

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-167	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2019
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NAME OF PROVIDER OR SUPPLIER GREENVILLE RECOVERY CENTER, LLC (GRC	STREET ADDRESS, CITY, STATE, ZIP CODE 150 ARLINGTON BOULEVARD, SUITE C GREENVILLE, NC 27858
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V 000	<p>INITIAL COMMENTS</p> <p>An Annual Survey was completed 05/07/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3600 Outpatient Methadone and 10A NCAC 27G .3300, Outpatient Detoxification.</p> <p>The client census for the .3600 service was 254.</p> <p>The client census for the .3300 service was 7.</p>	V 000		
V 233	<p>27G .3601 Outpt. Opiod Tx. - Scope</p> <p>10A NCAC 27G .3601 SCOPE</p> <p>(a) An outpatient opioid treatment facility provides periodic services designed to offer the individual an opportunity to effect constructive changes in his lifestyle by using methadone or other medications approved for use in opioid treatment in conjunction with the provision of rehabilitation and medical services.</p> <p>(b) Methadone and other medications approved for use in opioid treatment are also tools in the detoxification and rehabilitation process of an opioid dependent individual.</p> <p>(c) For the purpose of detoxification, methadone and other medications approved for use in opioid treatment shall be administered in decreasing doses for a period not to exceed 180 days.</p> <p>(d) For individuals with a history of being physiologically addicted to an opioid drug for at least one year before admission to the service, methadone and other medications approved for use in opioid treatment may also be used in maintenance treatment. In these cases, methadone and other medications approved for use in opioid treatment may be administered or dispensed in excess of 180 days and shall be</p>	V 233		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

RECEIVED

By DHRS-Mental Health Licensure at 10:26 am, May 31, 2019

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V 233	<p>Continued From page 1</p> <p>administered in stable and clinically established dosage levels.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to coordinate services with other prescribing physicians for 4 of 11 audited clients (#0972, #0899, #0676 & #931). The findings are:</p> <p>Review on 05/07/19 of client #0975's record revealed: -Admitted: 01/24/19 -Diagnosis: Substance Use -2019 self assessment listed she was prescribed Ambien (used to treat sleep disorders), Prilosec (used to treat gastrointestinal disorders), Flexeril (muscle relaxer) and Linisiprol (used to treat hypertension) -No evidence of coordination with an outside physician to verification these medications, dosages or frequency of use</p> <p>Review on 05/07/19 of client #0899's record revealed: -Admitted: 04/02/19 -Diagnosis: Substance Use, Diabetes, Hypertension, High Cholesterol, Neuropathy and Hypothyroidism -2019 self assessment listed he was prescribed but not limited to Cymbalta (anti-depressant), Abilify (used to treat mental disorders), Lisinopril, Synthroid (used to treat hypothyroidism), Ambien, Novolog (used to treat Diabetes, Levemir (used to treat Diabetes) and Adderall (stimulant used to treat Attention Deficit Disorder) -No evidence of coordination with an outside</p>	V 233	<p>The RN will identify all patients currently on medication prescribed by other physicians, and will coordinate with Primary Counselors to send Coordination of Care Letters to each prescribing physician.</p> <p>The program will identify at intake, annually and any other time through out treatment where the patient notifies staff that they are receiving services with another physician, and will send a coordination of care letter to each prescriber notifying them that the patient is receiving services through our facility and requesting to coordinate care.</p> <p>All Employees will receive training on Care Coordination activities and thier role.</p> <p>Monthly The RN/Program Director will monitor all patients currently receiving Care from another prescriber to ensure that Coordination of Care is completed.</p>	<p>7/7/2019</p> <p>7/7/2019 ongoing</p> <p>7/7/2019</p> <p>7/7/2019 ongoing</p>

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V 233	<p>Continued From page 2</p> <p>physician to verification these medications, dosages or frequency of use</p> <p>Review on 05/07/19 of client #0676's record revealed: -Admitted: 01/07/16 -Diagnosis: Substance Use -2019 Self Assessment listed he was prescribed Clonidine (used to treat hypertension) -No evidence of coordination with an outside physician to verification these medications, dosages or frequency of use</p> <p>Interview on 05/07/19, clients #067, #0899 and #0975 reported: -As part of their annual visit with the facility's physician, he inquired about medications prescribed by another physician</p> <p>Interview on 05/07/19, client #0676's counselor reported: -She started to work at the agency November 2018 -During the intake, clients were asked to bring in prescriptions of medications prescribed by an outside physician. -She was not aware client #0676 did not have a copy of his prescribed medications listed in the manual record or in his electronic medical record.</p> <p>Review on 5/7/19 of client # 931's record revealed: -Admitted: 5/22/18 -Diagnosis of Substance Use. -2019 Self Assessment listed she was prescribed Lisinopril 40 mg and Synthroid 112 mg. -No evidence of coordination with an outside physician to verification these medications,</p>	V 233		

