Center Director (TCD) created a tracking sheet to monitor due dates and completion of assessments and treatment plans, "[Former TCD] designed herself, best of my knowledge that was not a new (tracking sheet) thing or company resource."</p> <p>Interview on 12/3/25 with the Lead Nurse revealed: -The Clinical Supervisor and Counselor started employment at the facility on 11/25/25. -Sister Facility D's Counselor had not been to the facility from 11/21/25-12/3/25. -There had not been any additional counselors on site since 11/21/25, "...been in contact with [Sister Facility A TCD] every week but no one (counselors) on site (from 11/21/25-11/25/25)." -The Clinical Supervisor and Counselor will be on site "one week a month" to complete individual counseling sessions, "then working remote virtual the next 3 weeks" each month. -Was "still working on discharging clients...down to 115...goal was to get to 100 clients."</p>	{V 112}		

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{V 112}	<p>Continued From page 7</p> <p>Interview on 12/3/25 with the Counselor revealed:</p> <ul style="list-style-type: none"> <li>-Started employment at the facility on 11/25/25.</li> <li>-Worked at the facility daily since 11/25/25.</li> <li>-Had not completed treatment plans since the start of employment 11/25/25, "...nothing clinical has been done since starting 11/25/25...doing onboarding trainings."</li> <li>-Not working full time; schedule will be Monday-Thursday.</li> <li>-"Schedule as of now will be one week on site, 3 weeks virtual (each month)."</li> <li>-After 12/4/25, next time she will be on site will be in January 2026, "going home (not local to the facility) after this week doing virtual (virtual counseling sessions) for rest of the month."</li> <li>-No additional counselors or management had been to the facility since 11/25/25, "have not met any counselors on site since starting."</li> <li>-Expected to have a case load of no more than 50 clients.</li> </ul> <p>Interview on 12/3/25 with the Clinical Supervisor revealed:</p> <ul style="list-style-type: none"> <li>-Started employment at the facility on 11/25/25.</li> <li>-Worked daily at the facility since 11/25/25.</li> <li>-Responsible for the clinical oversight of the facility.</li> <li>-Will eventually have a caseload of no more than 25 clients.</li> <li>-Had not completed treatment plans since coming on site 11/25/25, "have to complete onboarding (training) 1st ...trying to get done before going home (approximately 225 miles from facility) 12/5/25."</li> <li>-Sister Facility D's Counselor had not been to the facility from 11/21/25-12/3/25, "not aware of who that is, have not met him."</li> <li>-No additional counselors or management had been to the facility since 11/25/25.</li> </ul>	{V 112}		

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{V 112}	<p>Continued From page 8</p> <p>-Will be on site for a week each month and "will do in person counseling on site at facility for a week ...3 weeks of the month do virtual counseling."</p> <p>"Here (facility) this week on site then rest of the month working from home."</p> <p>"Next time on site after this week will be January 2026."</p> <p>-The RDO had not reviewed the tracking sheet to monitor due dates and completion of assessments and treatment plans with her yet, "not aware of [software] tracking sheet yet."</p> <p>Review on 11/20/25 of the Plan of Protection dated 11/20/25 completed by the RDO revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Two full-time licensed clinical staff will begin employment the week of 11/24 (2025), including:     LCAS - Counselor     LCSW (Licensed Clinical Social Worker),     LCAS-A (Associate) - Clinical Supervisor</p> <p>Training plans have been created, and once both staff members are onboard, we will ensure there are no gaps in completing assessments, treatment plans, or required service documentation. Since there is currently no existing clinical staff, all assessment and treatment planning functions will begin once these staff are fully onboard and trained.</p> <p>Describe your plans to make sure the above happens. A structured onboarding schedule has been developed to begin on 11/24 (2025), including review of assessment requirements, service plan timelines, and documentation standards under NCAC 27G. The Clinical Supervisor will oversee and verify</p>	{V 112}		

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{V 112}	<p>Continued From page 9</p> <p>completion of all assessments and treatment plans to ensure full compliance moving forward. An [software program] tracking sheet will be created to monitor due dates and completion of assessments and treatment plans. The Regional Clinical Trainer and Monitor will conduct weekly check-ins with the Clinical Director to review the tracking sheet, verify documentation compliance, and ensure corrective actions remain in place. The Regional Director (RDO) will additionally review documentation and staffing compliance on a weekly basis to confirm sustained corrective measures."</p> <p>Review on 11/21/25 of the first addendum to the Plan of Protection dated 11/21/25 completed by the RDO revealed: -"Describe your plans to make sure the above happens. Current clinicians assisting will continue to report onsite to assist new counselors in completing TX (treatment) plans... Treatment plans will be in compliance by 1/2/26. Patients within one year of treatment will be seen twice a month beginning 12/1 (2025) for Counseling."</p> <p>Review on 11/21/25 of the second addendum to the Plan of Protection dated 11/21/25 completed by the RDO revealed: -"Treatment plans should be in compliance by 12/1 (2025)...Leadership will deploy additional supporting counselors to assist newly onboarded staff, providing the clinic with up to four counselors. Newly onboarded counselors will focus on building rapport and completing individual sessions, while supporting counselors will prioritize outstanding treatment plans. The Regional Director (RDO) has identified all outstanding treatment plans and all patients requiring twice-monthly counseling. These</p>	{V 112}		

