

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601367	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2018
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NAME OF PROVIDER OR SUPPLIER MIDWOOD ADDICTION TREATMENT, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1111 THE PLAZA CHARLOTTE, NC 28205
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 11/6/18. The complaints were substantiated (Intakes #NC142668, #NC142853). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3300 Outpatient Detox, 10A NCAC 27G. 4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Program.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's</p>	V 105		

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V 105	<p>Continued From page 1</p> <p>needs; and (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;</p> <p>This Rule is not met as evidenced by:</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>Based on records review, observation and interviews, the facility failed to develop and implement policies and procedures for delegation of authority for operations of the facility and failed to implement policies and procedures for confidentiality. The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V118) Based on records review and interviews, the facility failed to ensure medications were administered only by persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications for 2 of 2 staff (#1, #2) and the facility failed to ensure Medication Administration Records (MARs) of all drugs administered to each client were kept current affecting 2 of 4(#2, #4) current clients and 1 of 1 former client (FC#5).</p> <p>Cross Reference: 10A NCAC 27G .4402 STAFF (V267): Based on records review and interviews, the facility failed to ensure the SAIOP(Substance Abuse Intensive Outpatient Program) was under the direction of a Licensed Clinical Addictions Specialist(LCAS) or a Certified Clinical Supervisor(CCS) who was on site a minimum of 50% of the hours the program was in operation and failed to ensure each direct care staff received continuing education in understanding the nature of addiction, the withdrawal syndrome, group therapy, family therapy, relapse prevention and other treatment methodologies for 2 of 2 staff (#1, #2).</p> <p>Cross Reference: 10A NCAC 27G .4502 STAFF (V281) Based on records review and interviews, the facility failed to ensure the SACOT(Substance Abuse Comprehensive Outpatient Treatment) was under the direction of a Licensed Clinical</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>Addictions Specialist(LCAS) or a Certified Clinical Supervisor(CCS) who was on site a minimum of 90% of the hours the program was in operation and failed to ensure each direct care staff received continuing education in understanding the nature of addiction, the withdrawal syndrome, group therapy, family therapy, relapse prevention and other treatment methodologies for 2 of 2 staff (#1, #2).</p> <p>Cross Reference: 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (V536) Based on records review and interviews, the facility failed to ensure prior to providing services staff demonstrated competence by successfully completing training in alternatives to restrictive interventions for the Clinical Director, the Physician, 1 of 1 Therapist and 2 of 2 staff(#1, #2).</p> <p>Observation on 10/25/18 at 10:45am revealed client names written on an erase board in the group room to notify clients of drug screen urine analysis(UA) required for the day.</p> <p>Interview on 10/25/18 with client #1 and client #4 revealed client names were written on the board for UAs.</p> <p>Interview on 10/30/18 with client #2 revealed client names were written on the board for UAs.</p> <p>Interview on 10/30/18 with staff #1 and staff #2 revealed client names had been written on the board for UAs but was erased earlier as it is a confidentiality issue.</p> <p>Interview on 10/25/18 with the Chief Operating Officer(COO) revealed:</p>	V 105		

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V 105	<p>Continued From page 4</p> <ul style="list-style-type: none"> -know the names written on the board is a confidentiality issue; -had talked to staff about it prior; -was not aware still going on; -will address again with staff. <p>Review on 11/1/18 of the Plan of Protection dated 11/1/18 and completed by the Chief Operating Officer revealed the following documented: -"Staff trainings-halt staff from providing services who do not have required trainings. Staff will be provided 48 hours to complete trainings. Alternatives training, First/Aid CPR etc. will be scheduled in the coming days. Meds will not be administered by staff not trained. Training will be completed by approved facilitator in coming days. SAIOP-SACOT will immediately be changed to operate under the supervision of [staff] who hold LCAS license. Group facilitators will be under [LCAS staff] supervision. Med administration will be facilitated by [physician] by November 16. Only staff trained will administer meds in the meantime. All remaining trainings will be completed by November 16. Only staff trained will provide group facilitation. [Clinical Director] will oversee this plan. Friday 10/26/18, Addressed confidentiality with staff and clients names are no longer listed on the board. Management consistently checks board to ensure staff follows thru with expectations."</p> <p>The facility SAIOP and SACOT was under the clinical oversight of a Licensed Professional Counselor (LPC) instead of a Licensed Clinical Addiction Specialist or a Certified Clinical Supervisor. The LPC supervised the direct care staff who facilitated the groups and worked on a daily basis with the clients. The direct care staff did not have the required specific substance abuse trainings for the SAIOP and SACOT and</p>	V 105		