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V 233	Continued From page 3 dosages or frequency of use. During interview on 5/7/19 The Registered Nurse stated: -They do not verify outside medications unless they are "controlled." -They have a form signed at intake to coordinate medications with the clients primary physician. -Not aware they were to coordinate or verify all medications clients received.	V 233		
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. (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.	V 235		

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V 235	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on observation, 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 of the facility for each 50 clients and increment thereof. The findings are:</p> <p>Observation and tour on 05/07/19 at 6:30 AM of the facility revealed: -Physical layout of the building yielded the lobby area, nurse dispensing area dosing area/hallway, receptionist area, file room with copier and supplies, kitchen area, bathroom, medical examination room/lead nurse office, group meeting area/conference room, 3 single occupant offices for counselors and one double occupant offices shared by one counselor and Program Director -No unoccupied spaces noted.</p> <p>Review on 05/07/19 of the facility records revealed: -Patient census report indicated a total of 254 clients received treatment at the facility -Staff listing indicated 4 counselors and a Program Director/counselor for a total of 5 counselors</p> <p>Interview on 05/07/19, the Lead Counselor stated: -She had worked at the facility for "just a few months shy" of a year -Agency was in process of interviewing for one more counselor -All counselor caseloads were at 50</p>	V 235	<p>GRC is utilizing local job search websites, community colleges and universities to hire qualified substance abuse counselors to ensure a minimum of one certified substance abuse counselor for each 50 patients.</p> <p>The Program Director and Lead Counselor will interview applicants and make recommendations for hire based on qualifications.</p> <p>Program Director and Executive Program Director will review and discuss on a weekly basis, applicants and interviews completed.</p> <p>Program Director will notify the Corporate office when there is a need to increase clinical staff.</p>	<p>7/7/2019</p> <p>7/7/2019</p> <p>6/30/2019</p> <p>Ongoing</p>

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V 235	Continued From page 5 Interview on 05/07/19, the Program Director stated: -He had a current caseload of 54 clients. -The agency had recently hired a new counselor and was in search of another -He was aware of concerns with the space to accommodate another counselor but Management had looked for another location -By the end of 2019, he anticipated the agency would have secured a bigger location and moved.	V 235	The agency is currently in search of a new facility that will accomodate the growth of the program. The program director will continue to coordinate with the corporate office, for the new facility.	ongoing ongoing
V 238	27G .3604 (E-K) Outpt. Opiod - Operations 10A NCAC 27G .3604 OUTPATIENT OPIOD TREATMENT. OPERATIONS. (e) The State Authority shall base program approval on the following criteria: (1) compliance with all state and federal law and regulations; (2) compliance with all applicable standards of practice; (3) program structure for successful service delivery; and (4) impact on the delivery of opioid treatment services in the applicable population. (f) Take-Home Eligibility. Any client in comprehensive maintenance treatment who requests unsupervised or take-home use of methadone or other medications approved for treatment of opioid addiction must meet the specified requirements for time in continuous treatment. The client must also meet all the requirements for continuous program compliance and must demonstrate such compliance during the specified time periods immediately preceding any level increase. In addition, during the first year of continuous treatment a patient must	V 238		

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V 238	<p>Continued From page 6</p> <p>attend a minimum of two counseling sessions per month. After the first year and in all subsequent years of continuous treatment a patient must attend a minimum of one counseling session per month.</p> <p>(1) Levels of Eligibility are subject to the following conditions:</p> <p>(A) Level 1. During the first 90 days of continuous treatment, the take-home supply is limited to a single dose each week and the client shall ingest all other doses under supervision at the clinic;</p> <p>(B) Level 2. After a minimum of 90 days of continuous program compliance, a client may be granted for a maximum of three take-home doses and shall ingest all other doses under supervision at the clinic each week;</p> <p>(C) Level 3. After 180 days of continuous treatment and a minimum of 90 days of continuous program compliance at level 2, a client may be granted for a maximum of four take-home doses and shall ingest all other doses under supervision at the clinic each week;</p> <p>(D) Level 4. After 270 days of continuous treatment and a minimum of 90 days of continuous program compliance at level 3, a client may be granted for a maximum of five take-home doses and shall ingest all other doses under supervision at the clinic each week;</p> <p>(E) Level 5. After 364 days of continuous treatment and a minimum of 180 days of continuous program compliance, a client may be granted for a maximum of six take-home doses and shall ingest at least one dose under supervision at the clinic each week;</p> <p>(F) Level 6. After two years of continuous treatment and a minimum of one year of continuous program compliance at level 5, a client may be granted for a maximum of 13</p>	V 238		

