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MORSE CLINIC OF HILLSBOROUGH	129 MAYO STREET HILLSBOROUGH, NC 27278

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and complaint survey was completed on 6/29/18. The complaint was unsubstantiated (intake NC00139393). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment. The client census was 96 at the time of the survey.	V 000		
V 106	27G .0201 (A) (8-18) (B) GOVERNING BODY POLICIES 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (8) use of medications by clients in accordance with the rules in this Section; (9) reporting of any incident, unusual occurrence or medication error; (10) voluntary non-compensated work performed by a client; (11) client fee assessment and collection practices; (12) medical preparedness plan to be utilized in a medical emergency; (13) authorization for and follow up of lab tests; (14) transportation, including the accessibility of emergency information for a client; (15) services of volunteers, including supervision and requirements for maintaining client confidentiality; (16) areas in which staff, including nonprofessional staff, receive training and continuing education; (17) safety precautions and requirements for	V 106		

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V 106	Continued From page 1 facility areas including special client activity areas; and (18) client grievance policy, including procedures for review and disposition of client grievances. (b) Minutes of the governing body shall be permanently maintained. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility management failed to implement their client grievance policy, including procedures for review and disposition of client grievances. The findings are: Review on 6/26/18 of a complaint submitted to the DHHS complaint intake unit on May 25, 2018 revealed: - A former client (FC #1) alleged a current client (Client #1) informed her he had engaged in sexual activity with a nurse (Staff #1) at the facility . - FC #1 reported she informed Client #1's counselor (Staff #2) and the Program Director of the allegation the client made. - FC #1 also alleged Staff #1 "retaliated" against her for reporting the alleged sexual relationship to the Program Director. - She later had a verbal conflict with the nurse who she said insulted her and was verbally aggressive. She further reported this conflict to the Program Director. Review on 6/27/18 of the facility's policy manual revealed a policy on "Client Conflict With A Staff Person:" - "If a client feels that a staff member has treated	V 106		

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V 106	Continued From page 2 them in a disrespectful manner, or feel they are unable to resolve a conflict without assistance, clients are encouraged to contact the Counselor, Clinical Supervisor or the Program Director." - Additionally the policy directs "If a client disagrees with an action, statement or request made by a staff member, clients are encouraged to resolve the issue using the proper channels for client complaints or grievances." Further review on 6/27/18 of the facility's policy on client grievance procedure revealed: - "Clients may make the complaint verbally or in writing to any staff member or directly to the Program Director." - "The facility will acknowledge and document the complaint within 24 hours during weekdays, or within 72 hours during weekends." - "Program Director will take action to resolve all complaints." - "Client will be informed of the findings and recommendations within seven calendar days." Interview on 6/28/18 with Staff #2 revealed: - FC #1 met with him and reported Staff #1 was engaged in an inappropriate sexual/intimate relationship with Client #1. - He is the assigned counselor for Client #1 however, he did not directly ask the client about the allegation regarding a sexual relationship with Staff #1. - The client had discussed a relationship he was having with "a married woman" during several of their counseling sessions. However, he steered the conversation away from any reference to the allegation of sexual/intimate contact with a clinic staff. - All clients in the clinic were aware of the alleged relationship between Client #1 and Staff #1. He said "Everybody in the clinic knew about it."	V 106		

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V 106	Continued From page 3 - He and the Program Director discussed the widespread rumor/allegation and determined "Maybe something. We need to check this out." Interview on 6/29/18 with the Program Director reported: - He was aware of the allegation that Staff #1 was engaged in a sexual relationship with Client #1. He said FC #1 informed him "what she thought was going on between [Staff #1] and [Client #1.]" - He did not speak to Client #1 about the allegation. - FC #1 "told everybody what she thought was going on between the nurse and [Client #1]" - Subsequently, he and Client #1's counselor (Staff #2) "discussed what should be done" and he directed Staff #2 to speak to Client #1 about the allegation. - Staff #2 reported back that Client #1 "wanted to distance himself from it." - FC #1 confronted the nurse (Staff #1) with the allegations and the nurse responded. - FC #1 complained Staff #1 began to be verbally aggressive and insulting towards her. She said she did not like the nurse and no longer wanted to receive her medication from Staff #1." - He met with Staff #1 to discuss the accusations by FC #1. - Staff #1 informed him she was "not going to let anyone talk to (her) like that." - He determined Staff #1's interaction with FC #1 was "more about the expression than what (the content) [Staff #1] said." - He confirmed he took action to investigate and resolve the complaints, however, he did not follow the facility's policy to: 1. document the client's allegations/complaints. 2. inform the client the allegation/complaint was being reviewed by appropriate staff and management	V 106		

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V 106	Continued From page 4 3. inform the client of the findings and recommendations	V 106		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on interview and personnel file review, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hire affecting 4 of 4 audited staff (RN #1, RN #2, Counselor #3 and Counselor #4). The findings are: Review in 6/27/18 of RN #1's personnel file revealed the following information; -- Date of hire 9/5/17. -- Job Title: Lead Nurse. -- A HCPR verification document dated 2/11/18. Review in 6/27/18 of RN #2's personnel file revealed the following information; -- Date of hire 1/15/18. -- Job Title: Dispensing Nurse. -- A HCPR verification document dated 1/29/18. Review in 6/27/18 of Counselor #3's personnel	V 131		