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V 105	Continued From page 5 did not have trainings in Alternatives to Restrictive Interventions. The direct care staff also administered medications to client #2, #4 and FC#5 without medication administration training. Client first names were written on a board on the wall in a group room violating confidentiality. The lack of proper clinical oversight, the lack of trainings in substance abuse, alternatives to restrictive interventions, medication administration and the confidentiality issues were detrimental to the health, safety and welfare of the clients #1, #2, #3, #4 and FC #5 and constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 105		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The	V 118		

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V 118	<p>Continued From page 6</p> <p>MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure medications were administered only by persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications for 2 of 2 staff (#1, #2) and the facility failed to ensure Medication Administration Records (MARs) of all drugs administered to each client were kept current affecting 2 of 4(#2, #4) current clients and 1 of 1 former client (FC#5). The findings are:</p> <p>Finding #1: Review on 10/25/18 of personnel records revealed: -staff #1 was hired on 5/7/18 with the job title of Behavioral Health Technician(BHT)/Group Facilitator and there was no documentation of completed medication administration training in the record; -staff #2 was hired on 9/3/18 with the job title of BHT and there was no documentation of completed medication administration training in</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>the record.</p> <p>Interview on 10/30/18 with staff #1 revealed: -began working at the facility in May 2018; -facilitate groups and work with clients; -"passed meds (medications) for one person last Thursday and Friday;" -was trained in medication administration when he first came but not by a nurse or pharmacist.</p> <p>Interview on 10/30/18 with staff #2 revealed: -helps with medications; -get the medications, let clients pop out medication, watch them take medication, document; -not had medication administration training.</p> <p>Interview on 10/25/18 with the Nurse revealed: -medications in her office locked up; -client comes in, medication pack pulled out, administer medications to client, check off been given, client signs off got medication; -BHTs (staff #1 and staff #2) give medications to clients.</p> <p>Interview on 10/30/18 with the LCAS (Licensed Clinical Addiction Specialist) revealed: -do not give medications; -the BHTs and Nurse give the medications.</p> <p>Interview on 10/25/18 with the Physician revealed the Nurse and the BHTs give medications.</p> <p>Interview on 10/30/18 with client #2 revealed the Nurse and the BHTs give her medications to her when the dose is due.</p> <p>Finding #2: Review on 10/25/18 of client #2's record revealed:</p>	V 118		

