STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on August 14, 2019. The complaint was unsubstantiated (Intake #NC00153570). Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .3600 Outpatient Opioid Treatment 10A NCAC 27G. 4400 Substance Abuse Intensive Outpatient Program 10A NCAC 27G. 4500 Substance Abuse Comprehensive Outpatient Treatment Program The client census was 474 at the time of the survey.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid	V 108		

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V 108	Continued From page 1 including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff had training in Cardiopulmonary Resuscitation and First Aid for one of twelve audited staff (Nurse #1). The findings are: Review on 8/14/19 of the facility's personnel files revealed: -Nurse #1 had a hire date of 1/2/14. -Nurse #1 was hired as a Dispensing Nurse. -Nurse #1 had a Cardiopulmonary Resuscitation and First Aid training card that expired on 7/19/18. -There was no documentation of current training in Cardiopulmonary Resuscitation and First Aid for Nurse #1. Interview on 8/14/19 with Nurse #3 revealed: -There were supposed to be at least two nurses working together at all times. -Sometimes on Saturdays they would occasionally work alone.	V 108		

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V 108	Continued From page 2 Interview on 8/14/19 with the Counseling Supervisor confirmed: -There was no documentation of training in Cardiopulmonary Resuscitation and First Aid for Nurse #1.	V 108		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 3 This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to schedule a review of a plan at least annually affecting one of seventeen current audited clients (#1) and one of five deceased clients (DC #19). The findings are: a. Review on 8/13/19 of client #1's record revealed: -Admission date of 11/29/16. -Diagnosis of Opioid Use Disorder. -Client #1 had a Person Centered Plan dated 1/29/18. -There was no documentation that client #1 had a plan completed for 2019. b. Review on 8/13/19 of DC #19's record revealed: -Admission date of 2/25/15. -She died on 4/20/19. -Diagnoses of Opioid Dependence, Human Immunodeficiency Virus, Chronic Obstructive Pulmonary Disease, Congestive Heart Failure and Sleep Apnea. -DC #19 had a Person Centered Plan dated 2/14/18. -There was no documentation that DC #19 had a plan completed for 2019. Interview on 8/13/19 and 8/14/19 with the Counseling Supervisor revealed: -Client #1 was on his caseload and he did not realize the plan was not current. -Client #19 passed away prior to his employment and he was not sure why her plan was not completed. -He confirmed the facility failed to schedule a review of a plan at least annually for clients' #1 and DC #19.	V 112		

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V 235	Continued From page 4	V 235		
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. This Rule is not met as evidenced by: Based on record reviews and interviews, 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 the staff of the facility. The findings are:	V 235		

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V 235	Continued From page 5 Review on 8/14/19 of the facility's record revealed: -The facility had a census of 474 clients. -The facility currently had 8 full-time counselors and the counseling supervisor with a caseload. -Counselors with a caseload of more than 50 clients included: -Counselor #1 had a caseload of 65 clients. -Counseling Supervisor had a caseload of 65 clients. Interview on 8/14/19 with the Counseling Supervisor revealed: -Confirmed he and counselor #1 had a caseload of more than 50 clients. -He reported a new counselor was starting new week. -The new counselor would start with a caseload with 25 clients. -Future plans was to have every counselor with a caseload of 35 clients by hiring 2 additional staff.	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	V 536		

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V 536	Continued From page 6	V 536		

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, 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

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V 536	Continued From page 7 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 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	V 536		

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V 536	Continued From page 8 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	Continued From page 9 This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure four of twelve audited staff (Nurse #1, Nurse #2, the Counseling Supervisor and the Physician's Assistant) had training on the use of alternatives to restrictive interventions prior to providing services. The findings are: a. Review on 8/14/19 of the facility's personnel files revealed: -Nurse #1 had a hire date of 1/2/14. -Nurse #1 was hired as a Dispensing Nurse. -Nurse #1 had a training certificate for North Carolina Interventions Part A that expired 12/28/18. -There was no documentation Nurse #1 had current training in North Carolina Interventions +. b. Review on 8/14/19 of the facility's personnel files revealed: -Nurse #2 had a hire date of 6/29/15. -Nurse #2 was hired as a Dispensing Nurse. -Nurse #2 had a Nonviolent Crisis Intervention training card that expires 10/31/19. -There was no documentation Nurse #2 had training in North Carolina Interventions +. c. Review on 8/14/19 of the facility's personnel files revealed: -The Counseling Supervisor had a hire date of 6/10/19. -There was no documentation that the Counseling Supervisor had training in North Carolina Interventions +. d. Review on 8/14/19 of the facility's personnel files revealed:	V 536		

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V 536	Continued From page 10 -The Physician's Assistant had no specific date of hire. -The Physician's Assistant had North Carolina Intervention training that expired 12/28/18. -There was no documentation that the Physician's Assistant had current training in North Carolina Interventions +. Interview with the Counseling Supervisor on 8/14/19 revealed: -The facility used North Carolina Intervention + for training on the use of alternatives to restrictive interventions. -The Clinic Director was currently out on medical leave. -The Clinic Director was responsible for the personnel folders. -He thought he had just recently completed the NCI + training. -He was not aware all staff were required to have the same type of alternatives to restrictive interventions training. -He confirmed there was no documentation of current training on the use of alternative to restrictive intervention for Nurse #1 and the Physician's Assistant. -He confirmed Nurse #2 had a different type of alternatives to restrictive interventions training. -He confirmed he had no documentation of training on the use of alternatives to restrictive interventions prior to proving services.	V 536		