	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		` '	E CONSTRUCTION	(X3) DATE COMF	PLETED	
						l i	R	
		MHL068-159		B. WING		09/0	05/2019	
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
HILLSBO	OROUGH RECOVERY	SOLUTIONS		STREET				
			HILLSBO	ROUGH, NC				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	rs		V 000				
	on September 5, 20 This facility is licens	w-up survey was com 019. Deficiencies were sed for the following se AC 27G .3600 Outpation	cited. ervice					
	The client census w survey.	vas 121 at the time of	the					
V 109	27G .0203 Privilegi	ng/Training Professior	nals	V 109				
	QUALIFIED PROFI ASSOCIATE PROFI (a) There shall be a qualified profession (b) Qualified profes professionals shall and abilities require (c) At such time as employment systen then qualified profe professionals shall (d) Competence sh exhibiting core skills (1) technical knowl (2) cultural awaren (3) analytical skills; (4) decision-makin (5) interpersonal sl (6) communication (7) clinical skills. (e) Qualified profes NCAC 27G .0104 (met the requirement employment systen MH/DD/SAS.	ressionals no privileging requirent las or associate professionals and associate demonstrate knowledged by the population set a competency-based in is established by rulessionals and associated demonstrate competent last be demonstrated the including: edge; edge; edge; eg; kills;	nents for ssionals. ege, skills erved. emaking, e ence. by					

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

(X6) DATE TITLE

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			,
		MHL068-159	B. WING		09/0	5/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HILLSBO	OROUGH RECOVERY	SOLUTIONS	O STREET ROUGH, NC	27278		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 109	develop and impler for the initiation of a plan upon hiring ea (g) The associate supervised by a qu population served f specified in Rule .0	ment policies and procedures an individualized supervision ich associate professional. professional shall be alified professional with the for the period of time as 104 of this Subchapter.	V 109			
	This Rule is not met as evidenced by: Based on record reviews and interviews, the facility management failed to assure 1 of 4 audited qualified professional staff (Nurse #1) demonstrated the technical knowledge, decision-making and clinical skills and abilities required affecting 4 of 12 audited clients. The findings are:					
	revealed: - Hire date of 10/4/ - Employed as Reg	of Nurse #2's personnel files 18 istered Nurse to work ly dosing nurse on the				
	following for Client - Admission date of - Diagnosis of Opicity - Physician's order					
	following for Client - Admission date of - Diagnosis of Opic					

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		MHL068-159	B. WING			R 05/2019
	PROVIDER OR SUPPLIER DROUGH RECOVERY	SOLUTIONS 129 MAY	DRESS, CITY, S D STREET ROUGH, NC	27278		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 109	milligram (mg) dose Review on 9/5/19 of following for Client: - Admission date of: - Diagnosis of Opio: - Physician's order milligram (mg) dose Review on 9/5/19 of following for Client: - Admission date of: - Diagnosis of Opio: - Physician's order milligram (mg) dose Review on 9/4/19 of for June 2019 - Augunder-dosed four cof the 8/3/19 incide: - Nurse #2 administrablets (total 4 mg): 8 mg tablets (total 4 mg): 8 mg tablets (total 5 md dosing each client: - She administered approximately 15 md dosing each client: - She administered approximately: - Client: #1: at apple: - Client: #2: at apple: - Client: #3: at apple: - Client: #4: at apple: - Agency: was recertand has been re-or: - The reorganization ongoing training an some of the require	e of Buprenorphine once daily f facility records revealed the #3: #4/15/19 id Use Disorder - Severe for client to to receive a 16 e of Buprenorphine once daily f facility records revealed the #1: #1/29/19 id Use Disorder - Moderate for client to to receive a 16 e of Buprenorphine once daily f the facility's incident reports gust 2019 revealed Nurse #2 lients. The following are details int: tered each client two 2 mg instead of the prescribed two 16 mg) of Buprenorphine. the tablets of medication inutes or more between at the times identified: roximately 9:30 AM roximately 9:30 AM roximately 9:49 AM roximately 9:51 AM with the Program Director intly bought by another group				

