

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL014-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2026
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NAME OF PROVIDER OR SUPPLIER GRANITE FALLS COMPREHENSIVE TREATMENT CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 249 RIVERBEND DRIVE GRANITE FALLS, NC 28630
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on May 8, 2026. The complaint was substantiated (intake #NC00236851).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 56. The survey sample consisted of audits of 6 current clients.</p> <p>Sister facilities are identified in this report. Each of the 2 sister facilities will be identified by a corresponding letter. Sister facilities A and B are located in North Carolina. Staff from each sister facility will be identified using the letter of each sister facility and an identifier.</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</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>continuing education to include understanding of the following:</p> <ol style="list-style-type: none"> (1) nature of addiction; (2) the withdrawal syndrome; (3) group and family therapy; and (4) infectious diseases including HIV, sexually transmitted diseases and TB. <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure there was a Supervising Registered Nurse (RN) and one Licensed Clinical Addictions Specialist (LCAS) or LCAS-Associate (LCAS-A) dedicated to the facility. The findings are:</p> <p>Review on 5/7/26 of the Rule Waiver for 2026 for the facility signed and dated 10/15/25 by the Clinic Director A revealed: -Requirement of a Supervising RN. -Requirement of a LCAS or LCAS-A. -Initials of the Clinic Director A beside the information which acknowledged agreement.</p> <p>Review on 5/7/26 of the Staff Roster revealed: -No documentation of any RN's on the roster. -No documentation of an LCAS or LCAS-A on the roster. -All nurses on the roster were documented as Licensed Practical Nurses LPN's.</p> <p>Review on 5/8/26 of Licensed Practical Nurse (LPN) #1's record revealed:</p>	V 235		

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V 235	<p>Continued From page 2</p> <p>-Hire date: 4/16/26. -Job title: LPN. -LPN Permanent License Approval Date 10/3/08.</p> <p>Review on 5/8/26 of LPN #2's record revealed: -Hire date: 4/9/25. -Job title: LPN. -LPN Permanent License Approval Date 11/24/2004.</p> <p>Interview on 5/8/26 with LPN #1 revealed: -The facility did not have a Supervising RN. -"Would be nice to have a RN (at facility)." -"Have to call Wilkes (Sister Facility A) or Winston (Sister Facility B) for a questions or issues." -The Nurse Practitioner (NP) was at the facility every Friday, "when he is not here we can call him or telehealth."</p> <p>Interview on 5/8/26 with LPN #2 revealed: -The facility did not have a Supervising RN. -"If we need anything we call [Sister Facility B LPN]." -"[Clinic Director] is our go to for supervision." -Sees the NP "every Friday."</p> <p>Interview on 5/8/26 with the NP revealed: -The facility did not have a Supervising RN. -He was at the facility every Friday. -Had monthly meeting with LPN #1 and LPN #2. -The facility having a "Supervising RN would be helpful."</p> <p>Interview on 5/8/26 with the Certified Alcohol and Drug Counselor (CADC) revealed: -The facility did not have a Supervising RN.</p> <p>Interviews on 5/7/26 and 5/8/26 with the Clinic Director revealed: -There were no RN's employed at the facility.</p>	V 235		

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V 235	<p>Continued From page 3</p> <ul style="list-style-type: none"> -The NP from Sister Facility A was providing supervision to the LPNs. -Was in the process of hiring an RN for the facility. -Was not aware of the facility Rule Waiver for 2026 signed and dated 10/15/25 by the Clinic Director A detailing the requirement of a LCAS or LCAS-A. -Was in the process of hiring an LCAS. <p>Interview on 5/8/26 with the Regional Director revealed:</p> <ul style="list-style-type: none"> -The facility did not have a Supervising RN and was in the process of hiring one. -She believed the "NP would over it (Supervising RN requirement and duties)." -The facility had an LCAS "who was not on site." -The Clinic Director A was an LCAS and was available to the facility via telehealth and by phone. -She was aware of the facility Rule Waiver for 2026 signed and dated 10/15/25 by the Clinic Director A detailing the requirement of a LCAS or LCAS-A. -Was in the process of hiring an LCAS for the facility. 	V 235		
V 238	<p>27G .3604 (E-K) Outpt. Opioid - Operations</p> <p>10A NCAC 27G .3604 OUTPATIENT OPIOID TREATMENT - OPERATIONS.</p> <p>(e) The State Authority shall base program approval on the following criteria:</p> <ol style="list-style-type: none"> (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 	V 238		