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V 118	<p>Continued From page 8</p> <p>-admission date of 10/9/18; -diagnoses of Alcohol Disorder Use Severe, Sedative, Hypnotic or Anxiolyte Intoxication Delirium Use Disorder and Opioid Use Disorder Severe; -physicians' orders dated 10/10/18 for the medications gabapentin(generic for Neurotin) 100mg two tablets four times a day and Clonidine 0.1 mg one tablet three times a day.</p> <p>Review on 10/25/18 of client #2's MAR for 10/2018 revealed the following dosage dates left blank with further explanation documented: 10/19, 10/20.</p> <p>Review on 10/25/18 of client #4's record revealed: -admission date of 10/16/18; -diagnoses of Alcohol Disorder Use Moderate, Cocaine Use Disorder and Amphetamines Type Use Disorder Severe; -physician's order dated 10/17/18 for the medication gabapentin 100mg two tablets four times a day.</p> <p>Review on 10/25/18 of client #4's MAR for 10/2018 revealed the following dosage dates left blank with further explanation documented: 10/22, 10/24, 10/25, 10/29.</p> <p>Review on 10/25/18 of former client #5's(FC#5) record revealed: -admission date of 7/2/18 with discharge date of 9/14/18; -diagnoses of Opioid Use Severe, Sedative, Hypnotic or Anxiolytic Use Disorder Severe, Major Depressive Disorder and Generalized Anxiety Disorder; -physician's orders dated 8/2/18 and 7/31/18 for the medication Neurotin 600mg one tablet four</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>times a day, Ibuprofen 800mg one tablet three times a day as needed and Buspar 10mg three tablets for three days, two tablets for three days then one tablet for 5 days.</p> <p>Review on 10/30/18 of former client #5's(FC#5) MARs for the months of August 2018 and September 2018 revealed the August 2018 MAR was missing.</p> <p>Interview on 10/30/18 with the Chief Operating Officer revealed:</p> <ul style="list-style-type: none"> -was confused about whether they did medication administration or medication observation; -initially thought it was medication administration then throughout the initial licensure process determined it was only medication observation; -BHTs have trained with the Nurse on medications who is a LPN(Licensed Professional Nurse) but was not aware this did not meet the rule; -will have physician train BHTs in medication administration; -not aware of missing MARs or blanks on MARs; -will ensure all MARs are complete and accurate going forward. <p>This deficiency is cross referenced into 10A NCAC 27G .0201 Governing Body Policies (V105) for a Type B rule violation and must be corrected within 45 days.</p>	V 118		
V 267	<p>27G .4402 Sub. Abuse Intensive Outpt- Staff</p> <p>10A NCAC 27G .4402 STAFF (a) Each SAIOP shall be under the direction of a Licensed Clinical Addictions Specialist or a Certified Clinical Supervisor who is on site a minimum of 50% of the hours the program is in</p>	V 267		

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V 267	<p>Continued From page 10</p> <p>operation.</p> <p>(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.</p> <p>(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.</p> <p>(d) Each SAIOP shall have at least one direct care staff present in the program who is trained in the following areas:</p> <p>(1) alcohol and other drug withdrawal symptoms; and</p> <p>(2) symptoms of secondary complications due to alcoholism and drug addiction.</p> <p>(e) Each direct care staff shall receive continuing education that includes the following:</p> <p>(1) understanding of the nature of addiction;</p> <p>(2) the withdrawal syndrome;</p> <p>(3) group therapy;</p> <p>(4) family therapy;</p> <p>(5) relapse prevention; and</p> <p>(6) other treatment methodologies.</p> <p>(f) When a SAIOP serves adolescent clients each direct care staff shall receive training that includes the following:</p> <p>(1) adolescent development; and</p> <p>(2) therapeutic techniques for adolescents.</p>	V 267		

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V 267	<p>Continued From page 11</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the SAIOP(Substance Abuse Intensive Outpatient Program) was under the direction of a Licensed Clinical Addictions Specialist(LCAS) or a Certified Clinical Supervisor(CCS) who was on site a minimum of 50% of the hours the program was in operation and failed to ensure each direct care staff received continuing education in understanding the nature of addiction, the withdrawal syndrome, group therapy, family therapy, relapse prevention and other treatment methodologies for 2 of 2 staff (#1, #2). The findings are:</p> <p>Finding #1: Review on 11/1/18 of the Clinical Director's(CD) personnel chart revealed: -hired on 8/1/18; -Licensed Professional Counselor (LPC); -no documentation of LCAS or CCS; -completed trainings in Co-Occurring Disorders and Integrated Treatment, Evidence Based Practices in Treatment Substance Abuse Disorders, Overview of Substance Abuse Disorders and Working with Individuals in Early Recovery.</p> <p>Review on 11/1/18 of the CD's job description revealed the following documented: -job title of CD with speciality in "Addictions;" -individuals supervised: "Clinical Staff;" -Position Purpose: "The Clinical Director is responsible for the supervision of the clinical staff. He/she consults with the CEO(Chief Executive Officer), Physician and Utilization Review Department as needed. The Clinical Director maintains close communication with the clinical staff, provides any information relevant to the</p>	V 267		