Division of Health Service Regulation

STATE FORM 6899 L4G711 If continuation sheet 3 of 12

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPP IDENTIFICATION I		` '	E CONSTRUCTION	(X3) DATE COMP	LETED
				D. WING		F	
		MHL068-159		B. WING		09/0	5/2019
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HILLSBO	ROUGH RECOVERY	SOLUTIONS	129 MAYO		27270		
0(1) ID	CLIMMA DV CTA	TEMENT OF DEFICIENC		ROUGH, NC	PROVIDER'S PLAN OF CORRECT	ON	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENC MUST BE PRECEDED I SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 109	Continued From pa	ge 3		V 109			
	 The under-dosing weekend when Nur only dosing nurse. The incident was a management remainder. 	se #1 worked alon reported however, ined in discussion	e as the				
	Interview on 9/5/19 - The above clients effects Nurse #2 works existe is the only dositime The nurse did not process for dosing 1. Visually look at eeach time to identify dose 2. Visually look at eadministering to the Bottles should be counter and kept apunder-dosing errors time frame She said all nurse the proper administive She confirmed Nuthe skills and abilities	did not suffer any xclusively on the wing nurse working of follow the facility's the Buprenorphine ach bottle of the my the proper milligrach tablet each time client placed separately part. In how Nurse #2 mas in an approximate in an approximate sereceive significant ration of medications #2 did not dem	eekends. during that two step tablets: ledication am tablet he prior to on the lede four lely one hour ht training in on. honstrate				
V 131) HCPR - Prior Em EALTH CARE PER ealth care personr or service, every er shall access the He	ployment SONNEL nel into a mployer at a ealth Care	V 131			

Division of Health Service Regulation

STATE FORM 6899 L4G711 If continuation sheet 4 of 12

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					SURVEY PLETED		
				B. WING			R
		MHL068-159		B. WING		09/0	05/2019
NAME OF F	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
HILLSBO	ROUGH RECOVERY	SOLUTIONS) STREET ROUGH, NC	27278		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCI Y MUST BE PRECEDED B SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 131	Continued From pa	ige 4		V 131			
	of access in the app		files.				
	This Rule is not me	et as evidenced by:					
	Based on record re		s, the				
	facility managemen	nt failed to assure a	HCPR				
	check was complet						
	audited professiona findings are:	ai staii (Nuise #2.)	ine				
	Review on 9/4/19 o	f Nurse #2's persor	nnel file				
	revealed: - Hire date of 9/10/2	18					
	- HCPR check date		pleted after				
	the staff was hired	to work as a dosing	nurse.				
	Interview on 9/4/19	with the Program D	Director				
	confirmed: - He is responsible	for conducting regu	iired				
	checks for all staff						
	files.						
	 Nurse #1's HCPR prior to her employ 						
	phor to her employi	ment with the agent	-y.				
	This deficiency con		eficiency				
	and must be correct	cted within 30 days.					
V 133	G.S. 122C-80 Crim	inal History Record	Check	V 133			
	G.S. §122C-80 CR		RECORD				
	CHECK REQUIRE						
	APPLICANTS FOR (a) Definition As (-	the term				
	"provider" applies to						
	• • • • • • • • • • • • • • • • • • • •	,	-				

STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	·
		MHL068-159	B. WING			5/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HILLSBO	ROUGH RECOVERY	SOLUTIONS 129 MAYO				
	I	HILLSBO	ROUGH, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 5	V 133			
	program and any prodevelopmental disaservices that is lice. Chapter. (b) Requirement provider licensed under applicant to fill a possibility applicant to have an conditioned on concriminal history recent the applicant has beliess than five years is conditioned on concriminal history recent and the applicant has befive years or more, on consent to a Stacheck of the applicant has befive years or more, on consent to a Stacheck of the applicant criminal history recessection. Except as subsection, within fithe conditional offershall submit a requirement of the conduct as check required by the G.S. 114-19.10, the return the results of record checks for ecovered by Public L. Department of Heal Criminal Records C. business days of reservices and control of the conduct as check required by the check required	rovider of mental health, ibility, and substance abuse insable under Article 2 of this. An offer of employment by a inder this Chapter to an sition that does not require the in occupational license is sent to a State and national ord check of the applicant. If een a resident of this State for it, then the offer of employment onsent to a State and national ord check of the applicant. The story record check shall the applicant's fingerprints. If een a resident of this State for then the offer is conditioned and the criminal history record ant. A provider shall not it who refuses to consent to a ford check required by this otherwise provided in this inve business days of making in of employment, a provider est to the Department of 114-19.10 to conduct a ford check required by this imit a request to a private State criminal history record his section. Notwithstanding a Department of Justice shall if national criminal history imployment positions not				

