STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL064-129	A. BUILDING: _____ B. WING _____	12/09/2019

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MACTA, LLC	209 NORTH PEARL STREET ROCKY MOUNT, NC 27804

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V 000	INITIAL COMMENTS An Annual Survey was completed December 09, 2019. Deficiencies were cited. This facility is licensed for the following service categories: -10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness -10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders -10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program -10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program	V 000		
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education,	V 107		

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V 107	Continued From page 1 competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying. (d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided. (e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification. This Rule is not met as evidenced by: Based on record review and interview, there was no evidence the facility had a complete personnel file for 1 of 7 audited staff (#3). The finding is: Review on 12/04/19 of the facility's records revealed: -No personnel record for staff #3. -None of the proceeding information for staff #3 (written job description, proof above age 18, access the North Carolina Health Care Personnel	V 107		

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V 107	Continued From page 2 Registry, criminal disclosure, trainings or certifications) During interview on 12/09/19, staff #3 reported: -She worked at the facility initially as a custodian -Her current job title was Assistant for past three months -Her job current duties included sittings with & watching out for the clients and prep meals -She worked without another staff in the room -She was not aware of any client diagnosis -She was told what tasks to perform by other staff During interview on 12/09/19, the Licensed Clinical Addiction Specialist-A reported: -She and her husband established the company -She did not a personnel record for staff #3 at the facility -Staff #3's personnel record may have been located at her home as the agency was in the process of transitioning to electronic records -She was aware staff #3 did not have trainings or signed documents as required in the mental health licensure rules	V 107		
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	V 108		

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V 108	Continued From page 3 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 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, there was no evidence the facility had a complete personnel file for 1 of 7 audited staff (#3). The finding is: Review on 12/04/19 of the facility's records revealed: -No personnel record for staff #3. -None of the proceeding information for staff #3 (organizational orientation, training on client rights, training to meet the MH/DD/SA needs of the clients, training in infectious diseases and bloodborne pathogens)	V 108		

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V 108	Continued From page 4 During interview on 12/09/19, staff #3 reported: -She worked at the facility initially as a custodian -Her current job title was Assistant for past three months -Her job current duties included sittings with & watching out for the clients and prep meals -She worked without another staff in the room -She was not aware of any client diagnosis -She was told what tasks to perform by other staff During interview on 12/09/19, the Licensed Clinical Addiction Specialist-A reported: -She and her husband established the company -She did not have a personnel record for staff #3 at the facility -Staff #3's personnel record may have been located at her home as the agency was in the process of transitioning to electronic records -She was aware staff #3 did not have trainings as required in the mental health licensure rules	V 108		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.	V 131		

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V 131	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the North Carolina Health Care Personnel Registry (HCPR) for 3 of audited 4 paraprofessional staff (#1, #2, and #3). The findings are: Review on 12/04/19 staff #1's personnel file revealed: -Hired: no date -Title: Paraprofessional -No documentation HCPR has been completed. Review on 12/04/19 staff #2's personnel file revealed: -Hired: prior to March 2018 -Title: Medical Records Administrator/Paraprofessional -No documentation HCPR has been completed. Review on 12/09/19 of the facility's record revealed no personnel file for staff #3, therfore no evidence a HCPR check was accessed. During interview on 12/09/19, staff #3 reported: -Current job title: Assistant -Worked as Assistant 3 months, previously worked as custodian for the facility During interview on 12/05/19, the Licensed Clinical Addiction Specialist-A stated she: -Maintained the staff's personnel records. -Could not locate the HCPR checks for the staff #1 and #2. Staff #3's personnel file was	V 131		

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V 131	Continued From page 6 being transitioned to electronic and may have been at her home opposed to the office. -Thought HCPR checks had been completed upon hire for all staff	V 131		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a	V 133		

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V 133	Continued From page 7 criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.	V 133		

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V 133	Continued From page 8 (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in	V 133		

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V 133	Continued From page 9	V 133		

compliance with this section.
(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter

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V 133	Continued From page 10 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit a request to conduct a North Carolina state criminal history record check within five business days of making a conditional offer of employment for 3 of audited 4 paraprofessional staff (#1, #2 and #3). The findings are:	V 133		

