STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY
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		MHL092-523	B. WING			
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/*C***********************************	TADONE TREATME	**** OF(41E)/	H, NC 27612	s Nov. 3		
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∧ 000 IMI.	FIAL COMMENTS		V 000			
An . defi	Annual Survey wa ciency was cited.	s completed 05/14/19. A				\$
Cate	facility is licensed gory: 10A NCAC pid Treatment, ility census: 126	d for the following service 27G .3600 Outpatient	TO THE MENT OF THE PROPERTY OF			
V 536 27E Int.	.0107 Client Righ	ts - Training on Alt to Rest.	V 536			
ALTI INTE (a) I prace to re (b) I disal empl demo comp other which or inj prope (c) F base comp gathe (d) TI includ meas behav metho cours (e) F	tices that emphasistrictive intervention of providing solidies, staff including solidies, staff including estate competer obleting training in constrate competer of the likelihood of the likel	RESTRICTIVE  Ilement policies and lize the use of alternatives ons.  services to people with ling service providers, or volunteers, shall lince by successfully communication skills and lating an environment in limminent danger of abuse the disabilities or others or evented.  Shall establish training encies, monitor for internal listrate they acted on data		1. NCI training is sch for RMTC on June 6 Charmine Lightner, 1 Instructor (919-389-32).  2. Mandatory attend required for the follow staff: RN, LPN, 3 Corprogram Director, Research of scheduled and trainings.  4. The program direct monitor staff training on a quarterly basis functioning recoming training recommends.	, 2019 NCI 3283) ance is ving cunselors eceptioni datory nual ctor will schedule or quiremer	st.

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(X6) DATE

STATE FORM

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If continuation sheet 1 of 5

1	of Health Service Regu				,	MIMPEROVE	<i>إ</i> ــــــــــــــــــــــــــــــــــــ
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		RALE	EIGH, NC 27612				
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V 536	Continued From page	1	V 536	***************************************			_
	(f) Content of the train	ning that the service	70.4			į	PO TO
	provider wishes to em	ploy must be approved by	and the second			\$-0.00 mm	and arrange of
	the Division of MH/DD	D/SAS pursuant to	I.V. I promonant			-	PAN KACAMAN
	Paragraph (g) of this I						ANGLESCO
	(g) Staff shall demon- following core areas:	strate competence in the				***************************************	Palvidam
		and understanding of the				**************************************	Sheder Translation of the
	people being served;	and and area reting on the				ĺ	Aventous
	(2) recognizing	and interpreting human					STEWN CONT
	behavior;						ecce www
	(3) recognizing	the effect of internal and				****	واستطنتها
j	disabilities;	t may affect people with					Salvania.
	,	r building positive	1117				CANADAL-VA
	relationships with pers	sons with disabilities;					distribution of the
		cultural, environmental and	St. Electronic			s proposación	Sergional Services
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	organizational factors disabilities;	that may affect people with	111111111111111111111111111111111111111				erveno inemianto
		the importance of and					9000 CC-01000
		's involvement in making	A. (.)				O CONTRACTOR OF THE PERSON OF
	decisions about their li (7) skills in asse	ne; ssing individual risk for	The state of the s				G-STEAMART STATE
	escalating behavior;	soing marviadar risk tor					NA TENN
	(8) communicati	on strategies for defusing	35			,	Salation of the salation of th
	and	entially dangerous behavior;	and the second				TATA ROOM
	(9) positive behs means for people with	ivioral supports (providing	ture many				St. spileting
	activities which directly	oppose or replace	An facilities				Spirit Name
	behaviors which are ur	-	hall hall he a				NEGOTA
i	(h) Service providers s		Objects of the			1	Section of the second
	documentation of initia	I and refresher training for	***************************************				ON/OCEPHONE
	at least three years.						Contraction of the Contraction o
	(1) Documentation	on shall include:					e dans de la composition della
	(A) who participat	ted in the training and the	**				Oran errors
	outcomes (pass/fail);	*	The Address of the Ad				Mary Mary Control
		nere they attended; and	ERRORITATION (P.				
1	<ul><li>(C) instructor's n</li><li>(2) The Division</li></ul>	ame; of MH/DD/SAS mav	(A) Yellowan				
i	1 (10 DIVISION)	ン・ivia がしたんしれる はばV	)			,	