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V 238	<p>Continued From page 4</p> <p>(4) impact on the delivery of opioid treatment services in the applicable population.</p> <p>(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 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</p>	V 238		

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V 238	<p>Continued From page 5</p> <p>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;</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</p>	V 238		

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V 238	<p>Continued From page 6</p> <p>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.</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</p>	V 238		

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V 238	<p>Continued From page 7</p> <p>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.</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</p>	V 238		

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V 238	<p>Continued From page 8</p> <p>Management and Waiting List Management System as established by the North Carolina State Authority for Opioid Treatment.</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> <ul style="list-style-type: none"> (1) dual enrollment prevention measures that consist of client consents, and either program contacts, participation in the central registry or list exchanges; (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. <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 2 of 6 audited clients (Clients #1 and #3) and after the first year and in all subsequent years of continuous treatment a client attend at least one counseling session per month affecting 2 of 6 audited clients (Clients # 4 and #5). The findings are:</p> <p>Review on 5/7/26 of Client #1's record revealed:</p>	V 238		
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V 238	<p>Continued From page 9</p> <p>-Date of admission: 3/19/26. -Diagnoses: Opioid Dependence, Uncomplicated. -Counseling session notes for the period of 3/9/26-5/7/26: -1 counseling session on 4/23/26.</p> <p>Interview on 5/8/26 with Client #1 revealed: -He "haven't done any (counseling) yet." -[CADC] is getting me set up for it (counseling twice monthly), haven't gave me a date yet (for counseling sessions)."</p> <p>Review on 5/7/26 of Client #3's record revealed: -Date of admission: 5/27/25. -Diagnoses: Opioid Dependence, Uncomplicated. -Counseling session notes for the period of 2/1/26-5/7/26: -1 counseling session on 3/23/26 and 4/20/26.</p> <p>Interview on 5/8/26 with Client #3 revealed: -Had been seeing the CADC one time a month for counseling. -"Going one time a month (counseling) works for me for the way my schedule is."</p> <p>Review on 5/7/26 of Client #4's record revealed: -Date of admission: 6/6/25. -Transferred from a separate facility. -Diagnoses: Opioid Dependence, Uncomplicated. -Counseling session notes for the period of 2/1/26-5/7/26: -No documentation of a counseling session for 2/2026.</p> <p>Attempted interview on 5/8/26 with Client #4 was unsuccessful as they did not answer the phone or return the call.</p> <p>Review on 5/7/26 of Client #5's record revealed:</p>	V 238		

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V 238	<p>Continued From page 10</p> <ul style="list-style-type: none"> -Date of admission: 4/29/25. -Diagnoses: Opioid Dependence, Uncomplicated. -Counseling session notes for the period of 2/1/26-5/7/26: <ul style="list-style-type: none"> -No documentation of a counseling session for 2/2026 or 3/2026. Attempted interview on 5/8/26 with Client #5 was unsuccessful as they did not answer the phone or return the call. Interview on 5/8/26 with the Certified Alcohol and Drug Counselor (CADC) revealed: <ul style="list-style-type: none"> -She "was not sure" why Client #1 did not have 2 counseling sessions in April 2026. -She was "trying to get in the swing of things after [Former CADC] left (4/17/26)." -Client #3 had only 1 counseling session for March and April of 2026 because Client #3 "comes once a month...makes it hard to see him more than once a month..." -She did not know why Client #4 did not have counseling in February of 2026 or why Client #5 did not have counseling in February and March 2026. -"Not sure why counseling is missed...all clients (Client #1, #3, #4 and #5) were on [Former CADC] case load until 4/18/26...then came to me (caseload)." -Made sure clients on her caseload have the required counseling scheduled for May 2026 and forward. Interviews on 5/7/26 and 5/8/26 with the Clinic Director revealed: <ul style="list-style-type: none"> -Was aware the Former CADC was not meeting the monthly counseling session requirements with clients and had documented supervision with her related to it. -The Former CADC last day of employment was 	V 238		

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V 238	<p>Continued From page 11</p> <p>4/17/26.</p> <p>- "Working with [CADC] to make sure everyone is scheduled (for the required monthly counseling)."</p> <p>Interview on 5/8/26 with the Regional Director revealed:</p> <p>- "[Clinic Director] had gone through documentation process (write up about not having required counseling with clients) with previous counselor (Former CADC)...when previous counselor left [CADC] took over."</p> <p>- The facility was "correcting that (clients not receiving required monthly counseling) and will make sure it's getting done."</p>	V 238		