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V 000	INITIAL COMMENTS An annual and complaint survey was completed on 11/8/18. The complaints were unsubstantiated (Intakes #NC142924, NC#142966). Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .3300 Outpatient Detox, 10A NCAC 27G .3700 Substance Abuse Day Treatment and 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program	V 000		
V 105	27G .0201 (A) (1-7) 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: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and	V 105		

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V 105	Continued From page 1 (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field; This Rule is not met as evidenced by: Based on observations and interviews, the facility	V 105		

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V 105	Continued From page 2 failed to implement policies for assurance of confidentiality. The findings are: Observation on 10/29/18 at approximately 11:40am revealed: -dry erase board on wall in lecture hall; -clients first names listed on board; -list of names for clients who are scheduled for drug screens. Interview on 10/29/18 with client #2 revealed: -list of names on a white board; -names are up when clients come in; -staff track people down that don't look. Interview on 10/29/18 with client #3 revealed: -when arrive at the facility, the names are listed on the board; -lets clients know it is time for a drug screen. Interview on 11/8/18 with the Chief Executive Officer, the Chief Operating Officer and the Director of Admissions/Quality Assurance revealed the issue will be addressed.	V 105		
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.	V 131		

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V 131	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to access the Health Care Personnel Registry(HCPR) and note each incident of access in the appropriate business files for 1 of 3 staff (#1). The findings are: Review on 10/29/18 of staff #1's personnel record revealed: -hire date of 8/1/18; -job title of Interim Clinical Director; -registration was in process for CSAC(Certified Substance Abuse Counselor) at time of hire; -no documentation of HCPR check present in the record. Interview on 10/29/18 with staff #1 revealed: -transitioning right now, on the clinical side; -10 years experience in the substance abuse field,; -program director at a methadone clinic; -CSAC registered now; -started working here end of July 2018. Interview on 11/6/18 with the Director of Admissions/Quality Assurance revealed: -not aware the HCPR was not completed on staff #1; -handled by Human Resources; -for future reference will ensure HCPRs completed when needed.	V 131		
V 267	27G .4402 Sub. Abuse Intensive Outpt- Staff 10A NCAC 27G .4402 STAFF (a) Each SAIOP shall be under the direction of a Licensed Clinical Addictions Specialist or a	V 267		

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V 267	Continued From page 4 Certified Clinical Supervisor who is on site a minimum of 50% of the hours the program is in operation. (b) When a SAIOP serves adult clients there shall be at least one direct care staff who meets the requirements of a Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 12 or fewer adult clients. (c) When a SAIOP serves adolescent clients there shall be at least one direct care staff who meets the requirements of a Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 6 or fewer adolescent clients. (d) Each SAIOP shall have at least one direct care staff present in the program who is trained in the following areas: (1) alcohol and other drug withdrawal symptoms; and (2) symptoms of secondary complications due to alcoholism and drug addiction. (e) Each direct care staff shall receive continuing education that includes the following: (1) understanding of the nature of addiction; (2) the withdrawal syndrome; (3) group therapy; (4) family therapy; (5) relapse prevention; and (6) other treatment methodologies. (f) When a SAIOP serves adolescent clients each direct care staff shall receive training that includes the following: (1) adolescent development; and (2) therapeutic techniques for adolescents.	V 267		

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V 267	Continued From page 5 This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure each direct care staff received continuing education that included relapse prevention for 3 of 3 staff (#1, #2 and #3). The findings are: Review on 10/29/18 of personnel record revealed: -staff #1 had a hire date of 8/1/18 with current job title of Interim Clinical Director and there was no documentation of completed training in relapse prevention present in the record; -staff #2 had a hire date of 10/1/18 with current job title of Therapist and there was no documentation of completed training in relapse prevention present in the record; -staff #3 had a hire date of 9/6/18 with current job title of Clinical Assessor and there was no documentation of completed training in relapse prevention present in the record. Interview on 10/29/18 with staff #1 revealed: -been working here since end of July; -been the Interim Clinical Director for the last 30 days; -provide clinical services and facilitate groups with clients. Interview on 10/29/18 with staff #2 revealed: -started on contract in 8/2018, made full time in 10/2018; -do women's groups, one on one case management. Interview on 10/29/18 with staff #3 revealed: -do assessments on clients;	V 267		

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V 267	Continued From page 6 -helps to determine level of care for clients. Interview on 11/8/18 with the Chief Executive Officer, the Chief Operating Officer and the Director of Admissions/Quality Assurance revealed they will ensure all staff complete training as required in rule.	V 267		
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 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).	V 536		

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V 536	Continued From page 7 (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. (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	V 536		

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V 536	Continued From page 8 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. (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.	V 536		

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V 536	Continued From page 9 (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 records review and interviews, the facility failed to ensure prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, must demonstrate competence by successfully completing training in alternatives to restrictive interventions for 3 of 3 staff (#1, #2 and #3). The findings are: Review on 10/29/18 of personnel record revealed:	V 536		

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V 536	Continued From page 10 -staff #1 had a hire date of 8/1/18 with current job title of Interim Clinical Director and completed NCI (North Carolina Interventions) Core Plus training on 10/26/18; -staff #2 had a hire date of 10/1/18 with current job title of Therapist and completed NCI (North Carolina Interventions) Core Plus training on 10/26/18; -staff #3 had a hire date of 9/6/18 with current job title of Clinical Assessor and completed NCI (North Carolina Interventions) Core Plus training on 10/26/18. Interview on 10/29/18 with staff #1 revealed: -been working here since end of July; -been the Interim Clinical Director for the last 30 days; -provide clinical services and facilitate groups with clients. Interview on 10/29/18 with staff #2 revealed: -started on contract in 8/2018, made full time in 10/2018; -do women's groups, one on one case management; -had NCI this past Friday. Interview on 10/29/18 with staff #3 revealed: -do assessments on clients; -"just did NCI last week." Interview on 11/8/18 with the Chief Executive Officer, the Chief Operating Officer and the Director of Admissions/Quality Assurance revealed they will ensure all staff complete training in alternatives to restrictive interventions as required.	V 536		

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V 752	Continued From page 11	V 752		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observations, records review and interviews, the facility failed to ensure in areas of the facility where clients were exposed to hot water, the temperature of the water was maintained between 100-116 degrees Fahrenheit. The findings are: Observations on 10/29/18 at approximately 11:40am revealed: -hot water temperature in lecture room sink was 92 degrees Fahrenheit; -hot water temperature in the women's bathroom in the left sink was 122 degrees Fahrenheit; -hot water temperature in the women's bathroom in the right sink was 122 degrees Fahrenheit; -hot water temperature in the men's bathroom in the left sink was 130 degrees Fahrenheit; -hot water temperature in the men's bathroom in the right sink was 128 degrees Fahrenheit. Review on 10/29/18 of incident reports from 7/1/18-10/29/18 revealed no incident of client injuries as a result of the hot water temperature. Interviews on 10/29/18 with clients #1, #2, #3 and	V 752		

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V 752	Continued From page 12 #4 revealed no concerns or issues with the hot water temperatures. Interview on 11/8/18 with the Chief Executive Officer, the Chief Operating Officer and the Director of Admissions/Quality Assurance revealed the hot water temperatures will be adjusted to meet the rule.	V 752		