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V 238	<p>Continued From page 7</p> <p>take-home doses and shall ingest at least one dose under supervision at the clinic every 14 days; and</p> <p>(G) Level 7. After four years of continuous treatment and a minimum of three years of continuous program compliance, a client may be granted for a maximum of 30 take-home doses and shall ingest at least one dose under supervision at the clinic every month.</p> <p>(2) Criteria for Reducing, Losing and Reinstatement of Take-Home Eligibility:</p> <p>(A) A client's take-home eligibility is reduced or suspended for evidence of recent drug abuse. A client who tests positive on two drug screens within a 90-day period shall have an immediate reduction of eligibility by one level of eligibility;</p> <p>(B) A client who tests positive on three drug screens within the same 90-day period shall have all take-home eligibility suspended; and</p> <p>(C) The reinstatement of take-home eligibility shall be determined by each Outpatient Opioid Treatment Program.</p> <p>(3) Exceptions to Take-Home Eligibility:</p> <p>(A) A client in the first two years of continuous treatment who is unable to conform to the applicable mandatory schedule because of exceptional circumstances such as illness, personal or family crisis, travel or other hardship may be permitted a temporarily reduced schedule by the State authority, provided she or he is also found to be responsible in handling opioid drugs. Except in instances involving a client with a verifiable physical disability, there is a maximum of 13 take-home doses allowable in any two-week period during the first two years of continuous treatment.</p> <p>(B) A client who is unable to conform to the applicable mandatory schedule because of a verifiable physical disability may be permitted</p>	V 238		

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V 238	<p>Continued From page 8</p> <p>additional take-home eligibility by the State authority. Clients who are granted additional take-home eligibility due to a verifiable physical disability may be granted up to a maximum 30-day supply of take-home medication and shall make monthly clinic visits.</p> <p>(4) Take-Home Dosages For Holidays: Take-home dosages of methadone or other medications approved for the treatment of opioid addiction shall be authorized by the facility physician on an individual client basis according to the following:</p> <p>(A) An additional one-day supply of methadone or other medications approved for the treatment of opioid addiction may be dispensed to each eligible client (regardless of time in treatment) for each state holiday.</p> <p>(B) No more than a three-day supply of methadone or other medications approved for the treatment of opioid addiction may be dispensed to any eligible client because of holidays. This restriction shall not apply to clients who are receiving take-home medications at Level 4 or above.</p> <p>(g) Withdrawal From Medications For Use In Opioid Treatment. The risks and benefits of withdrawal from methadone or other medications approved for use in opioid treatment shall be discussed with each client at the initiation of treatment and annually thereafter.</p> <p>(h) Random Testing. Random testing for alcohol and other drugs shall be conducted on each active opioid treatment client with a minimum of one random drug test each month of continuous treatment. Additionally, in two out of each three-month period of a client's continuous treatment episode, at least one random drug test will be observed by program staff. Drug testing is to include at least the following: opioids,</p>	V 238		

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V 238	<p>Continued From page 9</p> <p>methadone, cocaine, barbiturates, amphetamines, THC, benzodiazepines and alcohol. Alcohol testing results can be gathered by either urinalysis, breathalyzer or other alternate scientifically valid method.</p> <p>(i) Client Discharge Restrictions. No client shall be discharged from the facility while physically dependent upon methadone or other medications approved for use in opioid treatment unless the client is provided the opportunity to detoxify from the drug.</p> <p>(j) Dual Enrollment Prevention. All licensed outpatient opioid addiction treatment facilities which dispense Methadone, Levo-Alpha-Acetyl-Methadol (LAAM) or any other pharmacological agent approved by the Food and Drug Administration for the treatment of opioid addiction subsequent to November 1, 1998, are required to participate in a computerized Central Registry or ensure that clients are not dually enrolled by means of direct contact or a list exchange with all opioid treatment programs within at least a 75-mile radius of the admitting program. Programs are also required to participate in a computerized Capacity Management and Waiting List Management System as established by the North Carolina State Authority for Opioid Treatment.</p> <p>(k) Diversion Control Plan. Outpatient Addiction Opioid Treatment Programs in North Carolina are required to establish and maintain a diversion control plan as part of program operations and shall document the plan in their policies and procedures. A diversion control plan shall include the following elements:</p> <p>(1) dual enrollment prevention measures that consist of client consents, and either program contacts, participation in the central registry or list exchanges;</p>	V 238		