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{V 112}	<p>Continued From page 10</p> <p>patients will be scheduled accordingly, with progress monitored through a shared [software program] tracker. The facility will maintain these monitoring systems and staffing supports until all documentation, assessment timelines, and counseling frequency requirements are fully compliant and sustained."</p> <p>This deficiency constitutes a recited deficiency.</p> <p>This facility served adults with diagnoses which included Opioid Dependence and Opioid Use Disorder. Clients #1, #2, and #4 did not have any goals and strategies to address needs related to their substance use history, and Clients #7, #8, and #11 did not have treatment plans developed. Due to the lack of treatment plan strategies and goals, Clients #1, #2, #4, #7, #8, and #11 did not receive the required support of strategies and goals while they received medication assisted treatment for substance use disorders.</p> <p>This deficiency constitutes a Continuing Type B rule violation which is detrimental to the health, safety, and welfare of the clients for failure to correct within 45 days.</p>	{V 112}		
{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</p>	{V 235}	<p>MedMark Treatment Center – Murphy has implemented immediate corrective action to ensure compliance with staffing requirements under 10A NCAC 27G .3603. Effective 11/25, [REDACTED], Clinical Director, and [REDACTED], Counselor, were hired and placed onsite to provide direct clinical oversight and counseling services. With these hires, the facility maintains appropriate staffing coverage to meet the required minimum ratio of one certified drug abuse counselor or certified substance abuse counselor per 50 patients.</p> <p>Caseloads will be actively monitored to ensure ongoing compliance with regulatory staffing ratios.</p>	11/25/25

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL022-017</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/04/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MEDMARK TREATMENT CENTERS MURPHY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7540 US HIGHWAY 64 BRASSTOWN, NC 28902</b>
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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 235}	<p>Continued From page 11</p> <p>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> <p>(4) infectious diseases including HIV, sexually transmitted diseases and TB.</p> <p>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:</p> <p>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 12 audited clients (Clients #5, #6, #7, #8, #9 and #11) and after the first year and in all subsequent years of continuous treatment a client attend at least one counseling session per month affecting 1 of 12 audited clients (Client #4).</p>	{V 235}	<p><b>Preventive Measures:</b> To prevent recurrence of staffing deficiencies, the facility has implemented the following controls:</p> <p>Counselor-to-client ratios will be actively monitored daily using a staffing and census tracking tool.</p> <p>Admissions and census levels will be reviewed in real time to ensure staffing capacity remains compliant.</p> <p>Contingency staffing plans will be implemented should census increase or staffing changes occur.</p> <p>Ongoing recruitment efforts will continue to ensure sustained certified staffing coverage.</p>	

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{V 235}	<p>Continued From page 12</p> <p>Review on 11/18/25 of the facility's records from 9/28/25-11/18/25 revealed:</p> <ul style="list-style-type: none"> <li>-Facility census ranged of 118-142 clients from 9/28/24-11/18/25.</li> <li>-9/28/25-10/1/25:               <ul style="list-style-type: none"> <li>-2 CDACs (Former Treatment Center Director (TCD) and Former Counselor) carrying a caseload.</li> <li>-Census on 9/28/25 was 142 (4 days out of ratio).</li> </ul> </li> <li>-10/1/25-10/31/25:               <ul style="list-style-type: none"> <li>-1 Former Counselor carrying a caseload.</li> <li>-Census 10/1/25: 142.</li> <li>-Census 10/31/25: 136.</li> <li>-31 days out of ratio.</li> </ul> </li> <li>-11/1/25-11/18/25:               <ul style="list-style-type: none"> <li>-No counselors for a census of 118 clients.</li> </ul> </li> </ul> <p>-The facility was out of compliance for 1 counselor to 50 clients ratio for a total of 53 days for period 9/28/25-11/18/25.</p> <p>Review on 11/18/25 of email correspondence dated 10/6/25 from the Regional Director of Operations (RDO) to the Division of Health Service Regulation (DHSR) Mental Health Licensure and Certification Section Chief revealed:</p> <p>"Good afternoon All, I am reaching out to inform you all that [Former TCD] is no longer the TCD at the Murphy location. While I work to backfill please direct any clinic needs to both [Licensee employee] and I and we will do our best to accommodate. I will be on site next week to support the team and will have leadership present onsite until I am able to backfill the positions. If you have any additional questions, please do not hesitate to contact me."</p> <p>Review on 11/18/25 of email correspondence</p>	{V 235}		

