STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL016-046	A. BUILDING: _____ B. WING _____	03/12/2019

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V 000	INITIAL COMMENTS An annual survey was completed on March 12, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .3600, Outpatient Opioid Treatment. The census at the time of this survey was 104.	V 000		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes;	V 113		

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V 113	Continued From page 1 (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to maintain documentation of services provided for 7 of 10 audited clients (#29, #43, #65, #66, #85, #89, #98). The findings are: Review on 3/12/19 of client #29's record revealed: - Female admitted to the facility 10/18/18. - Diagnosis of Opioid Use Disorder, severe. - Urinary drug screen (UDS) results included 2/18/19 positive for tetrahydrocannabinol (THC; the chemical responsible for most of marijuana's psychological effects), opiates, and methadone; 1/25/19 positive for THC and methadone; 12/27/19 positive for THC and methadone. - No documentation of discussion of the positive UDS results with client #29. During interview on 3/12/19 client #29 stated she had a UDS monthly and her UDS was always positive for THC; she saw her counselor at least monthly.	V 113		

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V 113	Continued From page 2 Review on 3/12/19 of client #43's record revealed: - 36 year old female admitted to the facility 1/24/19. - Diagnosis of Opioid Use Disorder, severe. - Initial UDS dated 1/24/19, positive for fentanyl (a synthetic opioid used to treat severe pain; it has a high risk of addiction and dependence); UDS dated 2/21/19 positive for fentanyl, and methadone. - No documentation of discussion of the 2/21/19 positive UDS results with client #43. During interview on 3/12/19 client #43 stated both of her drug screens were "clean", she saw her counselor twice monthly. Review on 3/12/19 of client #65's record revealed: - 46 year old male admitted to the facility 11/20/18. - Diagnosis of Opioid Use Disorder, severe. - UDS results included 12/26/18 positive for fentanyl, opiates, and methadone; 1/31/19 positive for fentanyl, opiates, and methadone; and 2/21/19 positive for fentanyl, opiates, and methadone. - No documentation of discussion of the positive UDS results with client #65. During interview on 3/12/19 client #65 stated his last 3 UDS's were "clean," he saw his counselor twice monthly. Review on 3/12/19 of client #66's record revealed: - 44 year old male admitted to the facility 11/29/18. - Diagnosis of Opioid Use Disorder, severe.	V 113		

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V 113	Continued From page 3 - Initial UDS dated 11/29/18 positive for fentanyl and opiates; UDS dated 12/26/18 positive for fentanyl. - No documentation of discussion of the positive UDS results with client #66. During interview on 3/12/19 client #66 stated he had a UDS at least monthly; he had done 2 or 3 since admission and all were negative for illicit drugs. He saw his counselor at least twice monthly. Review on 3/12/19 of client #85's record revealed: - 41 year old male admitted to the facility 12/19/18. - Diagnosis of Opioid Use Disorder, severe. - UDS results included 12/27/18 positive for fentanyl, opiates, and THC; 1/29/19 positive for fentanyl, opiates, and methadone; and 2/14/19 positive for amphetamines, fentanyl, and methadone. - No documentation of discussion of the positive UDS results with client #85. During interview on 3/12/19 client #85 stated he had a UDS positive for fentanyl, but he thought it would be positive for heroin. He had a UDS monthly. He saw his counselor at least twice monthly. Review on 3/12/19 of client #89's record revealed: - 37 year old female admitted to the facility 12/20/18. - Diagnosis of Opioid Use Disorder, severe. - Initial UDS dated 12/20/18 positive for amphetamines, fentanyl, and opiates; UDS dated 1/29/19 positive for fentanyl, opiates, and methadone; 2/14/19 positive for amphetamines,	V 113		

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V 113	Continued From page 4	V 113		

fentanyl, opiates, and methadone.
- No documentation of discussion of the positive UDS results with client #89.

During interview on 3/12/19 client #89 stated she had a UDS at least monthly; her UDS in December or January was positive for fentanyl, but she thought it would be positive for heroin. She saw her counselor at least twice monthly.

