

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL028-019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/22/2019
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NAME OF PROVIDER OR SUPPLIER CHANGING TIDES	STREET ADDRESS, CITY, STATE, ZIP CODE 3512 NORTH VIRGINIA DARE TRAIL KITTY HAWK, NC 27949
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V 000	INITIAL COMMENTS An annual and complaint survey was completed on November 22, 2019. The complaint was unsubstantiated (intake #NC00157278). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders.	V 000	DHSR - Mental Health JAN 8 2020 Lic. & Cert. Section	
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or	V 118	- See attached correction plan for Medication Requirements 1st plan.	

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

[Handwritten Signature]

STATE FORM

6899

DUU911

TITLE

Administrator

(X6) DATE

11/22/2019

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews the facility failed to administer medications on the written order of a physician affecting 2 of 3 audited clients (#1 and #14). The findings are:</p> <p>Review on 11/18/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 41 year old male admitted 11/6/19. - Diagnoses included Polysubstance Use Disorder, Generalized Anxiety, Schizoaffective Disorder, bipolar type, Traumatic Brain Injury, Alcohol Use Disorder, severe, Stimulant Use Disorder, severe, and Opioid Use Disorder, severe. - Signed Physician order for client #1 to self-administer medications. - No medication orders signed by a Physician or other practitioner licensed to prescribe medications. <p>Review on 11/18/19 of client #1's MAR for November 2019 revealed transcription for alprazolam (can treat anxiety disorder) 1 milligram (mg), take 2 tablets three times daily, with client #1 and staff initials to indicate administration of the medication three times daily.</p> <p>Observation on 11/18/19 at approximately 4:30 pm of client #1's medication revealed alprazolam 1 mg, take 2 tablets up to three times daily.</p>	V 118		
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Division of Health Service Regulation

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V 118	<p>Continued From page 2</p> <p>During interview on 11/18/19 client #1 stated he took his medication everyday as ordered. His medication was kept locked "in the closet." When it was time to take his medicine, staff unlocked the closet and removed his medication box. He would take his medicine himself and he and staff would initial his MAR.</p> <p>Review on 11/18/19 of client #14's record revealed:</p> <ul style="list-style-type: none"> - 35 year old male admitted 9/9/19. - Diagnoses included Alcohol Use Disorder, severe, Opioid Use Disorder, severe, and Stimulant Use Disorder, severe. - Signed Physician order for client #14 to self-administer medications. - No medication orders signed by a Physician or other practitioner licensed to prescribe medications.] - No signed Physician's orders to discontinue any medications. - "Medical Note" signed by Therapist #2 " and dated 9/10/19 included " . . . Session Focus or Topic: Medication evaluation/initial assessment Individual Note: [the Physician] met with client to assess recent relapse, motivation, and medication. Client was cleared to be in treatment. No medication changes." <p>Review on 11/18/19 of client #1's MARs for September - November 2019 revealed:</p> <ul style="list-style-type: none"> - MARs beginning October 7 thru November 18 included transcriptions for Suboxone (can treat addiction to narcotic pain relievers) 8-2 mg strips, dissolve 1 strip once daily and Latuda (anti-psychotic, can treat schizophrenia) 20 mg 1 tablet daily, and Doxepin (can treat depression, anxiety, and sleep disorders) 150 mg 1 capsule at bedtime. - MAR dated 11/11/19 - 11/17/19 included a 	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <p>handwritten notation "11/16/19 took last Clonidine in AM [morning] 0.1 mg . . ."</p> <ul style="list-style-type: none"> - MARs beginning September 9 thru October 6 included transcriptions for Suboxone, Clonidine (can treat hypertension) 0.1 mg, take 1-2 tablets four times a day as needed (prn); transcription for evening dose of Clonidine included "take 1-2 tablets 4x [four times] day" and did not include "prn." - MARs beginning September 9 thru September 22 included transcription for chlordiazepoxide (can treat anxiety, alcohol withdrawal symptoms, and tremor) 25mg take 1-2 tablets four times daily. - All MARs included client #14 and staff initials to indicate administration of the listed medications. - "Controlled Substance Count Sheet" for chlordiazepoxide 25 mg, 9/9/19 - 10/9/15/19 signed by client #14 and staff included "Directions for Self-Administration . . . Take 1-2 capsules 4x [four times] day then as directed by doctor" and client #14 and staff initials. <p>Observation on 11/18/19 at approximately 4:35 pm of client #14's medications revealed:</p> <ul style="list-style-type: none"> - Latuda 20 mg, 1 tablet daily. - Doxepin 150 mg 1 capsule at bedtime. - Suboxone 8-2 mg strips, dissolve one strip sublingually every morning. - No Clonidine 0.1 mg; no chlordiazepoxide 25 mg. <p>During interview on 11/18/19 client #14 stated he self-administered his medications. Staff kept the medications "locked up." Staff gave clients their medications as ordered. He saw the physician monthly, but if he needed to see the doctor more frequently, he could.</p> <p>During interview on 11/18/19 the</p>	V 118		