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{V 235}	<p>Continued From page 13</p> <p>dated 11/14/25 from the RDO to the State Opioid Treatment Authority (SOTA) revealed: -"Murphy Census Update - Current census is 118."</p> <p>Interviews on 11/18/25 with the Patient Access Representative/Front Desk Clerk revealed: -The facility did not have any certified drug abuse counselors or certified substance abuse counselors on staff as of 11/1/25. -"[Regional Director of Operations (RDO)] told us (the Registered Nurse, Lead Nurse, and her) in October (2025) we would have counselors in October who never showed up." -Received an email from the RDO on 10/31/25 that the facility was going to have counselors from Sister Facility D on 11/3/25. -Was "difficult to get in contact with clients (to schedule time to meet with Sister Facility D counselors)...with such short notice." -2 counselors came from Sister Facility D from 11/3/25-11/14/25 and their "main focus was doing treatment plans for Medicaid patients (clients) only...focused on Medicaid patients."</p> <p>Interview on 11/19/25 with the Medical Director revealed: -"Think they interviewed 2 counselors but haven't been told anything." -Was "still sort of in shock" the Former TCD was no longer employed at the facility.</p> <p>Interview on 11/19/25 with the Sister Facility A TCD revealed: -Contacted the RDO and volunteered to help out at the facility. -Was "on site last week of October (2025) to see what was going on, spoke with staff and patients trying to get a feel for what's going on." -Had been helping with the facility the "last 7 days</p>	{V 235}		

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{V 235}	<p>Continued From page 14</p> <p>starting doing (client) discharges and getting counselors in place."</p> <p>Interview on 11/19/25 with the Sister Facility B TCD revealed: -Had not been to the facility since the Former TCD left on 10/1/25. -"Came to the facility today (11/19/25) because the RDO asked for me to be here (to assist the DHSR surveyors with the current survey of the facility)."</p> <p>Interview on 11/20/25 with the Sister Facility C TCD revealed: -Was on site at the facility on 10/29/25 to talk with the Former Licensed Clinical Addiction Specialist (LCAS) about "what we could do to keep her to stay on as a clinical director...what could pay to keep her on." -The Former LCAS left employment at the facility on 10/31/25.</p> <p>Interviews on 11/18/25 and 11/19/25 with the RDO revealed: -Was last "on site at the facility on 10/6/25 when State Opioid Treatment Authority (SOTA) came on site." -2 Sister Facility D counselors "worked the past couple weeks (11/3/25-11/14/25) doing the treatment plans..." -Had one LCAS and one Licensed Clinical Social Worker (LCSW) in the process of being hired and would start at the facility on 11/24/25. -"Focus for me as operator was make sure counselors on site to see patients." -The facility out of ratio for 1 counselor to each 50 clients was "due to losing staff and me learning every day about North Carolina requirements (related to the operation of a licensed Outpatient Opioid Treatment facility)."</p>	{V 235}		

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{V 235}	<p>Continued From page 15</p> <p>Interview on 11/20/25 with the Senior Vice President revealed: -Had not been to the facility since the 9/5/25 DHSR survey. -2 Sister Facility D counselors were at the facility from 11/3/25-11/24/25 "...working there with patients...this week (11/17/25-11/21/25), they weren't able to be there...only week we had an issue (with counseling requirements)." -After talking with the RDO, was under the impression the facility's prior issues of counselor to client ratio "had remarkably improved (since 9/5/25 DHSR survey)."</p> <p>Review on 12/3/25 of the facility's census records for period 11/19/25 to 12/3/25 revealed: -Current client census on 12/3/25 was 115 which included Client #12 who was administered medication as a guest.</p> <p>Review on 12/3/25 of the facility's counseling sessions from 11/21/25-12/3/25 revealed: -No documented counseling sessions for 114 clients. -Client #12 does not receive counseling at the facility.</p> <p>Interview on 12/3/25 with the Patient Access Representative/Front Desk Clerk revealed: -Worked at the facility daily since 11/21/25. -There had been no group counseling sessions since 11/21/25. -The guest therapist who conducted group therapy at the facility was told to stop by executive leadership due to not being associated with the Licensee. -The Clinical Supervisor and Counselor started employment at the facility on 11/25/25 and began trainings and meeting with other employees.</p>	{V 235}		