Division of Health Service Regulation

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V 536	Continued From page	9.2	V 536			1
	review/request this do	ocumentation at any time.	Apadoniis			
	(i) Instructor Qualifica	ations and Training				
	Requirements:					
	(1) Trainers sha	all demonstrate competence	age a feet feet			A PART OF THE PART
		esting in a training program				O CONTRACTOR OF THE CONTRACTOR
		reducing and eliminating the	· ·			Specific Control of the Control of t
	need for restrictive int		- Constant of the Constant of			1 January P
		all demonstrate competence	er (an Anna Anna Anna Anna Anna Anna Anna			1
	by scoring a passing					YCO AC
	instructor training prog					Office Control of Cont
	(3) The training	nclude measurable learning				100mmelica).
		le testing (written and by	7917474			4,010000
]		or) on those objectives and	I.D.Canilleria			7
		to determine passing or	Score and the second			Section 4
Ì	falling the course.	to dotomino passang of				#60Mdbcox
	-	of the instructor training the	and the second s			week to the state of the state
	service provider plans		1,11			wikkon.
3		ion of MH/DD/SAS pursuant				<i>9.129716-9</i> 44
M 1	to Subparagraph (i)(5)		-			UP-III AAA
	(5) Acceptable i	instructor training programs	***			egyl gyddigiddi
	shall include but are n	of limited to presentation of:	in the second se			e en en
		ng the adult learner;	and the second s			Strate Mil
		teaching content of the				ydasyku:
	course;	4				Tigada ana
		evaluating trainee	and the same of th			ECENTAL DE
	performance; and	on procedures.				- Autopalans
		on procedures. Il have coached experience				Buday
		ogram aimed at preventing,				Rivonata
		ng the need for restrictive				
V***V*A-000AB	Interventions at least of					5.X.y.sagan
i	review by the coach. (7) Trainers sha	ill teach a training program				ماد الماد ال
1	aimed at preventing, n	educing and eliminating the				Existerates
		erventions at least once				and the second
	annually.					The second of
	(8) Trainers sha	ill complete a refresher				diseased to
	instructor training at le	•				verticans.
	madedoor conning on to	worns, and longs				Section Sectio

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Division	of Health Service Regu	lation			FOI	RM APPROVED
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OAI EICU	: ##ETU#DAN;;; TMC#T***	6119 61	INT GILES STREET			
RALEIGN	METHADONE TREATME	NICENIER	H, NC 27612			
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V 536	Continued From page	3	V 536	****		
	(j) Service providers documentation of initial training for at least the (1) Docume (A) who participe outcomes (pass/fail); (B) when and we (C) instructor's (2) The Division request and review the (k) Qualifications of C(1) Coaches should be course which is be (3) Coaches should be competence by complete in the course which is be competence by complete in the course which is the course which is be (3) Coaches should be competence by complete in the course which is the competence by complete in the course which is the competence by complete in the course which is the course which is the competence by complete in the course which is the competence by complete in the course which is the competence by complete in the course which is the cou	shall maintain al and refresher instructor ree years. Intation shall include: ated in the training and the where attended; and name. I of MH/DD/SAS may is documentation any time. Coaches: all meet all preparation ner. all teach at least three times sing coached. all demonstrate etion of coaching or				
	failed to ensure 6 of 7 Nurse, Licensed Pract #2, Program Director 8	w and interview the facility audited staff (Registered ical Nurse, Counselor #1 & and Receptionist) had a Restrictive Interventions.  14/19 of the agency caled:				

Division of Health Service Regulation

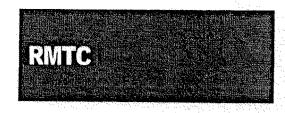
- no evidence of training in Alternative to

