

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-370	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/11/2019
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NAME OF PROVIDER OR SUPPLIER
WINSTON-SALEM COMPREHENSIVE TREATM

STREET ADDRESS, CITY, STATE, ZIP CODE
**1617 SOUTH HAWTHORNE ROAD
WINSTON-SALEM, NC 27103**

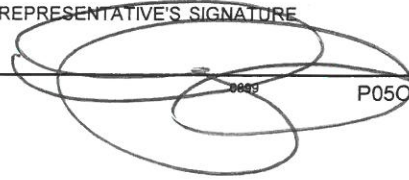
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint and follow up survey was completed on 3/11/19. The complaint was unsubstantiated (intake #NC00149298). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Methadone. The census was 213 clients.	V 000	DHSR - Mental Health APR 03 2019 Lic. & Cert. Section	
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 review and interview, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to the hire of 2 of 4 audited staff (Counselor #1 and Former Counselor #3 (FC #3)). The findings are: Review on 2/28/19 of Counselor #1's record revealed: - A hire date of 2/11/19 - The HCPR was accessed on 3/1/19 Review on 3/6/19 of Former Counselor #3's (FC	V 131	This will be an ongoing process throughout any hiring of staff within the clinic. This process will be completed on all individuals before extension of a potential employment offer is provided. This process will be completed by the Clinic Director.	On going

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM


Clinic Director
Winston-Salem, NC
etc.

P05011

Continuation sheet 1 of 9

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V 131	Continued From page 1 #3's) record revealed: - A hire date of 6/1/18 - A termination date of 3/4/19 - The HCPR was accessed on 3/4/19 Interview on 3/11/19 with the Director revealed: - Upon learning of this rule requirement on 3/1/19, she decided to complete the HCPR checks on behalf of these employees beginning on 3/1/19 and continuing on 3/4/19 - "I did those; nobody's done those before ... HR (Human Resources) does four different criminal checks: FBI (Federal Bureau of Investigation), driving record, sex offender, USA (United States of America) criminal, state-wide criminal, county criminal .." - Going forward, she would ensure HCPR checks were completed on behalf of individuals who were potential employees of the facility.	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 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.	V 235	Continued education for learning objectives outlined will be an ongoing process for furthering the development in all areas of professional growth of staff within the clinic. There has been a training schedule put in place and is currently being utilized to gain competencies in the above areas. There will be a continuation of learning within the clinic with no less than 2 trainings per week and self-study opportunities for further education on the professional topics to support effective career objectives. The highlighted area is the further education that has been corrected with summary and objectives. All information is currently provided and documented in the clinical supervision binder in addition to the outline of topics for continued professional growth and development of each staff member.	On going

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V 235	<p>Continued From page 2</p> <p>(c) Each direct care staff member shall receive continuing education to include understanding of the following:</p> <ol style="list-style-type: none"> (1) nature of addiction; (2) the withdrawal syndrome; (3) group and family therapy; and (4) infectious diseases including HIV, sexually transmitted diseases and TB. <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a minimum of one certified drug abuse counselor or certified substance abuse counselor to each 50 clients and increment thereof shall be on staff of the facility affecting 3 of 4 of the counseling staff (Counselors #1, #2 and #4) and the facility failed to ensure direct care staff received continuing education to include understanding of the following: the nature of addiction; the withdrawal syndrome; group and family therapy and infectious diseases, including HIV (Human Immunodeficiency Virus), sexually transmitted diseases and TB (Tuberculosis) affecting 2 of 4 audited staff (Licensed Practical Nurse (LPN) and Former Counselor #3 (FC #3)). The findings are:</p> <p>Finding #1:</p> <p>Interviews on 3/6/19 and on 3/11/19 with the Director revealed:</p> <ul style="list-style-type: none"> - Counselors (#1, #2 and #4) were full-time counselors and had 56 clients on their caseload at the current time - Former Counselor #3 (FC #3) who had been terminated on 3/4/19 had 39 clients on his 	V 235		