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{V 235}	<p>Continued From page 16</p> <ul style="list-style-type: none"> <li>-Sister Facility D's Counselor had not been to the facility from 11/21/25-12/3/25.</li> <li>-Had not scheduled group therapy or individual counseling sessions for the Clinical Supervisor or Counselor due to "both counselors still doing onboarding training."</li> <li>-The Clinical Supervisor will have "no more than 25 clients" on her caseload, which would leave 90 clients with the Counselor.</li> <li>-"As of right now, don't have any counseling sessions scheduled."</li> </ul> <p>Interview on 12/3/25 with the Lead Nurse revealed:</p> <ul style="list-style-type: none"> <li>-The Clinical Supervisor and Counselor started employment at the facility on 11/25/25.</li> <li>-Sister Facility D's Counselor had not been to the facility from 11/21/25-12/3/25.</li> <li>-There had not been any additional counselors on site since 11/21/25, "...been in contact with [Sister Facility A TCD] every week but no one (counselors) on site (from 11/21/25-11/25/25)."</li> <li>-Had a staff meeting on 12/2/25 and "were discussing clients and trying to get them signed up for counseling sessions, nothing scheduled yet."</li> <li>-The Clinical Supervisor and Counselor will be on site "one week a month" to complete individual counseling sessions, "then working remote virtual the next 3 weeks" each month.</li> <li>-Was "still working on discharging clients...down to 115...goal was to get to 100 clients."</li> </ul> <p>Interview on 12/3/25 with the Counselor revealed:</p> <ul style="list-style-type: none"> <li>-Started employment at the facility on 11/25/25.</li> <li>-Worked at the facility daily since 11/25/25.</li> <li>-Had not completed counseling since the start of employment 11/25/25, "...nothing clinical has been done since starting 11/25/25...doing onboarding trainings."</li> </ul>	{V 235}		

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{V 235}	<p>Continued From page 17</p> <ul style="list-style-type: none"> <li>-Not working full time; schedule will be Monday-Thursday.</li> <li>-"Schedule as of now will be one week on site, 3 weeks virtual (each month)."</li> <li>-After 12/4/25, next time she will be on site will be in January 2026, "going home (not local to the facility) after this week doing virtual (virtual counseling sessions) for rest of the month."</li> <li>-No additional counselors or management had been to the facility since 11/25/25, "have not met any counselors on site since starting."</li> <li>-Expected to have a case load of no more than 50 clients.</li> </ul> <p>Interview on 12/3/25 with the Clinical Supervisor revealed:</p> <ul style="list-style-type: none"> <li>-Started employment at the facility on 11/25/25.</li> <li>-Worked daily at the facility since 11/25/25.</li> <li>-Responsible for the clinical oversight of the facility.</li> <li>-Will eventually have a caseload of no more than 25 clients.</li> <li>-Counseling sessions were "not scheduled yet."</li> <li>-Had not completed counseling since coming on site 11/25/25, "have to complete onboarding (training) 1st ...trying to get done before going home (approximately 225 miles from facility) 12/5/25."</li> <li>-Sister Facility D's Counselor had not been to the facility from 11/21/25-12/3/25, "not aware of who that is, have not met him."</li> <li>-No additional counselors or management had been to the facility since 11/25/25.</li> <li>-Will be on site for a week each month and "will do in person counseling on site at facility for a week ...3 weeks of the month do virtual counseling."</li> <li>-"Here (facility) this week on site then rest of the month working from home."</li> <li>-"Next time on site after this week will be January</li> </ul>	{V 235}		

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{V 235}	<p>Continued From page 18</p> <p>2026."</p> <p>Review on 11/20/25 of the Plan of Protection dated 11/20/25 completed by the RDO revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? To ensure immediate and ongoing safety of all patients, the facility has secured qualified clinical staff with appropriate credentials and start dates confirmed:</p> <p>LCAS (Licensed Clinical Addiction Specialist) - Counselor (Start Date: 11/24 (2025)) LCSW (Licensed Clinical Social Worker), LCAS-A (Associate) - Clinical Supervisor (Start Date: 11/24 (2025))</p> <p>Both staff members meet all credentialing requirements outlined in NCAC 27G and will begin duties onsite on 11/24 (2025). Once the clinical staff are onboard, we will ensure there are no gaps in service and that all required counseling and clinical supervision services are provided in full compliance with NCAC 27G requirements.</p> <p>Describe your plans to make sure the above happens. The facility has established a structured onboarding and training plan beginning 11/24 (2025). Training includes 1:1 instruction, review of policies and procedures, documentation expectations, and alignment with NCAC 27G clinical requirements. The Clinical Supervisor will oversee all clinical operations, ensure compliance with credentialing requirements, and verify all clinical activities meet state standards. The Regional Director (RDO) and Interim Treatment Center Director (Sister Facility A TCD) will monitor progress and verify training</p>	{V 235}		
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{V 235}	<p>Continued From page 19</p> <p>completion to ensure full compliance and prevent recurrence."</p> <p>Review on 11/21/25 of the first addendum to the Plan of Protection dated 11/21/25 completed by the RDO revealed: -"Describe your plans to make sure the above happens...Clinic is expected to be in full compliance with counselor to patient (client) ratio by December 12th (2025)."</p> <p>Review on 11/21/25 of the second addendum to the Plan of Protection dated 11/21/25 completed by the RDO revealed: -"The Clinical and Medical teams will continue transitioning patients to nearby locations, when clinically appropriate, to maintain safe caseload distribution and ensure adherence to counselor-to-patient ratio requirements until full staffing is in place. The Regional Director will continue collaborating closely with the recruiting team to secure permanent clinical staff and ensure ongoing coverage at the clinic. In the event a counselor is unable to fully onboard as scheduled, the facility has two licensed counselors who have already been supporting Murphy (MedMark Treatment Centers Murphy) (facility) and who remain committed to working onsite to ensure continuity of care and compliance."</p> <p>This deficiency constitutes a recited deficiency.</p> <p>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. From 10/1/25-10/31/25 there was one Licensed Clinical Addiction Specialist employed by the facility. The client census ranged from 136-142</p>	{V 235}		