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V 133	Continued From page 11 Review on 12/04/19 staff #1's personnel file revealed: -Hired: no date -Title: Paraprofessional -No documentation state criminal history record check had been requested or completed. During interview on 12/09/19, staff #1 reported he had worked for the facility two years. Review on 12/04/19 staff #2's personnel file revealed: -Hired: prior to March 2018 -Title: Medical Records Administrator/Paraprofessional -No documentation state criminal history record check had been requested or completed. Review on 12/09/19 of the facility's record revealed no personnel file for staff #3, therfore, no evidence a criminal history record check had been completed. During interview on 12/09/19, staff #3 reported: -Current job title: Assistant -Worked as Assistant 3 months, previously worked as custodian for the facility During interview on 12/05/19, the Licensed Clinical Addiction Specialist-A stated she: -Maintained the staff's personnel records. -Could not locate the state criminal history checks for the staff #1 and #2. Staff #3's personnel file was being transitioned to electronic and was at her home opposed to the office. -Thought state criminal history checks had been completed upon hire for all staff	V 133		

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V 174	Continued From page 12	V 174		
V 174	27G .1201 Psychosocial Rehab - Scope 10A NCAC 27G .1201 SCOPE A psychosocial rehabilitation facility is a day/night facility which provides skill development activities, educational services, and pre-vocational training and transitional and supported employment services to individuals with severe and persistent mental illness. Services are designed primarily to serve individuals who have impaired role functioning that adversely affects at least two of the following: employment, management of financial affairs, ability to procure needed public support services, appropriateness of social behavior, or activities of daily living. Assistance is also provided to clients in organizing and developing their strengths and in establishing peer groups and community relationships. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to operate within the scope of the psychosocial rehabilitation (PSR) facility program for two of two audited clients (#1 and #2) identified to have received PSR services. The findings are: Review on 12/04/19 of client #1's record revealed: -Admitted: 03/26/18 -Diagnoses: Schizophrenia, bipolar disorder, moderate intellectual developmental disorder -Assessment dated 4/18/18-to learn how to budget and be more independent by gaining employment	V 174		

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V 174	Continued From page 13 Review on 12/04/19 of client#2's record reveled: -Admitted: 04/18/18 -Diagnoses: Bipolar disorder, separation anxiety disorder order -Assessment 4/18/18 seek coping skills assistance learning how to live on her own..., banking, life skills being able to deal with community transportation... During interview on 12/04/19, the Qualified Professional reported: -Program does not have documentation of clients looking for employment, developing independent living skills or learning budgeting skills	V 174		
V 177	27G .1203 (B) Psychosocial Rehab - Operations 10A NCAC 27G .1203 OPERATIONS (b) Employment Services. Each facility shall provide transitional or supported employment services to facilitate client entry into competitive employment. (1) When supported employment services are provided by the facility, each client shall be one for whom competitive employment has not traditionally occurred or has been interrupted or intermittent as a result of severe mental illness. (2) When supported employment is to be provided by the facility, one of the following models shall be used: (A) job coaching and supervision of individuals in an industry or business; (B) mobile crew service jobs of eight or fewer workers in the community under the training and supervision of a crew leader; or (C) small business enterprises operated with eight or fewer workers with training and	V 177		

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V 177	Continued From page 14 supervision provided on site. (3) When transitional employment services are provided by the facility: (A) There shall be an agreement between the facility and employer for a specific job and the job shall first be performed by a facility staff member to determine its technical requirements. (B) The selection of a client to fill a placement is the responsibility of the facility and the individual client. (4) When supported employment services are provided through a vendorship arrangement between the psychosocial rehabilitation program and the Division of Vocational Rehabilitation, the rules in Section .5800 of this Subchapter shall apply. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide employment services for two of two audited clients (#1 and #2) identified as receiving psychosocial rehabilitation services. The findings are: Review on 12/04/19 of client #1's record revealed: -Admitted: 03/26/18 -Diagnoses: Schizophrenia, bipolar disorder, moderate intellectual developmental disorder -Assessment dated 4/18/18-to learn how to budget and be more independent by gaining employment Review on 12/04/19 of client#2's record reveled: -Admitted: 04/18/18 -Diagnoses: Bipolar disorder, separation anxiety disorder order	V 177		