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V 267	<p>Continued From page 12</p> <p>program's operation and assist in developing and modifying the program as a whole. He/she monitors documentation by the clinical staff in order that documentation is maintained at the highest level;"</p> <p>-Education: minimum Master's Degree in Psychology, Social Work, Nursing or health-related field;</p> <p>-Licensure/Certification: "Licensure to practice clinical discipline in the appropriate state, as applicable, required in Social Worker, Marriage and Family Therapist, Mental Health Counselor or Certified Addiction Professional;"</p> <p>-Knowledge and Training Required at Time of Hire: "Knowledge of Psychopathology, Diagnostic Assessment and Chemical Dependency treatment."</p> <p>Interview on 10/30/18 with the CD revealed:</p> <p>-started here in mid August 2018;</p> <p>-duties of position "overall clinical oversight;"</p> <p>-have daily staff meetings with staff to talk about client issues, admissions, discharges, struggles;</p> <p>-also have a meeting at end of day with staff to see what issues of day, how the day went;</p> <p>-review documentation, level of care, transitions;</p> <p>-monitor and sit it on groups;</p> <p>-spend half the day at this site and half the day at the sister agency;</p> <p>-have LCAS on staff who are therapist and work with clients;</p> <p>-supervises staff #1 who facilitates the groups for the clients.</p> <p>Interview on 10/30/18 with staff #1 revealed he was supervised by the CD.</p> <p>Interview on 10/30/18 with the Physician revealed he staffed/consulted with the CD on cases.</p>	V 267		

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NAME OF PROVIDER OR SUPPLIER MIDWOOD ADDICTION TREATMENT, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1111 THE PLAZA CHARLOTTE, NC 28205
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V 267	<p>Continued From page 13</p> <p>Interview on 10/30/18 with the LCAS on site revealed: -she did not provide any clinical oversight for the facility; -had a caseload and provided counseling to her clients; -"I stay in my lane."</p> <p>Finding #2: Review on 10/25/18 of personnel records revealed: -staff #1 was hired on 5/7/18 with the job title of Behavioral Health Technician(BHT)/Group Facilitator and there was no documentation of completed required SAIOP training in the record; -staff #2 was hired on 9/3/18 with the job title of BHT and there was no documentation of completed required SAIOP training in the record.</p> <p>Further interview on 10/30/18 with staff #1 revealed: -started working at this facility in May 2018; -work as the BHT/Group Facilitator for both programs; -have a bachelor's degree in Psychology but not licensed as a substance abuse counselor; -run at least 3 groups a day with clients; -had training in substance abuse at prior employment positions; -not had the required SAIOP trainings here.</p> <p>Interview on 10/30/18 with staff #2 revealed: -work as a BHT for both programs; -talk to clients, sit in groups, help get client to group, monitor client attendance to group, assist with clients as needed; -not had the required SAIOP trainings.</p> <p>Interview on 10/30/18 with the Chief Operating Officer revealed:</p>	V 267		

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V 267	<p>Continued From page 14</p> <ul style="list-style-type: none"> -Human Resources Management and corporate office in another state; -used to ensure all trainings completed by staff initially; -corporate office took over staff trainings and are responsible for ensuring all trainings completed; -had issues with staff completing trainings; -a lot of required trainings in the computer system; -thought as long as he had a LCAS on site it met the rule; -was not clear about the rule a LCAS or CCS had to be in charge of the facility. <p>This deficiency is cross referenced into 10A NCAC 27G .0201 Governing Body Policies (V105) for a Type B rule violation and must be corrected within 45 days.</p>	V 267		
V 281	<p>27G .4502 Sub. Abuse Comp. Outpt. Tx. - Staff</p> <p>10A NCAC 27G .4502 STAFF</p> <p>(a) The SACOT shall be under the direction of a Licensed Clinical Addictions Specialist or a Certified Clinical Supervisor who is on site a minimum of 90% of the hours the program is in operation.</p> <p>(b) For each SACOT 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 10 or fewer clients.</p> <p>(c) Each SACOT shall have at least one direct care staff present in the program who is trained in the following areas:</p> <ol style="list-style-type: none"> (1) alcohol and other drug withdrawal symptoms; and (2) symptoms of secondary complications due to alcoholism and drug addiction. <p>(d) Each direct care staff shall receive continuing</p>	V 281		