Division of Health Service Regulation

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V 118	Continued From page 4 Administrator/Supervisor stated clients saw a local physician for admission and he wrote prescriptions. The pharmacy required them to submit the prescriptions when they were filled. She did not maintain a copy of the prescriptions for the clients' records.	V 118		
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	V 133	See attached correction plan criminal history record check 2nd plan	

Division of Health Service Regulation

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V 133	<p>Continued From page 5</p> <p>shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a 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</p>	V 133		

Division of Health Service Regulation

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V 133	Continued From page 6 criminal history record checks utilizing public records obtained from a State agency. (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	V 133		

Division of Health Service Regulation

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V 133	Continued From page 7 criminal offenses if the employee's criminal history record check is requested and received in 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	V 133		

Division of Health Service Regulation

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V 133	Continued From page 8 sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 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 reviews and interviews the facility failed to request state and federal criminal background checks within five business days of employment for 1 of 4 audited staff (Therapist	V 133		

Division of Health Service Regulation

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V 133	Continued From page 9 #1). The findings are: Review on 11/18/19 of Therapist #1's personnel record revealed: - Hire date of 8/16/19, title Substance Abuse Counselor. - Employment in the state of Virginia prior to hire date. - A copy of a Virginia driver's license. - No documentation of professional licensure. - Consent for criminal background check signed 8/6/19. - No documentation of completion of a national criminal background check with fingerprints prior to employment. During interview on 11/18/19 Therapist #1 stated she moved to North Carolina when she was hired by the Licensee. She was not a licensed therapist. She did not submit fingerprints for a criminal background check prior to employment. During interview on 11/18/19 the Administrator/Supervisor stated she thought a criminal background check had been completed for Therapist #1.	V 133		
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	V 536	See correction plan Training on Alt to Rest. Int 3rd plan.	

Division of Health Service Regulation

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V 536	<p>Continued From page 10</p> <p>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.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(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.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(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.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (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 	V 536		

Division of Health Service Regulation

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V 536	Continued From page 11 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 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.	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 12</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(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.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL028-019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/22/2019
NAME OF PROVIDER OR SUPPLIER CHANGING TIDES		STREET ADDRESS, CITY, STATE, ZIP CODE 3512 NORTH VIRGINIA DARE TRAIL KITTY HAWK, NC 27949		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 536	Continued From page 13 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 4 audited staff (the Administrator/Supervisor, and Therapist #1) received training in alternatives to restrictive interventions. The findings are: Finding #1: Review on 11/18/19 of the Administrator/Supervisor's personnel record revealed: - Hire date 4/13/17. - North Carolina Interventions training expired 3/31/18; no updated training in alternatives to restrictive interventions. Review on 11/18/19 of Therapist #1's personnel record revealed: - Hire date 8/16/19, title Substance Abuse Counselor. - No documented training in alternatives to restrictive interventions. During interview on 11/18/19 the Administrator/Supervisor stated no staff had up to date training in alternatives to restrictive interventions. She would schedule training for staff as required.	V 536		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

November 26, 2019

Aubrey Briggman, President/Owner
Coastal Recovery Solutions, Inc.
3512 Virginia Dare Trail
Kitty Hawk, NC 27949

DHSR - Mental Health

JAN 8 2020

Lic. & Cert. Section

Re: Annual and Complaint Survey completed 11/22/19
Changing Tides, 3512 Virginia Dare Trail, Kitty Hawk, NC 27949
MHL # 028-019
E-mail Address: aubrey@changingtidesobx.com
Intake # NC00157278

Dear Ms. Briggman:

Thank you for the cooperation and courtesy extended during the annual and complaint survey completed November 22, 2019. The complaint was unsubstantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is January 21, 2020.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Gloria Locklear, South Coastal Team Leader, at 910-214-0350.

Sincerely,



Connie Anderson
Facility Compliance Consultant I
Mental Health Licensure & Certification Section



Wendy Boone, MSW
Eastern Branch Manager
Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO

Correction Plan

Lic. & Cert. Section

The Rule: 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.

Deficiency: This Rule is not met as evidenced by: Based on record reviews, observations, and interviews the facility failed to administer medications on the written order of a physician affecting 2 of 3 audited clients.