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V 238	<p>Continued From page 10</p> <p>(2) call-in's for bottle checks, bottle returns or solid dosage form call-in's; (3) call-in's for drug testing; (4) drug testing results that include a review of the levels of methadone or other medications approved for the treatment of opioid addiction; (5) client attendance minimums; and (6) procedures to ensure that clients properly ingest medication.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure random testing for alcohol and other drugs were conducted for one of eleven audited clients (#343) active Opioid treatment client with a minimum of one random drug test each month of continuous treatment. The findings are:</p> <p>Review on 5/7/19 of client #343's record revealed: -Admitted: 8/24/17. -Diagnosis of Substance Use.</p> <p>Review of client #343's monthly drug screens for last three months revealed: -2/12/19- Positive for THC.</p> <p>Review of client #343's Treatment Plan was dated 5/2/19.</p> <p>Review of "Case Notes" revealed he had met with his counselor on the following dates: -2/28/19 -3/13/19</p>	V 238	<p>The program utilizes Methasoft to conduct random drug screens. The Program Director and Medical Receptionist will review the profile of each patient to ensure that they are in the system for a monthly drug screen.</p> <p>The counselor will monitor on a monthly basis to ensure that the drug screen was obtained.</p> <p>All staff will be provided training, regarding the state requirements for drug screens and the procedures for obtaining drug screens.</p> <p>The Program Director will coordinate with Lead Counselor to ensure random testing for alcohol and other drugs for each patient with a minimum of one random drug test each month of continuous treatment.</p>	<p>7/7/2019</p> <p>7/7/2019</p> <p>7/7/2019</p> <p>7/7/2019 ongoing</p>

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V 238	<p>Continued From page 11</p> <p>-4/3/19 -5/2/19 (completed treatment plan).</p> <p>During interview on 5/7/19 client #343 stated: -Had been "chasing drugs" for many years. -Comes in to dose everyday. -Had been positive for marijuana. -Not sure when last drug screen was, just random when he came in. -Met with his counselor every month, sometimes twice.</p> <p>During interview on 5/7/19 The Registered Nurse stated: -Their program is set up to pick names random for drug screens at least one time a month. -Some clients names get picked twice a month. -When a counselor meets with the clients, they are to review most recent drug screens. -If they notice a client had not been picked by the program, they can manually put it in. -Not sure why client #343 had not been manually put in by counselor, she should have noticed he had not had a recent one while she was meeting with him.</p>	V 238		
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 (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,</p>	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-167	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2019
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NAME OF PROVIDER OR SUPPLIER GREENVILLE RECOVERY CENTER, LLC (GRC	STREET ADDRESS, CITY, STATE, ZIP CODE 150 ARLINGTON BOULEVARD, SUITE C GREENVILLE, NC 27858
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V 536	<p>Continued From page 12</p> <p>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 relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and 	V 536		

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V 536	<p>Continued From page 13</p> <p>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 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</p>	V 536		

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V 536	<p>Continued From page 14</p> <p>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 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</p>	V 536		

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V 536	<p>Continued From page 15 as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of four audited staff (staff #1) had training in Alternative to Restrictive Interventions. The findings are:</p> <p>Review on 5/7/19 of staff #1's record revealed: -Hire date of 3/25/19. -No evidence of Alternative to Restrictive Interventions training.</p> <p>During interview on 5/7/19 staff #1 stated: -Had received some trainings when he started. -Was told he had 90 days to complete all required trainings, including his Alternative to Restrictive Interventions.</p> <p>During interview on 5/7/19 The Program Director stated hew as not aware staff had to receive Alternative to Restrictive Interventions prior to serving clients. Will schedule that training as soon as possible.</p>	V 536	<p>Staff member #1 has been scheduled for training at the RMTC site on 6/6/2019.</p> <p>The Program Director will monitor and ensure that all new hires recieve the Appropriate training during the time allotted by the state</p>	<p>6/6/2019</p> <p>7/7/2019 Ongoing</p>