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{V 235}	Continued From page 20  for the same time period. From 11/1/25-11/21/25 there were no Certified Drug Abuse Counselors or Certified Substance Abuse Counselors employed by the facility. The client census ranged from 118-136 for the same time period. The required counselor to client ratio remained out of compliance for a total of 53 days with a client census range of 118-142 from 9/28/24 to 11/18/25. The facility was depending on non-clinical staff to provide oversight and schedule counseling sessions. 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. The facility did not provide the required treatment of counseling sessions and supports provided by licensed clinical staff during medication assisted treatment for substance use disorders.  This deficiency constitutes a Continuing Type A1 rule violation originally cited for serious neglect for failure to correct 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	{V 238}	MedMark Treatment Center Murphy has reviewed and reinforced operational procedures to ensure compliance with all applicable state and federal laws, regulations, and standards of practice.  The program is actively seeking a permanent Treatment Center Director. In the interim, program operations are overseen by the Interim Treatment Center Director, with support from [REDACTED] Clinical Director (hired 11/25), and the Regional Director of Operations (RDO) to ensure continuity of care and regulatory compliance.	12/5/25

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NAME OF PROVIDER OR SUPPLIER  <b>MEDMARK TREATMENT CENTERS MURPHY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7540 US HIGHWAY 64 BRASSTOWN, NC 28902</b>
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{V 238}	<p>Continued From page 21</p> <p>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 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.</p> <p>(1) Levels of Eligibility are subject to the following conditions:</p> <p>(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;</p> <p>(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;</p> <p>(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;</p> <p>(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</p>	{V 238}	<p><b>Take-Home Eligibility:</b> The facility follows all state requirements governing take-home medication eligibility. Clients requesting take-home doses must meet required criteria for time in continuous treatment and program compliance, with supervised dosing occurring at required intervals. All take-home determinations are documented in the clinical record.</p> <p><b>Reduction, Suspension, Reinstatement, and Exceptions:</b> Take-home eligibility is reduced or suspended based on drug screen results in accordance with rule requirements. Reinstatement is determined by the program based on documented clinical stability and compliance. Exceptions to take-home schedules are granted only when permitted by rule and are fully documented.</p> <p><b>Preventive Measures:</b> Program operations will be overseen by the Interim Treatment Center Director, with support from the Clinical Director and RDO. Take-home eligibility, drug screen results, eligibility level changes, and exceptions will be actively monitored through routine clinical review. Policies and procedures will be reviewed with staff to ensure consistent application, and leadership will conduct periodic audits of take-home documentation and operational compliance until a permanent Treatment Center Director is in place.</p>	

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{V 238}	<p>Continued From page 22</p> <p>under supervision at the clinic each week;</p> <p>(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;</p> <p>(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 take-home doses and shall ingest at least one dose under supervision at the clinic every 14 days; and</p> <p>(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.</p> <p>(2) Criteria for Reducing, Losing and Reinstatement of Take-Home Eligibility:</p> <p>(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;</p> <p>(B) A client who tests positive on three drug screens within the same 90-day period shall have all take-home eligibility suspended; and</p> <p>(C) The reinstatement of take-home eligibility shall be determined by each Outpatient Opioid Treatment Program.</p> <p>(3) Exceptions to Take-Home Eligibility:</p> <p>(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</p>	{V 238}		

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{V 238}	<p>Continued From page 23</p> <p>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.</p> <p>(B) A client who is unable to conform to the applicable mandatory schedule because of a verifiable physical disability may be permitted 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.</p> <p>(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:</p> <p>(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.</p> <p>(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.</p> <p>(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</p>	{V 238}		

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{V 238}	<p>Continued From page 24</p> <p>discussed with each client at the initiation of treatment and annually thereafter.</p> <p>(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, methadone, cocaine, barbiturates, amphetamines, THC, benzodiazepines and alcohol. Alcohol testing results can be gathered by either urinalysis, breathalyzer or other alternate scientifically valid method.</p> <p>(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.</p> <p>(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.</p>	{V 238}		

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{V 238}	<p>Continued From page 25</p> <p>(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:</p> <ol style="list-style-type: none"> <li>(1) dual enrollment prevention measures that consist of client consents, and either program contacts, participation in the central registry or list exchanges;</li> <li>(2) call-in's for bottle checks, bottle returns or solid dosage form call-in's;</li> <li>(3) call-in's for drug testing;</li> <li>(4) drug testing results that include a review of the levels of methadone or other medications approved for the treatment of opioid addiction;</li> <li>(5) client attendance minimums; and</li> <li>(6) procedures to ensure that clients properly ingest medication.</li> </ol> <p>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 12 audited clients (Clients #5, #6, #7, #8, #9 and #11) and after the first year and in all subsequent years of continuous treatment a client attend at least one counseling session per month affecting 1 of 12 audited clients (Client #4). The findings are:</p> <p>Review on 11/18/25 of Client #4's record revealed: -Date of admission: 8/17/18. -Diagnosis: Substance Use Disorder.</p>	{V 238}		