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V 281	<p>Continued From page 15</p> <p>education that includes the following:</p> <ol style="list-style-type: none"> (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. <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the SACOT(Substance Abuse Comprehensive Outpatient Treatment) was under the direction of a Licensed Clinical Addictions Specialist(LCAS) or a Certified Clinical Supervisor(CCS) who was on site a minimum of 90% of the hours the program was in operation and failed to ensure each direct care staff received continuing education in understanding the nature of addiction, the withdrawal syndrome, group therapy, family therapy, relapse prevention and other treatment methodologies for 2 of 2 staff (#1, #2). The findings are:</p> <p>Finding #1: Review on 11/1/18 of the Clinical Director's(CD) personnel chart revealed: -hired on 8/1/18; -Licensed Professional Counselor (LPC); -no documentation of LCAS or CCS; -completed trainings in Co-Occurring Disorders and Integrated Treatment, Evidence Based Practices in Treatment Substance Abuse Disorders, Overview of Substance Abuse Disorders and Working with Individuals in Early</p>	V 281		

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V 281	<p>Continued From page 16</p> <p>Recovery.</p> <p>Review on 11/1/18 of the CD's job description revealed the following documented:</p> <ul style="list-style-type: none"> -job title of Clinical Director with speciality in "Addictions;" -individuals supervised: "Clinical Staff;" -Position Purpose: "The Clinical Director is responsible for the supervision of the clinical staff. He/she consults with the CEO(Chief Executive Officer), Physician and Utilization Review Department as needed. The Clinical Director maintains close communication with the clinical staff, provides any information relevant to the program's operation and assist in developing and modifying the program as a whole. He/she monitors documentation by the clinical staff in order that documentation is maintained at the highest level;" -Education: minimum Master's Degree in Psychology, Social Work, Nursing or health-related field; -Licensure/Certification: "Licensure to practice clinical discipline in the appropriate state, as applicable, required in Social Worker, Marriage and Family Therapist, Mental Health Counselor or Certified Addiction Professional;" -Knowledge and Training Required at Time of Hire: "Knowledge of Psychopathology, Diagnostic Assessment and Chemical Dependency treatment." <p>Interview on 10/30/18 with the CD revealed:</p> <ul style="list-style-type: none"> -started here in mid August 2018; -duties of position "overall clinical oversight;" -have daily staff meetings with staff to talk about client issues, admissions, discharges, struggles; -also have a meeting at end of day with staff to see what issues of day, how the day went; -review documentation, level of care, transitions; 	V 281		

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V 281	<p>Continued From page 17</p> <ul style="list-style-type: none"> -monitor and sit it on groups; -spend half the day at this site and half the day at the sister agency; -have LCAS on staff who are therapist and work with clients; -supervises staff #1 who facilitates the groups for the clients. <p>Interview on 10/30/18 with staff #1 revealed he was supervised by the CD.</p> <p>Interview on 10/30/18 with the Physician revealed he staffed/consulted with the CD on cases.</p> <p>Interview on 10/30/18 with the LCAS on site revealed:</p> <ul style="list-style-type: none"> -she did not provide any clinical oversight for the facility; -had a caseload and provided counseling to her clients; -"I stay in my lane." <p>Finding #2: Review on 10/25/18 of personnel records revealed:</p> <ul style="list-style-type: none"> -staff #1 was hired on 5/7/18 with the job title of Behavioral Health Technician(BHT)/Group Facilitator and there was no documentation of completed required SACOT training in the record; -staff #2 was hired on 9/3/18 with the job title of BHT and there was no documentation of completed required SACOT training in the record. <p>Further interview on 10/30/18 with staff #1 revealed:</p> <ul style="list-style-type: none"> -started working at this facility in May 2018; -work as the BHT/Group Facilitator for both programs; -have a bachelor's degree in Psychology but not licensed as a substance abuse counselor; 	V 281		