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V 177	Continued From page 15 -Assessment 4/18/18 seek coping skills assistance learning how to live on her own..., banking, life skills being able to deal with community transportation... During interview on 12/09/19 with client #1 stated when they arrive in the morning they all go in the big room and start to journal. After they journal they can do word search puzzles and then watch television. Watch television until its lunch time after lunch they clean up and then its time to go home. During interview on 12/09/19 with client #2 stated "We write in our journals in the morning when we arrive here." Have fun with peers. Does not remember completing applications or searching for employment. During interview on 12/09/19 with staff #1 stated the group completes "hands on activities" role playing for job placement. They use play money to do mock budgeting. No clients currently have job placement, there is no documentation to show the role modeling for job placement or the mock budgeting. Clients complete daily living skills. Everyone completes chores and the schedule rotates every two weeks. Other groups include journal writing open discussion, vocabulary effective communication, boundary setting, medication management and health hygiene. During interview on 12/09/19 with Qualified Professional stated there has been no job placements and there is no documentation to show clients searching for employment or learning the necessary skills.	V 177		

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V 266	Continued From page 16	V 266		
V 266	27G .4401 Sub. Abuse Intensive Outpt - Scope 10A NCAC 27G .4401 SCOPE (a) A substance abuse intensive outpatient program (SAIOP) is one that provides structured individual and group addiction treatment and services that are provided in an outpatient setting designed to assist adults or adolescents with a primary substance-related diagnosis to begin recovery and learn skills for recovery maintenance. (b) Treatment support activities may be adapted or specifically designed for persons with physical disabilities, co-occurring disorders including mental illness or developmental disabilities, pregnant women, chronic relapse and other homogenous groups. (c) Each SAIOP shall have a structured program, which includes the following services: (1) individual counseling; (2) group counseling; (3) family counseling; (4) strategies for relapse prevention, which incorporate community and social supports; (5) life skills; (6) crisis contingency planning; (7) disease management; (8) service coordination activities; and (9) biochemical assays to identify recent drug use (e.g. urine drug screens). This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide a structured program and individual addiction treatment	V 266		

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V 266	Continued From page 17 services to one of one audited clients (#4) identified as receiving SAIOP services. The finding is: Review between 12/04-09/19 of client #'4's records revealed: -Admitted: 08/2018 -Diagnoses: Mild Intellectual Developmental Disability, Panic Disorder, General Anxiety Disorder and Major Depressive Disorder -Clinical assessment dated 11/16/18- present for alcohol abuse and Mental Illness.. recommend step down from SACOT to SAIOP due to abstinence per three months per self report. -No evidence of the following SAIOP services: Individual counseling, Family counseling, Life Skills and Biochemical Assays to identify recent drug use (e.g. urine drug screens). -Hospital records of admissions, transfers and discharges to various inpatient hospital settings between June 27-September 29, 2019. Chief causes for the 06/27/19 admission was due to suicidal ideations, psychosis recurrent, Benzo use and Generalized anxiety. -Service notes for service categories Psychosocial rehabilitation dated June 3-7, 2019 and substance abuse comprehensive outpatient treatment dated 12/03/19 (relapse), 12/02/19, 11/26/19 and 11/25/19 -No service note for SAIOP. A. The following is an example the facility failed to have accurate account of the clients enrolled in the SAIOP program. Review on 12/04/19 of the facility's client census listed two clients enrolled in SAIOP which included client #4.	V 266		

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V 266	Continued From page 18 Observation on 12/09/19 between 11:00 AM -1:15 PM of a group combined of SAIOP and SACOT participants revealed a total of 3 persons in the group. Client #4 was in the group. During interview on 12/04/19, the facility's Qualified Professional reported: -4 clients (including client #4) enrolled in SAIOP between 9 AM-3 PM daily During interview on 12/05/19, the LCAS-A reported the following about SAIOP program: -Operated Monday, Tuesday, Thursday and Fridays from 11:00 AM-2:00 PM and an evening class from 5:00-8:00 PM -6 clients were enrolled in the program during the day and none currently enrolled in the evening class -She did not identify client #4 as a participant of the group -She facilitated the SAIOP group session During interview on 12/09/19, staff #3 reported: -Her title was Assistant and she remained only with the clients in the Psychosocial Rehabilitation Group. -She identified client #4 as a person that remained in her group throughout his day at the program. -She acknowledge today was the first time, he had been assigned another group. During interview on 12/09/19, client #4 reported: -Prior to this date, he remained in one group all day. Today was his first time ever in the SAIOP group. He normally stayed with the group with staff #3. During interview on 12/09/19, the LCAS-A reported:	V 266		