<u>Division</u>	of Health Service Requ	Jlation			FO	RM APPROVED
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	Restrictive Intervention b. Licensed Practice - hired 12/26 no evidence Restrictive Intervention c. Counselor #1 hired 8/13/no evidence Restrictive Intervention d. Counselor #2: hired-5/23/no evidence Alternative to Restrictive Intervention e. Program Directive Intervention f. Receptionist: hired-5/19/no evidence Restrictive Intervention f. Receptionist: hired-5/19/no evidence Alternative to Restrictive Intervention f. Receptionist: hired-5/19/no evidence Alternative to Restrictive Intervention Intervention Restrictive Intervention Price evidence Alternative to Restrictive Intervention Interventi	ons present.  tical Nurse: 5/17 e of training in Alternative to ons present.  1/18 e of training in Alternative to ons present.  1/17 e of current training in ive Interventions present.  1/29 e of training in Alternative to ons present.  1/20 e of current training in ive Interventions present.  1/20 e of current training in ve Interventions present.  1/20 e of current training in ve Interventions present.  1/21 1/21 1/21 1/21 1/21 1/21 1/21 1/				

Division of Health Service Regulation

Sellati - Raleigh Methadone Treatment Center 6118 St. Giles Raleigh, North Carolina 27612

Phone: (919) 781-5507 Fax: (919) 882-8117





•Comments:			
Urgent □ For Review □	Please Comment	Please Reply	☐ Please Recycle
audit may 14	1,2019		
Re: Plan of Corre		ang Louis	so Reeves
Phone: 919 - 855 - 38	83 Pages:	* 1	
Fax: 919-715-80	078 Date:	5/28/0	2019
To: NC HHS	From:	RMTC	

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5/28/2019

Mail - Kathy Moore - Outlook

### RMTC - Plan of Correction - 2019-05-28

### Kathy Moore

Tue 5/28/2019 10:35 AM

To: Danalouise.Reeves@dhhs.nc.gov < Danalouise.Reeves@dhhs.nc.gov >

Cc: Luly Hawkins <a href="mailto:com">Luly Hawkins <a href="mailto:com">Com</a> <a href="mailto:com">South<a href="mailto:com">Com</a> <a href="mailto:com">Co

1 attachments (112 KB)

raleigh\_methadone\_treatment\_center\_ plan of correction = 05.28.2019.pdf;

RE: Annual Survey Completed May 14, 2019 Raleigh Methadone Treatment Center 6118 St. Giles Street Raleigh, NC 27612 MHL# 092-523

email: lhawkins@sellatico.com

Please accept the attached plan of correction cited violation of 10A NCAC 27E .0107 - Training on Alternatives to Restrictive Interventions.

Please let me know if you need any additional information.

### Thank you

Kathy Moore, LPC, CSAC Program Director RMTC6118 St Giles St. Raleigh NC 27612

Phone: 919.781.5507 Fax: 919.882.8117

www.methadonetreatmentcenters.com

### **FAX COVER SHEET**

TO	
COMPANY	
FAXNUMBER	19197158078
FROM	RMTC Group 1
DATE	2019-05-28 10:47:01 EDT
RE	RMTC - PLAN OF CORRECTION - 2019-05-28

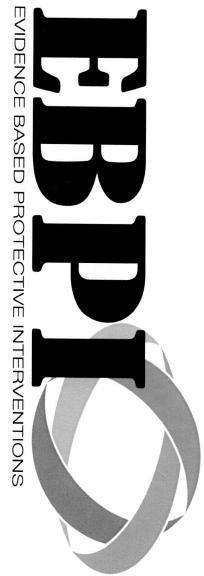
### **COVER MESSAGE**

Kathy Moore, LPC, CSAC Program Director RMTC 6118 St Giles St. Raleigh NC 27612 Phone: 919.781.5507

Fuone: 919.761.5507 Fax: 919.882.8117

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PRINTED: May 22,

Document: 20190522181

### **PARTICIPANT**

This certifies that

### FLETCHER BURNETTE

has fulfilled all the requirements for competency in

the Approved Restrictive Intervention Curriculum

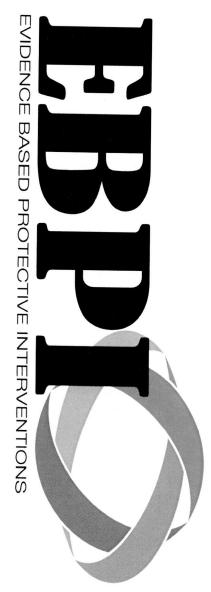
EBPI INTERVENTIONS - PREVENT

SUBJECT TO ANNUAL CERTIFICATION

Richard McDonald CEO

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED May 31, 2020.