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V 235	<p>Continued From page 3</p> <p>caseload at the time of his termination</p> <ul style="list-style-type: none"> - FC #3's clients would be seen by her as well as the other counselors until a new counselor was hired - Staff at the front desk would tell each of his clients they could see any other counselor if they wanted to or they could come and speak with her directly - "I'm not supposed to be part of the counselor ratio, but I will taking on the high risk patients on a caseload." - "I get to hire a full time (counselor) instead of a part time (counselor)." <p>Finding #2:</p> <p>Review on 3/6/19 of Former Counselor #3 (FC #3's) record revealed:</p> <ul style="list-style-type: none"> - A hire date of 6/1/18 - A termination date of 3/4/19 - No evidence FC #3 had received continuing education to include understanding of the following: the nature of addiction; the withdrawal syndrome; group and family therapy and infectious diseases, including HIV (Human Immunodeficiency Virus), sexually transmitted diseases and TB (Tuberculosis) <p>Review on 2/28/19 of the Licensed Practical Nurse's (LPN's) record revealed:</p> <ul style="list-style-type: none"> - A hire date of 7/17/18 - No evidence the LPN had received continuing education to include understanding of the following: the nature of addiction; the withdrawal syndrome and group and family therapy and infectious disease (Tuberculosis) <p>Interview on 3/5/19 with the LPN revealed:</p> <ul style="list-style-type: none"> - This was the first time she had worked in this type of setting (outpatient methadone treatment) 	V 235		

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V 235	<p>Continued From page 4</p> <ul style="list-style-type: none"> - She had completed training in the nature of addiction, the withdrawal syndrome and other classes in the "HealthStream" (the agency's online training system) and was working on the completion of three of classes (not named). <p>Interview on 3/11/19 with the Director revealed:</p> <ul style="list-style-type: none"> - As for the LPN, it was her understanding that they received training in these topics as part of their nursing program. - "I asked them to bring me in transcripts." - She could not access the trainings staff completed in the "HealthStream" program, only the staff could - She was now asking the staff to provide copies of their transcripts which documented they had completed these trainings - "I've asked a few other clinics and they said nobody's ever asked about that (required trainings) and we've never been cited ..." - She would now cover these topics as part of her clinical supervision with staff. <p>This deficiency is a re-cited deficiency and must be corrected within 30 days.</p>	V 235		
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> <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</p>	V 536	<p>This has been completed by all staff on 4/19/2019, all certificates are filed in the HR binder located at the front desk for reviewing purposes. Each staff member will also have a copy of their certificate.</p>	4/19/2019

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V 536	<p>Continued From page 5</p> <p>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 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; 	V 536		
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V 536	<p>Continued From page 6</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 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</p>	V 536		
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V 536	Continued From page 7 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. (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.	V 536		

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V 536	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based record review and interview, the facility failed to ensure 1 of 4 audited staff (Counselor #1) had completed training in alternatives to restrictive interventions. The findings are:</p> <p>Review on 2/28/19 of Counselor #1's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 2/11/19 - No evidence Counselor #1 had completed training in alternatives to restrictive interventions <p>Interview on 3/11/19 with the Director revealed:</p> <ul style="list-style-type: none"> - Counselor #1 had completed this training at her previous employer; however, it had expired - She believed she had thirty days from the date of hire to provide staff with training in alternatives to restrictive interventions - A training in alternatives to restrictive interventions was scheduled for 3/19/19 and Counselor #1 would be participating in this training. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 536		
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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

March 18, 2019

Amanda Shepherd, Clinic Director
ATS of North Carolina, LLC
1617 S. Hawthorne Road
Winston-Salem, NC 27103

Re: Follow up and Complaint Survey completed March 11, 2019
Winston-Salem Comprehensive Treatment Center, 1617 S. Hawthorne Road, Winston-Salem,
NC 27103
MHL # 034-370
E-mail Address: amanda.shepherd@CTCprograms.com
Intake #NC00149298

Dear Ms. Shepherd:

Thank you for the cooperation and courtesy extended during the follow up and complaint survey completed March 11, 2019. The complaint was unsubstantiated.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Re-cited standard level deficiencies.
- The other tag cited is a standard level deficiency.

Time Frames for Compliance

- Re-cited standard level deficiencies must be **corrected** within 30 days from the exit of the survey, which is April 10, 2019.
- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is May 10, 2019.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

DHSR - Mental Health

APR 03 2019

Lic. & Cert. Section

March 18, 2019
ATS of North Carolina
Amanda Shepherd

- Sign and date the bottom of the first page of the State Form.

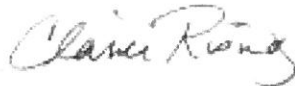
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

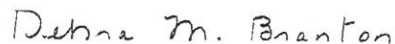
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Barbara Perdue at 336-861-6283.

Sincerely,



Clarice Rising, MSW, LCSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section



Debra M. Branton, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org
Smith Worth, SOTA Director