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V 266	Continued From page 19 -Client #4 had been hospitalized and did not attend the program regularly. -Client #4 was enrolled in SAIOP *Note, based on inconsistency in interviews and record reviews, observations it was unclear by the census exactly how many clients received SAIOP services B. The following is an example the facility failed to provide structured programming that included all services outlined in the scope of their license. Review on 12/04/19 of the facility's records revealed: -No evidence of the structured programs inclusive of individual counseling, family counseling biochemical assays to identify recent drug use. During interview on 12/09/19, client #4 reported: -He had not had counseling or been screened for drug use. During interview on 12/09/19, the LCAS-A reported: -It maybe difficult for her clients to recall the name of their groups as most referred to the program as "school" -She didn't call her individual sessions "counseling" but did talk with clients in her office often. -Client #4 may not have been at the program the days drug screens were completed -She was in the process of transitioning notes from written to electronic recording keeping. The staff person who had been trained on the electronic records was out on extended medical leave.	V 266		

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V 266	Continued From page 20 During interview on 12/09/19, the LCAS/Certified Clinical Supervisor reported: -She provided clinical supervision for the Qualified Professional and LCAS-A -The program had been in operation prior to her date of hire. -Prior to this interview, she was not aware some aspects of the scope of the program had not been implemented. -As the Supervisor, she did not conduct groups or provide counseling to the clients.	V 266		
V 267	27G .4402 Sub. Abuse Intensive Outpt- Staff 10A NCAC 27G .4402 STAFF (a) Each SAIOP shall be under the direction of a Licensed Clinical Addictions Specialist or a Certified Clinical Supervisor who is on site a minimum of 50% of the hours the program is in operation. (b) When a SAIOP serves adult clients there shall be at least one direct care staff who meets the requirements of a Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 12 or fewer adult clients. (c) When a SAIOP serves adolescent clients there shall be at least one direct care staff who meets the requirements of a Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 6 or fewer adolescent clients. (d) Each SAIOP shall have at least one direct care staff present in the program who is trained in the following areas: (1) alcohol and other drug withdrawal symptoms; and (2) symptoms of secondary complications due to alcoholism and drug addiction. (e) Each direct care staff shall receive continuing education that includes the following:	V 267		

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V 267	Continued From page 21 (1) understanding of the nature of addiction; (2) the withdrawal syndrome; (3) group therapy; (4) family therapy; (5) relapse prevention; and (6) other treatment methodologies. (f) When a SAIOP serves adolescent clients each direct care staff shall receive training that includes the following: (1) adolescent development; and (2) therapeutic techniques for adolescents. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure SAIOP was under the direction of a Licensed Clinical Addictions Specialist or a Certified Clinical Supervisor (CCS) who remained on site a minimum of 50% of the hours the program operated. Observation on 12/04/19 between 11:00 AM-2:30 PM and 12/05/19 between 10:00 AM-12:30 PM revealed no Licensed Clinical Addiction Specialist (LCAS) non provisional status or CCS on site at the program. During interview on 12/04/19, the LCAS-A (provisional) reported the following: -SAIOP operated between 10:00 AM-3:00 PM. -The CCS monitored her work as was	V 267		

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V 267	Continued From page 22	V 267		

provisional and had not fully been credential
-CCS had not been on site in while because she had been seeking to secure services in another county for the company to expand. The company utilized the CCS maybe 20 hours a week average.

During interview on 12/06/19, the North Carolina Substance Abuse Professional Practice Board Administrator reported:
-A LCAS-A would work on a provisional basis and would require supervision/monitoring by a CCS.
-CCS should provide oversight of services and provide guidance for sessions, review of documentation until the provisional requirements had been completed.
-The CCS and the LCAS-A must comply with all Mental Health Licensure outlined rules.

During interviews between 12/05/19 and 12/09/19, staff and clients reported the following:
-One staff reported they were not sure how often the CCS came to the property or the last time they had seen the CCS at the facility.
-Clients enrolled in the substance use programs were not familiar with the name provided for the CCS.