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{V 238}	<p>Continued From page 26</p> <p>-No documentation of a counseling session for the period of 10/1/25-11/18/25.</p> <p>Interview on 11/18/25 with Client #4 revealed: -Last individual counseling session was in August 2025 with the Former Licensed Clinical Addiction Specialist (LCAS) to review her treatment plan. -Did not have an individual counseling session in October 2025.</p> <p>Review on 11/18/25 of Client #5's record revealed: -Date of admission: 2/4/25. -Diagnosis: Opioid Use Disorder. -No documentation of counseling sessions for the period of 10/1/25-11/18/25.</p> <p>Interview on 11/19/25 with Client #5 revealed: -Had one counseling session in October 2025 but was not sure of the exact day. -Counseling at the facility "doesn't really help me." -"Just get my dose (of methadone) and get on with my day." -"All the counselors quit, ought to tell you something there ain't right."</p> <p>Review on 11/18/25 of Client #6's record revealed: -Date of admission: 3/11/25. -Diagnosis: Substance Use Disorder. -No documentation of counseling sessions for the period of 10/1/25-11/18/25.</p> <p>Attempted interview on 11/21/25 with Client #6 was unsuccessful as he did not return the call.</p> <p>Review on 11/18/25 of Client #7's record revealed: -Date of admission: 7/16/25. -Diagnosis: Opioid Use Disorder, Moderate.</p>	{V 238}		

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{V 238}	<p>Continued From page 27</p> <p>-Counseling session notes for the period of 10/1/25-11/18/25: -1 counseling session on 10/8/25. -No second counseling session in October and no sessions in November.</p> <p>Attempted interview on 11/21/25 with Client #7 was unsuccessful as he did not return the call.</p> <p>Review on 11/18/25 of Client #8's record revealed: -Date of admission: 6/17/25. -Diagnosis: Opioid Dependence, Uncomplicated. -Counseling session notes for the period of 10/1/25-11/18/25: -1 counseling session on 10/14/25. -No second counseling session in October and no sessions in November.</p> <p>Review on 11/18/25 of Client #9's record revealed: -Date of admission: 7/15/25. -Diagnosis: Substance Use Disorder. -No documentation of counseling sessions for the period of 10/1/25-11/18/25.</p> <p>Interview on 11/21/25 with Client #9 was unsuccessful as he refused the interview.</p> <p>Review on 11/18/25 of Client #11's record revealed: -Date of admission: 8/5/25/25. -Diagnosis: Opioid Use Disorder, Moderate. -Counseling session notes for the period of 10/1/25-11/18/25: -1 counseling session on 10/7/25. -No second counseling session in October and no sessions in November.</p> <p>Interview on 11/19/25 with the Medical Director</p>	{V 238}		

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{V 238}	<p>Continued From page 28</p> <p>revealed: -"Haven't heard a whole lot from corporate about the counseling aspect (of clients' treatment)."</p> <p>Interview on 11/19/25 with the Sister Facility A Treatment Center Director (TCD) revealed: -"I just stepped in a week ago, trying to have counselors come out there and do counseling." -Did not complete detailed audits of the counseling sessions for the facility, "still learning the process and requirements for counseling...still getting caught up."</p> <p>Interview on 11/19/25 with the Sister Facility B TCD revealed: -Was not responsible for oversight of the facility's counseling session requirements.</p> <p>Interview on 11/20/25 with the Sister Facility C TCD revealed: -Did not discuss counseling session requirements with the Former LCAS on 10/29/25.</p> <p>Interviews on 11/18/25 and 11/19/25 with the Regional Director of Operations (RDO) revealed: -"Not aware that clients were still not receiving required 2 counseling sessions a month for the 1st year of treatment." -Assigned the Sister Facility A TCD to "spot checking (counseling session requirements) but did not tell her to audit...not a focus of audit." -Client counseling session requirements not met "was a major mess up of mine...focused on recruiting (counselors)." -"...Learning every day about North Carolina requirements (related to the operation of a licensed outpatient opioid treatment facility)."</p> <p>Interview on 11/20/25 with the Senior Vice President revealed:</p>	{V 238}		

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{V 238}	Continued From page 29  -After talking with the RDO was under the impression the facility's prior issues of the counseling session requirements "had remarkably improved (since the 9/5/25 Division of Health Service Regulation survey)."  This deficiency constitutes a recited deficiency.  This deficiency is cross referenced into 10A NCAC 27G .3603 Staff (V235) for a failure to correct Type A1 rule violation.	{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 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	{V 367}	MedMark Treatment Center Murphy has reviewed and reinforced incident reporting procedures to ensure compliance with 10A NCAC 27G .0604. All Level II incidents are reported as required, excluding deaths, and all Level III incidents are reported to the appropriate oversight authorities within 72 hours of becoming aware of the incident, in accordance with rule requirements. Any incident involving a client death is reported to the appropriate regulatory bodies within required timeframes.  The IRIS incident report was completed and submitted to state representatives prior to the close of the survey review on 12/4, ensuring timely notification and compliance with reporting requirements.	12/4/25