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V 281	<p>Continued From page 18</p> <ul style="list-style-type: none"> -run at least 3 groups a day with clients; -had training in substance abuse at prior employment positions; -not had the required SACOT trainings here. <p>Interview on 10/30/18 with staff #2 revealed:</p> <ul style="list-style-type: none"> -work as a BHT for both programs; -talk to clients, sit in groups, help get client to group, monitor client attendance to group, assist with clients as needed; -not had the required SACOT trainings. <p>Interview on 10/30/18 with the Chief Operating Officer revealed:</p> <ul style="list-style-type: none"> -Human Resources Management and corporate office in another state; -used to ensure all trainings completed by staff initially; -corporate office took over staff trainings and responsible for ensuring all trainings completed; -had issues with staff completing trainings; -a lot of required trainings in the computer system; -thought as long as he had a LCAS on site it met the rule; -was not clear about the rule a LCAS or CCS had to be in charge of the facility. <p>This deficiency is cross referenced into 10A NCAC 27G .0201 Governing Body Policies (V105) for a Type B rule violation and must be corrected within 45 days.</p>	V 281		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p>	V 536		

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V 536	<p>Continued From page 19</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(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.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(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.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(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.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (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 	V 536		

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V 536	<p>Continued From page 20</p> <p>relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(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.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and</p>	V 536		

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V 536	<p>Continued From page 21</p> <p>measurable methods to determine passing or failing the course.</p> <p>(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.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(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.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times</p>	V 536		

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V 536	<p>Continued From page 22</p> <p>the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure prior to providing services staff demonstrated competence by successfully completing training in alternatives to restrictive interventions for the Physician, 1 of 1 Therapist and 2 of 2 staff(#1, #2). The findings are:</p> <p>Review on 11/1/18 of the facility's Policies and Procedures on Restrictive Interventions revealed: -facility was a restraint free facility; -staff were to be trained in North Carolina Interventions (NCI) prior to delivering services.</p> <p>Review on 10/25/18 of personnel records revealed: -Therapist was hired on 4/10/18, was a Certified Substance Abuse Counselor(CSAC) and there was no documentation of completed NCI training in the record; -staff #1 was hired on 5/7/18 with the job title of Behavioral Health Technician(BHT)/Group Facilitator and there was no documentation of completed NCI training in the record; -staff #2 was hired on 9/3/18 with the job title of BHT and there was no documentation of completed NCI training in the record.</p>	V 536		

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V 536	<p>Continued From page 23</p> <p>Interview on 10/30/18 with the Therapist(CSAC) revealed: -been working at the facility since April 2018; -has taken NCI in the past in prior employment; -not completed NCI training at this facility.</p> <p>Interview on 10/30/18 with staff #1 revealed: -started working at this facility in May 2018; -not completed NCI training.</p> <p>Interview on 10/30/18 with staff #2 revealed he had not completed NCI training.</p> <p>Interview on 10/30/18 with the Physician revealed: -on contract through another agency to work at this facility; -had not completed NCI training.</p> <p>Interview on 10/30/18 with the Chief Operating Officer revealed: -staff had not had NCI training; -will schedule NCI training for all staff.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0201 Governing Body Policies (V105) for a Type B rule violation and must be corrected within 45 days.</p>	V 536		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>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</p>	V 752		

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V 752	<p>Continued From page 24</p> <p>exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on record review, observations and interview, 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:</p> <p>Observations on 10/25/18 at approximately 10:45am revealed: -kitchen sink hot water temperature was 128 degrees Fahrenheit; -bathroom sink hot water temperature was 128 degrees Fahrenheit.</p> <p>Review on 10/30/18 of incident reports revealed no client injuries related to the hot water temperatures.</p> <p>Interview on 11/1/18 with the Chief Operating Officer revealed he was not aware the hot water temperatures were too hot.</p>	V 752		