During interview on 12/09/19, the LCAS/CCS reported:
-She came to the program a few hours a week. Prior to this interview, she was not aware DHSR was at the facility on 12/04/19 & 12/05/19.
-Her duties included providing oversight of the LCAS-A and Qualified Professional. She worked at another program in the area as well.
-She did not hold groups or know what curriculum the agency used for group sessions. Specific group details were in place prior to her

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V 267	Continued From page 23 hire in 2017	V 267		
V 280	27G .4501 Sub. Abuse Comp. Outpt. Tx.- Scope 10A NCAC 27G .4501 Scope (a) A substance abuse comprehensive outpatient treatment program (SACOT) is one that provides a multi-faceted approach to treatment in an outpatient setting for adults with a primary substance-related diagnosis who require structure and support to achieve and sustain recovery. (b) Treatment support activities may be adapted or specifically designed for persons with physical disabilities, co-occurring disorders including mental illness or developmental disabilities, pregnant women, chronic relapse, and other homogenous groups. (c) SACOT shall have a structured program, which includes the following services: (1) individual counseling; (2) group counseling; (3) family counseling; (4) strategies for relapse prevention to include community and social support systems in treatment; (5) life skills; (6) crisis contingency planning; (7) disease management; (8) service coordination activities; and (9) biochemical assays to identify recent drug use (e.g. urine drug screens). (d) The treatment activities specified in Paragraph (c) of this Rule shall emphasize the following: (1) reduction in use and abuse of substances or continued abstinence; (2) the understanding of addictive disease; (3) development of social support network	V 280		

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V 280	Continued From page 24 and necessary lifestyle changes; (4) educational skills; (5) vocational skills leading to work activity by reducing substance abuse as a barrier to employment; (6) social and interpersonal skills; (7) improved family functioning; (8) the negative consequences of substance abuse; and (9) continued commitment to recovery and maintenance program. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide a structured program and individual addiction treatment services to one of audited one (#5) who was identified as receiving SACOT services. Review on 12/04/19 of client #5's record revealed: -Admitted: 09/28/18 -Diagnoses which included substance use, bipolar and schizophrenia -Assessment dated 06/26/19 -to seek treatment for alcohol and drug use and cope with mental and social coping skills..services for both SACOT & SAIOP services. -Service notes for SACOT 09/04/19, 09/03/19, 09/11/19, 09/10/19, 09/09/19, 08/28/19, 08/27/19 and 08/26/19 A. The following is an example the facility failed to have accurate account of the clients enrolled in the SACOT program. Review on 12/04/19 of the facility's client census via program listed number of clients 11 enrolled in SACOT which included client #5	V 280		

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V 280	Continued From page 25 During interview on 12/04/19, the Qualified Professional reported: -8-9 clients were enrolled in SACOT which included client #5. Hours of operation for this service was 9:00 AM-3:00 PM During interview on 12/05/19, the LCAS-A reported: -SACOT operated daily from 9:00 AM-1:00 PM DAILY -Two clients were enrolled in SACOT, (she did not include client #5). *Note, it was unclear by the census & interviews exactly how many clients received SACOT services B. The following is an example the facility failed to provide structured programming that included all services outlined in the scope of their license. Review on 12/04/19 of the facility's records revealed: -No evidence of the structured programs inclusive of individual counseling, family counseling or vocational skills leading to work activity During interview on 12/09/19, client #5 reported: -He enjoyed the program. He did not receive individual counseling or attended any work related skills sessions During interview on 12/09/19, the LCAS-A reported: -It maybe difficult for her clients to recall the name of their groups as most referred to the program as "school" -She didn't call her individual sessions with	V 280		

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V 280	Continued From page 26 clients "counseling" but did talk with clients in her office often. -She was in the process of transitioning notes from written to electronic recording keeping. The staff person who had been trained on the electronic records was out on extended medical leave. During interview on 12/09/19, the LCAS/Certified Clinical Supervisor reported: -She provided clinical supervision for the Qualified Professional and LCAS-A -The program had been in operation prior to her date of hire. -Prior to this interview, she was not aware some aspects of the scope of the program had not been implemented. -As the supervisor, she did not conduct groups or provide counseling for clients.	V 280		
V 281	27G .4502 Sub. Abuse Comp. Outpt. Tx. - Staff 10A NCAC 27G .4502 STAFF (a) The SACOT shall be under the direction of a Licensed Clinical Addictions Specialist or a Certified Clinical Supervisor who is on site a minimum of 90% of the hours the program is in operation. (b) For each SACOT there shall be at least one direct care staff who meets the requirements of a Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 10 or fewer clients. (c) Each SACOT shall have at least one direct care staff present in the program who is trained in the following areas: (1) alcohol and other drug withdrawal symptoms; and (2) symptoms of secondary complications due to alcoholism and drug addiction.	V 281		