CERTIFICATION DATE:



Document: 20190522181

### **PARTICIPANT**

This certifies that

### MONIQUE CURTIS

has fulfilled all the requirements for competency in

the Approved Restrictive Intervention Curriculum

EBPI INTERVENTIONS - PREVENT

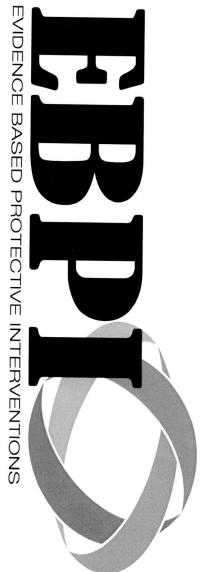
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CEO

Richard McDonald

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CERTIFICATION DATE:



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2016

### **PARTICIPANT**

This certifies that

### JOHN HILL

has fulfilled all the requirements for competency in

the Approved Restrictive Intervention Curriculum

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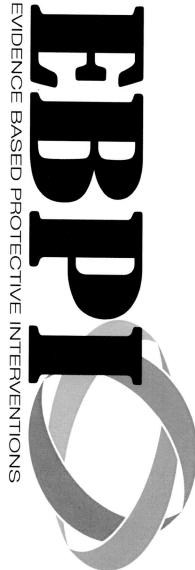
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### **PARTICIPANT**

This certifies that

### MICHELLE JONES-CONYERS

has fulfilled all the requirements for competency in

the Approved Restrictive Intervention Curriculum

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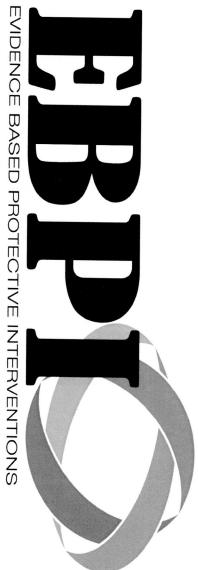
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### **PARTICIPANT**

This certifies that

### GAYLA LANGFORD

has fulfilled all the requirements for competency in

the Approved Restrictive Intervention Curriculum

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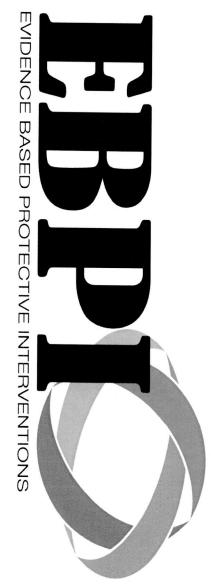
SUBJECT TO ANNUAL CERTIFICATION

Richard McDonald

d CEO

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Document: 20190522181

PRINTED: May 22,

### **PARTICIPANT**

This certifies that

### KATHLEEN MOORE

has fulfilled all the requirements for competency in

the Approved Restrictive Intervention Curriculum

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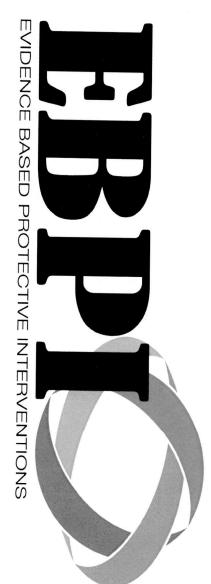
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PRINTED: May 22,

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### **PARTICIPANT**

This certifies that

### MYNOVIA SALES

has fulfilled all the requirements for competency in

the Approved Restrictive Intervention Curriculum

EBPI INTERVENTIONS - PREVENT

SUBJECT TO ANNUAL CERTIFICATION

CEO

Richard McDonald

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