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{V 367}	Continued From page 30  (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 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:	{V 367}	Preventive Measures:  To prevent recurrence of incident reporting deficiencies, the facility has implemented the following measures:  Incident reporting requirements and timelines will be reviewed with staff to ensure understanding and compliance.  Standard Operating Procedures (SOPs) will be created to address incident reporting responsibilities during periods of staff vacancy to ensure no gaps in reporting.  Incidents will be tracked and monitored through a centralized log to ensure timely submission and documentation.  Quarterly incident summary reports will be submitted electronically to the appropriate LME as required, including documentation when no reportable incidents have occurred.  Training on IRIS incident reporting will take place on 12/30 for applicable staff to reinforce reporting standards, timelines, and documentation expectations.	

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{V 367}	<p>Continued From page 31</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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 report level II incidents to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 11/18/25 of Deceased Client (DC) #13's record revealed: -Date of admission: 11/28/23. -Date deceased: 11/6/25. -Diagnosis: Opioid Dependence, Uncomplicated.</p> <p>Review on 11/19/25 of DC #13's Supplemental Death Review dated 11/11/25 completed by the Sister Facility A Treatment Center Director (TCD) revealed:</p>	{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}	<p>Continued From page 32</p> <p>-"Date Opioid Treatment Program notified of death: 11/6/25."</p> <p>Review on 11/19/25 of DC #13's physician note dated 11/11/25 completed by the Medical Director revealed:</p> <p>-"[DC #13] expired evening of 11/6/25. He called his mother and told her he could not breath. She called ems (Emergency Medical Services) for evaluation and at first he refused to go to hospital. There was a witness arrest with resuscitation begun by ems noting atrial fibrillation he was shocked 4 times with no cardioversion response and was pronounced dead at the local hospital. It was considered a natural event secular to his atherosclerosis cardiac dysthymia and copd (Chronic Obstructive Pulmonary Disease)/asthma along with severe Peripheral Vascular Disease and veinous insufficiency. There was no evidence of illicit paraphernalia and no incorrect use of take home found in his residence. An autopsy was not requested due to death natural from medical complications."</p> <p>Review on 11/19/25 of Incident Response Improvement System (IRIS) completed for DC #13 on 11/19/25 by the Sister Facility A TCD revealed:</p> <p>-"Clinic is unaware of details (DC #13 death). Clinic was contacted by family member of death."</p> <p>Interview on 11/19/25 with the Lead Nurse revealed:</p> <p>-The Sister Facility A TCD was the acting interim director during DC #13's death.</p> <p>-Informed the Sister Facility A TCD of DC #13's death on 11/7/25 and told her an IRIS would need to be completed.</p> <p>-"She (Sister Facility A TCD) wasn't sure how to submit IRIS, said she would contact the TCD in</p>	{V 367}		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL022-017</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/04/2025</b>
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{V 367}	<p>Continued From page 33</p> <p>(Sister Facility D) to figure out IRIS submitting."</p> <p>Interview on 11/19/25 with the Sister Facility A TCD revealed:</p> <ul style="list-style-type: none"> <li>-Was informed of DC #13's death on 11/7/25 by the Lead Nurse.</li> <li>-Completed the IRIS for DC #13's death on 11/19/25.</li> <li>-Was put in charge by the Regional Director of Operations (RDO) of completing the IRIS report for DC #13's death.</li> <li>-"...asked (Sister Facility D) TCD to walk me through IRIS process...submitted today (11/19/25)."</li> <li>-The level II incident which was not reported to the LME/MCO within 72 hours of becoming aware of DC #13's death was due to "figuring out the process (completing IRIS), contacting the Doctor (Medical Director) and working with (Sister Facility D) TCD on how to complete IRIS."</li> </ul> <p>Interview on 11/18/25 with the RDO revealed:</p> <ul style="list-style-type: none"> <li>-" Was not trained on IRIS...did not have access for IRIS...IRIS reports would not have been completed by me."</li> <li>-"[Lead Nurse] did the report (IRIS)."</li> </ul> <p>This deficiency has been cited 3 times since the original cite on 2/24/21 and must be corrected within 30 days.</p>	{V 367}		
V 787	<p>G.S. 122C-23(g) Licensure - Suspension of Admissions</p> <p>NCGS 122C-23(g) The Secretary may suspend the admission of any new clients to a facility licensed under this Article where the conditions of the facility are detrimental to the health or safety of the clients. This suspension shall be for the</p>	V 787	<p>MedMark Treatment Center Murphy acknowledges the Suspension of Admissions in effect during the cited period. The facility did not accept or enroll new clients during this time</p> <p>Any individuals identified during record review were guest dosing patients, already admitted and actively enrolled at another licensed opioid treatment program, and were receiving temporary medication only services under a guest</p>	12/5/25