DIVISION	of Health Service Re	eguiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPI	LETED
					R	,
		MUI 000 450	B. WING			
		MHL068-159			09/0	5/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		129 MAY	STREET			
HILLSBO	DROUGH RECOVERY	SOLUTIONS	ROUGH, NC	27278		
			KOOOII, NO			
(X4) ID		TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL)		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO		DATE
1710		,	17.0	DEFICIENCY)		
V 133	Continued From pa	ige 6	V 133			
	and Human Carria	on Criminal Boords Chook				
	and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the					
		d may affect the employability				
		no case shall the results of the				
		story record check be shared				
		roviders shall make available				
		cation that a criminal history				
		mpleted on any staff covered				
	by this section. A co	ounty that has adopted an				
	appropriate local or	dinance and has access to				
	the Division of Crim	ninal Information data bank				
	may conduct on be	half of a provider a State				
	criminal history reco	ord check required by this				
		provider having to submit a				
		artment of Justice. In such a				
		nall commence with the State				
		ord check required by this				
		ousiness days of the				
		employment by the provider.				
		information received by the				
		ntial and may not be disclosed,				
		cant as provided in subsection				
		For purposes of this				
		n "private entity" means a				
		engaged in conducting				
		ord checks utilizing public				
	records obtained from					
		oplicant's criminal history				
		lls one or more convictions of				
		the provider shall consider all				
		tors in determining whether to				
	hire the applicant:					
		eriousness of the crime.				
	(2) The date of the					
	. ,	person at the time of the			ļ	
	conviction.				ļ	
		ces surrounding the				
	commission of the	crime, if known.				
	(5) The nexus betw	een the criminal conduct of				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMPI	
		,		R	2
	MHL068-159	B. WING			5/2019
NAME OF PROVIDER OR SUPPLIE	R STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HILLSBOROUGH RECOVER	Y SOLUTIONS 129 MAYO				
	HILLSBO	ROUGH, NC	27278		
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133 Continued From	page 7	V 133			
the person and the filled. (6) The prison, jarehabilitation, and person since the (7) The subseque a relevant offense. The fact of convicts shall not be a bar listed factors shall fithe provider disconsideration of the provider may disconsideration of the criminal history to the disqualification of the criminal history to the disqualification of the criminal history employee of a complies with this civil liability for: (1) The failure of individual on the the criminal history record check compliance with the criminal offenses history record check compliance with the compliance with the criminal hindictment of a criminal hindictment	e job duties of the position to be I, probation, parole, employment records of the date the crime was committed. It commission by the person of the tion of a relevant offense alone to employment; however, the I be considered by the provider. qualifies an applicant after he relevant factors, then the lose information contained in y record check that is relevant tion, but may not provide a copy tory record check to the Inity A provider and an officer provider that, in good faith, section shall be immune from the provider to employ an the provider to employ and the provider to employ a				

	OTATEMENT OF DEFICIENCIES (VA) DROVIDED/OURD IED/OUR				0.60 = :=	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AIND FLAIN	OI GOINILGTION	IDENTIFICATION NOWDER.	A. BUILDING:		COMP	LLILD
					F	_{
		MHL068-159	B. WING			5/2019
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HILLSBO	ROUGH RECOVERY	SOLUTIONS	STREET			
		HILLSBO	ROUGH, NC	27278		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		COMPLETE DATE
IAG	REGOE HORT OR E		IAG	DEFICIENCY)	147412	
14400			1/ 100			
V 133	Continued From pa	ge 8	V 133			
	Issuing Monetary S	ubstitutes; Article 5A,				
	Endangering Execu	ıtive and Legislative Officers;				
	Article 6, Homicide;	Article 7A, Rape and Other				
		le 8, Assaults; Article 10,				
	Kidnapping and Abo	duction; Article 13, Malicious				
		y Use of Explosive or				
		or Material; Article 14, Burglary				
		eakings; Article 15, Arson and				
		icle 16, Larceny; Article 17,				
		, Embezzlement; Article 19,				
		id Cheats; Article 19A,				
	• • • • • • • • • • • • • • • • • • • •	or Services by False or				
		Credit Device or Other Means;				
		ial Transaction Card Crime				
		uds; Article 21, Forgery; Article				
		st Public Morality and				
		A, Adult Establishments;				
		ion; Article 28, Perjury; Article				
		31, Misconduct in Public				
		offenses Against the Public				
		Riots and Civil Disorders;				
	•	on of Minors; Article 40,				
		amily; Article 59, Public				
		ticle 60, Computer-Related				
		es also include possession or				
		ation of the North Carolina				
		ces Act, Article 5 of Chapter				
		Statutes, and alcohol-related				
		ale to underage persons in				
		B-302 or driving while				
	G.S. 20-138.5.	n of G.S. 20-138.1 through				
		shing False Information Any				
		yment who willfully furnishes,				
		ise gives false information on				
		olication that is the basis for a				
		ord check under this section				
	shall be guilty of a 0	Class A1 misdemeanor.				
	(a) Conditional Emr	olovment - A provider may				