Review on 3/12/19 of client #98's record revealed:
- 57 year old female admitted to the facility 1/9/19.
- Diagnosis of Opioid Use Disorder, severe.
- Initial UDS dated 1/10/19 positive for fentanyl and opiates; UDS dated 1/29/19 positive for fentanyl and methadone.
- No documentation of discussion of the positive UDS results with client #98.

During interview on 3/12/19 client #98 stated she had a UDS at monthly and she saw her counselor at least twice monthly.

During interview on 3/12/19 Counselor #1 stated if a client's UDS was positive for illicit drugs, she would "grab them and talk about what's going on." If the client continued to have positive UDS results, she would present the client to the treatment team for clinical review. She would document the discussions in her case notes and the treatment team notebook.

During interview on 3/12/19 Counselor #2 stated he discussed positive UDS results with clients, particularly if the UDS was positive for opiates. He would document the discussion in his case notes which were filed in the client record.

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V 131	Continued From page 5	V 131		
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 record reviews and interview the facility failed to complete Health Care Personnel Registry (HCPR) checks prior to hire for 1 of 6 audited staff (the Weekend Receptionist). The findings are: Review on 3/12/19 of the Weekend Receptionist's personnel record revealed: - Title of Weekend Receptionist, no clearly documented date of hire. - Criminal background check dated 12/5/18. - HCPR check dated 3/12/19. During interview on 3/12/19 the Acting Program Director stated she understood the requirement for HCPR checks to be completed prior to hire and for all staff.	V 131		
V 235	27G .3603 (A-C) Outpt. Opiod Tx. - Staff 10A NCAC 27G .3603 STAFF (a) A minimum of one certified drug abuse	V 235		

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V 235	Continued From page 6 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. (b) Each facility shall have at least one staff member on duty trained in the following areas: (1) drug abuse withdrawal symptoms; and (2) symptoms of secondary complications to drug addiction. (c) Each direct care staff member shall receive continuing education to include understanding of the following: (1) nature of addiction; (2) the withdrawal syndrome; (3) group and family therapy; and (4) infectious diseases including HIV, sexually transmitted diseases and TB. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure a minimum of one certified drug abuse counselor or certified substance abuse counselor was on staff to each 50 clients or increments thereof. The findings are: Review on 3/12/19 of facility records revealed: - A census of 104 active clients. - 2 certified substance abuse counselors on staff. - Counselor #1 had a caseload of 47 clients. - Counselor #2 had a caseload of 57 clients.	V 235		

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V 235	Continued From page 7 During interview on 3/12/19 Counselor #1 stated she had worked at the facility since November 2018; she transferred from a sister facility. She had a caseload of 52 clients. Her caseload was manageable. During interview on 3/12/19 Counselor #2 stated he had worked at the facility since January 2019. He had a caseload of 57 clients and it was "sustainable." He had discussed the number of clients on his caseload with his supervisor. The facility was in the process of recruiting and hiring another counselor.	V 235		
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,	V 536		

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V 536	Continued From page 8	V 536		

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).
(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

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V 536	Continued From page 9 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 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	V 536		

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V 536	Continued From page 10 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. (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 record reviews and interviews, the facility failed to ensure 3 of 6 audited staff (Counselor #2, the Receptionist, and the Weekend Receptionist) had training in alternatives to restrictive interventions prior to	V 536		

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V 536	Continued From page 11 providing services. The findings are: Review on 3/12/19 of Counselor #2's personnel record revealed: - Title of Primary Counselor, hired January 2019. - No documentation of completion of training in alternatives to restrictive interventions. During interview on 3/12/19 Counselor #2 stated he was hired January 2019 and he had a caseload of 57 clients. He had not yet completed training in alternatives to restrictive interventions but was scheduled to do so on 5/4/19. Review on 3/12/19 of the Receptionist's personnel record revealed: - Title of Receptionist, hired 1/10/19. - No documentation of completion of training in alternatives to restrictive interventions. Review on 3/12/19 of the Weekend Receptionists's personnel record revealed: - Title of Weekend Receptionist, no clearly documented hire date. - No documentation of completion of training in alternatives to restrictive interventions. During interview on 3/12/19 the Acting Program Director stated staff were scheduled to have training in alternatives to restrictive interventions within the week.	V 536		