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V 131	Continued From page 5 file revealed the following information; -- Date of hire 8/22/17. -- Job Title: Counselor. -- A HCPR verification document dated 2/11/18. Review in 6/27/18 of Counselor #4's personnel file revealed the following information; -- Date of hire 6/18/18. -- Job Title: Intake Coordinator/Counselor. -- No documentation that the HCPR had been accessed. Interview on 6/29/18 with the Program Manager revealed the following information; -- Part of his job duties include the hiring of Clinic Personnel. -- He was not sure why there were no HCPR verifications in the above personnel files completed prior to 2/11/18.	V 131		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or	V 132		

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V 132	Continued From page 6 hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to: 1) notify the HCPR of an allegation against a health care personnel (Staff #1); 2) maintain evidence that all alleged acts were investigated; 3) make every effort to protect the client (FC #1) from harm while the investigation was in progress and 4) report the results of the investigation to DHHS within five working days of the initial notification. Review on 6/26/18 of a complaint submitted to the DHHS complaint intake unit on May 25, 2018	V 132		

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V 132	Continued From page 7 revealed: - A former client (FC #1) alleged a current client (Client #1) informed her he had engaged in sexual activity with a nurse (Staff #1) at the facility . - She informed Client #1's counselor (Staff #2) and the Program Director of the allegation Client #1 made. - FC #1 also alleged Staff #1 "retaliated" against her for reporting the alleged sexual relationship between the staff and client to the Program Director. - She also informed the Program Director of later verbal conflicts with the nurse (Staff #1), alleging the nurse was verbally aggressive and insulting. - She no longer wanted to receive her daily medication from Staff #1. However, the facility was unable to honor her request due to their limited number of nursing staff. (See Tag V106 for more details regarding this allegation.) During interview on 6/29/18, the Program Director confirmed: - He took the appropriate action to investigate and resolve the complaint, however, he did not report the allegation of staff sexual misconduct with a client to the HCPR.	V 132		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.	V 133		

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V 133	Continued From page 8 (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the	V 133		

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national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.
(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:
(1) The level and seriousness of the crime.
(2) The date of the crime.
(3) The age of the person at the time of the conviction.
(4) The circumstances surrounding the commission of the crime, if known.
(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.
(6) The prison, jail, probation, parole, rehabilitation, and employment records of the

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person since the date the crime was committed.
(7) The subsequent commission by the person of a relevant offense.
The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.
(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:
(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.
(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.
(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10,

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V 133	Continued From page 11 Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:	V 133		

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V 133	Continued From page 12 (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on interview and personnel file review, the facility failed to assure that a criminal history record check was requested within 5 days of a conditional offer of employment affecting 3 of 4 audited staff (RN #1, Counselor #3 and Counselor #4). The findings are: Review in 6/27/18 of RN #1's personnel file revealed the following information; -- Date of hire 9/5/17. -- Job Title: Lead Nurse. -- A criminal history record check document dated 1/29/18. Review in 6/27/18 of Counselor #3's personnel file revealed the following information; -- Date of hire 8/22/17. -- Job Title: Counselor. -- A criminal history record check document dated 1/29/18. Review in 6/27/18 of Counselor #4's personnel file revealed the following information;	V 133		

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V 133	Continued From page 13 -- Offer of employment 5/29/18. -- Date of hire 6/18/18. -- Job Title: Intake Coordinator/Counselor. -- No documentation that a criminal history record check had been requested. Interview on 6/29/18 with the Program Manager revealed the following information; -- Part of his job duties include the hiring of Clinic Personnel. -- He was not sure why there were no criminal history record checks in the above personnel files completed prior to 1/29/18.	V 133		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of	V 536		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL068-159	A. BUILDING: _____ B. WING _____	06/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORSE CLINIC OF HILLSBOROUGH	129 MAYO STREET HILLSBOROUGH, NC 27278

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V 536	Continued From page 14 behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years.	V 536		

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V 536	Continued From page 15 (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.	V 536		

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V 536	Continued From page 16 (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on interview and personnel file review, the facility failed to assure 2 of 4 audited staff (RN #1 and RN #2) had training on the use of alternatives to restrictive interventions prior to providing services to clients. The findings are: Review in 6/27/18 of RN #1's personnel file	V 536		

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V 536	Continued From page 17 revealed the following information; -- Date of hire 9/5/17. -- Job Title: Lead Nurse. -- An NCI (North Carolina Interventions), Part A (alternatives to restrictive interventions) certificate indicating the date of training was on 5/8/17, and was good for 1 year. Review in 6/27/18 of RN #2's personnel file revealed the following information; -- Date of hire 1/15/18. -- Job Title: Dispensing Nurse. -- No documentation of any training in alternatives to restrictive interventions. Interview on 6/29/18 with the Program Manager revealed the following information; -- Part of his job duties include the hiring of Clinic Personnel. -- He was not sure why there were no certificates documenting alternatives to restrictive interventions in the above personnel files.	V 536		