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL068-159		B. WING			R 05/2019
	PROVIDER OR SUPPLIER DROUGH RECOVERY	SOLUTIONS	129 MAY	DRESS, CITY, S D STREET ROUGH, NC	27278		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCI Y MUST BE PRECEDED B SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 133	employ an applicar obtaining the result check regarding the following requireme (1) The provider sh prior to obtaining the criminal history reconsubsection (b) of the fingerprint cards as (2) The provider sh criminal history reconsults.	at conditionally prior is of a criminal histor applicant if both or ents are met: all not employ an applicant's conserved check as requirities section or the cost required in G.S. 11 all submit the requestry or check not later or the individual beginnent. (2000-154, s. 104-124, ss. 10.19D(c)	ry record f the oplicant nt for ed in mpleted 4-19.10. est for a than five ns 4; c), (h);	V 133			
	Based on record re facility managemer national criminal re within five days of t	nt failed to assure a cord check was corhe offer of hire for 1 al staff (Nurse #2.) of Nurse #2's persore 18 I criminal record chewas not within the record chemics.	state and inpleted of 4 The innel file				
	Interview on 9/4/19 confirmed: - He is responsible checks for all staff.		iired				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	
			A. BUILDING:			
		MHL068-159	B. WING	·	09/0	5/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HILLSBO	DROUGH RECOVERY	SOLUTIONS 129 MAYO HILLSBOI	STREET ROUGH, NC	27278		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 133	Continued From pa	age 10	V 133			
	files Nurse #1's State check was not comframe of her emplo	and national criminal record apleted within the required time syment with the agency. Institutes a re-cited deficiency cited within 30 days.				
V 235	27G .3603 (A-C) O	utpt. Opiod Tx Staff	V 235			
	counselor or certification each 50 clients are on the staff of the findividual who is continuously to certification requires months from the day (b) Each facility should be continuously to drug addiction. (c) Each direct carcontinuing education the following: (1) nature of (2) the withdications (2) group and (3) group and (4) infectious	one certified drug abuse ed substance abuse counselor and increment thereof shall be acility. If the facility falls below o, and is unable to employ an ertified because of the tified persons in the facility's may employ an uncertified nat this employee meets the ements within a maximum of 26				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE SL COMPLE A. BUILDING:					
		MHL068-159		B. WING			R 05/2019
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HILLSBO	DROUGH RECOVERY	SOLUTIONS) STREET ROUGH, NC	27278		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCI MUST BE PRECEDED B' SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 235	Continued From pa	ge 11		V 235			
	This Rule is not me Based on record re facility failed to ensi- member received co of addiction and the affecting two of nine findings are:	views and interview ure each direct care ontinuing education withdrawal syndro	staff in nature me				
	Review on 9/4/19 orevealed: -Nurse #1 was hired-Nurse #1 was hired TimeNurse #1 had no deducation in nature withdrawal syndrom	d on 10/4/18. d as a Registered Nocumentation of co	lurse-Part ntinuing				
	Interview on 9/4/19 revealed: -Agency was recenand had been re-or-Agency used RELI program for staff, b-Nurse #1 mainly w-He confirmed Nurseducation in nature withdrawal syndrom	tly bought by another ganizing. AS in the past as truct stopped after it worked on weekends at #1 had no continution and the	er group aining vas sold. s. uing				