STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		· · ·		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-523	B. WING		05/14	4/2019	
	ROVIDER OR SUPPLIER METHADONE TREATME SUMMARY ST	6118 SA	NDDRESS, CITY, STAT		ORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLE DATE	
∨ 000	deficiency was cited. This facility is license category: 10A NCAC Opioid Treatment.	as completed 05/14/19. A d for the following service	V 000				
This facility is licensed for the following servi category: 10A NCAC 27G .3600 Outpatient		7 TRAINING ON RESTRICTIVE plement policies and size the use of alternatives tions. services to people with ding service providers, or volunteers, shall ence by successfully or communication skills and reating an environment in of imminent danger of abuse with disabilities or others or revented. s shall establish training etencies, monitor for internal onstrate they acted on data be competency-based, earning objectives, written and by observation of opjectives and measurable	V 536	for RMTC on Ju Charmine Lightr Instructor (919-3 2. Mandatory a required for the staff: RN, LPN, Program Directo 3. NCI will be a part of schedule trainings 4. The program monitor staff tra on a quarterly b	r (919-389-3283) atory attendance is for the following I, LPN, 3 Counselors Director, Receptionist. rill be a mandatory cheduled annual rogram director will staff training schedule		

SMVK11

If continuation sheet 1 of 5

		Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-523	B. WING		05	5/14/2019
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,			
RALEIGH	METHADONE TREATME	ENT CENTER	INT GILES STREET H, NC 27612			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 536	Continued From page	e 1	V 536			
	the Division of MH/DI Paragraph (g) of this (g) Staff shall demor following core areas: (1) knowledge people being served; (2) recognizing behavior; (3) recognizing external stressors that disabilities; (4) strategies for relationships with per (5) recognizing organizational factors disabilities; (6) recognizing assisting in the perso decisions about their (7) skills in ass escalating behavior; (8) communica and de-escalating po and (9) positive bef means for people witt activities which direct behaviors which are of (h) Service providers documentation of init at least three years. (1) Documenta (A) who particip outcomes (pass/fail);	nploy must be approved by D/SAS pursuant to Rule. Instrate competence in the and understanding of the and interpreting human the effect of internal and at may affect people with or building positive rsons with disabilities; or cultural, environmental and the importance of and on's involvement in making life; essing individual risk for tion strategies for defusing tentially dangerous behavior; havioral supports (providing h disabilities to choose thy oppose or replace unsafe). Is shall maintain ial and refresher training for tion shall include: bated in the training and the where they attended; and				

Division of Health Service Regulation STATE FORM

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X2)		(X3) DATE SURVEY COMPLETED	
		B. WING					
		MHL092-523	B. WING		05/14/201		
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	ZIP CODE			
RALEIGH	METHADONE TREATME	ENT CENTER	INT GILES STREET H, NC 27612				
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V 536	Continued From page	e 2	V 536				
	 (i) Instructor Qualific Requirements: (1) Trainers sh by scoring 100% on t aimed at preventing, need for restrictive in (2) Trainers sh by scoring a passing instructor training pro (3) The training competency-based, i objectives, measurable methods failing the course. (4) The content service provider plant approved by the Divist to Subparagraph (i)(5) (5) Acceptable shall include but are in (A) understandi (B) methods for course; (C) methods for performance; and (D) documentation (6) Trainers sh teaching a training privent of the course interventions at least review by the coach. (7) Trainers sh aimed at preventing, need for restrictive in annually. 	all demonstrate competence eesting in a training program reducing and eliminating the terventions. all demonstrate competence grade on testing in an ogram. g shall be nclude measurable learning ble testing (written and by ior) on those objectives and to determine passing or t of the instructor training the s to employ shall be sion of MH/DD/SAS pursuant 5) of this Rule. instructor training programs not limited to presentation of: ng the adult learner; r teaching content of the or evaluating trainee tion procedures. all have coached experience ogram aimed at preventing, ting the need for restrictive one time, with positive all teach a training program reducing and eliminating the terventions at least once all complete a refresher					

STATEMENT OF DEFICIENCIES () AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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V 536	Continued From page	e 3	V 536				
V 536	 Continued From page 3 (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. (I) Documentation shall be the same preparation as for trainers. 						
	failed to ensure 6 of 7 Nurse, Licensed Prace #2, Program Director training in Alternative The findings are:	ew and interview the facility 7 audited staff (Registered ctical Nurse, Counselor #1 & and Receptionist) had to Restrictive Interventions.					
	a. Registered Nu - hired 7/05	urse:					

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ALEIGH	METHADONE TREATME	ENT CENTER	H, NC 27612				
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V 536	Continued From page	e 4	V 536				
	Restrictive Interventio c. Counselor #1 - hired 8/13 - no evidence Restrictive Interventio d. Counselor #2: - hired- 5/23 - no evidence Alternative to Restric e. Program Direc - hired- 2/4/ - no evidence Restrictive Interventio f. Receptionist: - hired- 5/19 - no evidence Alternative to Restric During an interview of Director reported the someone come in to	ctical Nurse: 6/17 ce of training in Alternative to ons present. 6/18 ce of training in Alternative to ons present. 6/17 ce of current training in tive Interventions present. ctor: 19 ce of training in Alternative to ons present.					