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V 787	<p>Continued From page 34</p> <p>period determined by the Secretary and shall remain in effect until the Secretary is satisfied that conditions or circumstances merit removal of the suspension. In suspending admissions under this subsection, the Secretary shall consider the following factors:</p> <p>(1) The degree of sanctions necessary to ensure compliance with this section and rules adopted to implement this subsection.</p> <p>(2) The character and degree of impact of the conditions at the facility on the health or safety of its clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility admitted clients while under a Suspension of Admission. The findings are:</p> <p>Review on 11/18/25 of the Division of Health Service Regulation (DHSR) records for the facility revealed: -A Suspension of Admission letter dated 9/3/25.</p> <p>Review on 11/18/25 of an email dated 11/14/25 from the Regional Director of Operations (RDO) to the State Opioid Treatment Authority (SOTA) revealed: -"Murphy Census Update - Current census is 118."</p> <p>Review on 11/18/25 of the list of current clients provided on 11/18/25 by the Patient Access Representative/Front Desk Clerk revealed: -Client #12 was listed as "Guest-Methadone" with</p>	V 787	<p>dosing agreement. These individuals were not admitted, did not increase the facility census, and did not receive intake, assessment, or treatment planning services at the Murphy location.</p> <p>To prevent any future confusion, the facility has reinforced procedures to ensure guest dosing patients are clearly identified and documented separately from admissions during any suspension period.</p> <p>Preventive measures: Guest dosing procedures will be reviewed with staff during any Suspension of Admissions.</p> <p>Guest dosing patients will be clearly labeled and tracked separately from admissions.</p> <p>Census and admission logs will be reviewed by leadership during suspension periods</p> <p>Interim Treatment Center Director will oversee compliance during any future admission holds</p>	

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V 787	<p>Continued From page 35</p> <p>an "Enroll Date (Admission)" of 9/20/25.</p> <p>Review on 11/19/25 of Client #12's record revealed:</p> <ul style="list-style-type: none"> <li>-Date of Previous Admission: 6/11/24.</li> <li>-Date of Discharge: 8/8/25.</li> <li>-Medication Administration Records from 9/20/25 through 11/10/25 revealed 200 milligrams of Methadone administered to as follows: 9/20/25 dosed at facility with one take home, 9/22/25 dosed at facility with one 6 take homes, 9/29/25 dosed at facility with 13 take homes, 10/13/25 dosed at facility with 13 take homes, 10/27/25 dosed at facility with 13 take homes, 11/10/25 dosed at facility with 13 take homes.</li> </ul> <p>Review on 11/19/25 of a "General Note" completed 9/20/25 by the Former Treatment Center Director (TCD) revealed:</p> <ul style="list-style-type: none"> <li>-"Pt (Patient number) (Client #12) called this morning and stated that she was discharged from (local Opioid Treatment Program (OTP)) and wanted to come in today to re-engage with us. However, she was discharged by us and we're not accepting new intakes...TCD had concerns about Pt going without her medication over the weekend, possibly leading her back to illicit use and un-doing all the good she has done. Dosing Nurse texted with Medical Provider (Medical Director) who approved giving Pt a Saturday/Sunday take-home. I enrolled her as 'guest-Methadone' until we can sort out what we are doing with her in terms of guest dosing..."</li> </ul> <p>Interview on 11/19/25 with the Lead Nurse revealed:</p> <ul style="list-style-type: none"> <li>-An alert from the Central Registry was received on 8/8/25 that Client #12 had enrolled in another local OTP facility so she was discharged from their facility on 8/8/25.</li> </ul>	V 787		

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V 787	<p>Continued From page 36</p> <ul style="list-style-type: none"> <li>-The Former TCD received a call from Client #12 who wanted to come back and enroll in their facility.</li> <li>-She could not be admitted to the facility due to being on "intake hold" from the Suspension of Admission issued by DHR on 9/3/25.</li> <li>-She contacted the local OTP facility who agreed to continue Client #12's counseling and "we are guest dosing her."</li> <li>-The Regional Director of Operations (RDO) confirmed guest dosing Client #12 was acceptable "because we're not admitting the patient."</li> <li>-The Medical Director approved the order to "guest dose" Client #12.</li> </ul> <p>Interview on 11/19/25 with the Medical Director revealed:</p> <ul style="list-style-type: none"> <li>-Aware of the Suspension of Admission imposed on 9/3/25.</li> <li>-"My impression was that we were still allowed to do guest dosing..."</li> <li>-Enrolling Client #12 as "guest dosing" was not considered an admission.</li> </ul> <p>Interview on 11/19/25 with the RDO revealed:</p> <ul style="list-style-type: none"> <li>-She "knew nothing about that (Client #12 was guest dosing)...not sure how that is possible..."</li> </ul>	V 787		