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V 281	Continued From page 27 (d) Each direct care staff shall receive continuing education that includes the following: (1) understanding of the nature of addiction; (2) the withdrawal syndrome; (3) group therapy; (4) family therapy; (5) relapse prevention; and (6) other treatment methodologies. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure SACOT was under the direction of a Licensed Clinical Addictions Specialist or a Certified Clinical Supervisor (CCS) who remained on site a minimum of 90% of the hours the program operated. Observation on 12/04/19 between 11:00 AM-2:30 PM and 12/05/19 between 10:00 AM-12:30 PM revealed no Licensed Clinical Addiction Specialist (LCAS) non provisional status or CCS on site at the program. During interview on 12/04/19, the LCAS-A reported the following: -SACOT operated between 11:00 AM-2:00 PM. -The CCS monitored her work as was provisional and had not fully been credential -CCS had not been on site in while because she had been seeking to secure services in another county for the company to expand. The company utilized the CCS maybe 20 hours a	V 281		

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V 281	Continued From page 28 week average. During interview on 12/06/19, the North Carolina Substance Abuse Professional Practice Board Administrator reported: -A LCAS-A would work on a provisional basis and would require supervision/monitoring by a CCS. -CCS should provide oversight of services and provide guidance for sessions, review of documentation until the provisional requirements had been completed. -The CCS and the LCAS-A must comply with all Mental Health Licensure outlined rules. During interviews between 12/05/19 and 12/09/19, staff and clients reported the following: -One staff reported they were not sure how often the CCS came to the property or the last time they had seen the CCS at the facility. -Clients enrolled in the substance use programs were not familiar with the name provided for the CCS. During interview on 12/09/19, the LCAS/CCS reported: -She came to the program a few hours a week. Prior to this interview, she was not aware Division of Health Service Regulation was at the facility on 12/04/19 & 12/05/19. -Her duties included providing oversight of the LCAS-A and Qualified Professional. She worked at another program in the area as well. -She did not hold groups or know what curriculum the agency used for group sessions. Specific group details were in place prior to her hire in 2017	V 281		

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V 536	Continued From page 29	V 536		
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 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;	V 536		

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V 536	Continued From page 30 (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 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	V 536		

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V 536	Continued From page 31 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 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.	V 536		

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V 536	Continued From page 32 (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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure 1 of 7 audited staff (#3) had been trained in alternatives to restrictive interventions. The findings are: Review on 12/04/19 of the facility's records revealed: -No personnel record for staff #3. -None evidence of training in alternative to restrictive interventions During interview on 12/09/19, staff #3 reported: -She worked at the facility initially as a custodian -Her current job title was Assistant for past three months -Her job current duties included sittings with & watching out for the clients and prep meals - During interview on 12/09/19, the Licensed	V 536		

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V 536	Continued From page 33 Clinical Addiction Specialist-A reported: -Facility utilized North Carolina Interventions as the curriculum for alternatives to restrictive intervention training. -She did not a personnel record for staff #3 at the facility -Staff #3's personnel record may have been located at her home as the agency was in the process of transitioning to electronic records -She was aware staff #3 did not have trainings as required in the mental health licensure rules	V 536		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain its grounds in a safe, clean, attractive and orderly manner. The findings are: Observation and facility tour on 12/04/19 between 12 Noon-2:30 PM revealed the following: -Throughout facility-Brown circular stains on the ceiling(heavy concentration noted in the bathrooms) -Bathroom-ceiling plaster peeling, unfinished repair to ceiling as noted by boarding to cover tile -In area used for Psychosocial Rehabilitation, no covering over florescent light bulbs	V 736		

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V 736	Continued From page 34 -In conference room, blinds broken-duck tape used to secure ends of blinds to the window. -In the lobby/open area near staff offices-Lifted ceiling tiles -Area identified as Closet in the lobby/open area near staff offices-missing floor vent cover -Client program area- ladder noted During interview on 12/04/19, the Qualified Professional reported: -A few months ago as a result of a storm, damage was done to the roof of the facility. Within the past few weeks, some work had been conducted on the roof. -The blinds in the conference room had been taped to the wall so that a former client would not be distracted and look out the window during group. She acknowledged the blinds were broken/bent at the ends and some in the middle. During interview on 12/05/19, the Licensed Clinical Substance Abuse Specialist-A reported she: -As well as her husband served as the owners of the company -Was aware repairs were needed to the building. It was her plans to move all programs to a building located behind this building as repairs were made. She was not sure when the changes in buildings would occur.	V 736		