Correction Plan: 27G .0209 (c) Medication Requirements

Changing Tides will contract with a Medical Consultant to be available to staff and clients. Medical Consultant is required to be on call 24/7 in order to be available to staff for any medical concerns regarding clients. . Medical Consultant will be available for appointments with clients approximately once per week. Medical Consultant will report to the licensed building for appointments with clients. The purpose of a client seeing the Medical Consultant will be as follows: 1. Client admits to the provider as a new client. Prior to admission, Admissions Director will collect information from the potential client using the Pre-Admission Assessment. With this information, Medical Consultant will be contacted via phone and will be provided with all information on the Pre-Admission Assessment prior to admission in order to determine medical appropriateness for provider to treat person requesting services. Once the potential client is approved, they may admit to provider. Medical Consultant will see client as soon as the next appointment is available and will keep in contact with staff regarding status of client. 2. Client requests medication changes, expresses there may be medication issues or to requests to discontinue a medication. 3. Periodic medical and/or medication review. Should a client not need to see Medical Consultant on a weekly basis, staff will request that client have an appointment with Medical Consultant approximately once per month to review medication and medical history. 4. Client presents with symptoms that need medical attention that are not urgent (i.e. cold symptoms or other minor complaints). If Medical Consultant cannot address complaints or feels that complaint requires a referral, Medical Consultant will call in referral as appropriate and staff will ensure that client has access to appointments. If Medical Consultant cannot be available (i.e. Medical Consultant was at the facility the day prior to minor complaint

and cannot advise staff over the phone) then Medical Consultant will direct staff to the next appropriate provider in the area.

Any changes to a client's medication (additions, increased or decreased dosage or discontinued) will be recorded by Medical Consultant on the Physicians Orders, signed and dated by the Medical Consultant and filed in the client's chart.

Any over the counter Over The Counter (OTC) medications taken regularly or commonly used by client will be evaluated upon admission by the Medical Consultant. Medical Consultant will rule out any hazard of each client taking OTC medication that is generally used for pain or other issues that may result from minor withdrawal symptoms. The Medical Consultant will review current medications and medical history to ensure that OTC medications are safe for client. The approved OTC medication will be recorded by the Medical Consultant on the Physician Orders. Any request by a client thereafter that is not on the list of approved OTC medications via the client's physician orders will need to be evaluated at the next appointment. Copies of all physician orders will be filed in the client's chart.

Medication Administration Records (MAR's) will reflect an additional section to include space to write client requests for medication changes and appointments to see the Medical Consultant. MAR's will reflect correct physician orders and will be reviewed after each appointment by the Qualified Professional (QP).

In order to indicate the measures that have been put in place to correct the deficiency, we have made changes to the policy and procedure regarding Medication Requirements (see attached policy and procedure), staff was all required to sign off on the changes to this policy and procedure (see attached), changes to our staff pattern included contracting with a Medical Consultant and providing the availability of on-site doctor appointments to our clients approximately once per week.

In order to indicate what was put in place to prevent the problem from occurring again we have edited our Medication Requirement Policy and Procedure; staff was informed of the change and it was reviewed in training where each member was required to sign acknowledgement of changes. The Qualified Professional will monitor the MAR's and will require an update after each client appointment. Medical appointment documents will be reviewed by the QP each week in order to ensure that all documentation necessary is in each client's chart. The QP for Changing Tides is the Administrator Aubrey Briggman, who will be ensuring that these changes are adhered to on a weekly basis.

ATTACHEMENTS REQUIRED: Medication Administration Policy and Procedure, Medication Administration Record (MAR), Physician Admission Form, Physician Orders, Policy and Procedure Change Form, Pre-Admission Assessment

Changing Tides: Policies and Procedures	Title: Medication Usage/ Requirements (27G .0209)	Section: Operation and Management Rules 10A NCAC 27G .2000	Subsection: Medication Requirements 10A NCAC 27G .0209
Prepared By: Aubrey Briggman	Approved By: Board of Directors	Effective Date: 3/15/17	Revision Date: 11/22/2019

TITLE

MEDICATION USAGE/REQUIREMENTS

POLICY

1. Ongoing medication management and review is essential in aiding clients to maintain their recovery and can be used to deter relapse.
2. Staff will ensure that the procedure below is followed for persons who are clients of Changing Tides.

Mediation Requirements

1. Medication will not be dispensed by Changing Tides staff members.
2. All Medication (including injections) will be self-administered by the client or the Medical Director or physician.
3. Medications will be disposed of in a manner that will safeguard against diversion or accidental ingestion.
4. Medication will be stored separately for each client, securely and locked.
5. Changing Tides will not store controlled substances that are not prescribed to a specific client.
6. Medication's will be reviewed with a physician at minimum every 6 months if applicable.
7. Clients will receive education on the medications prescribed to them.
8. Medication errors and adverse reactions will be reported immediately to the Medical Director or physician.
9. Documentation of medication will be charted and filed in the client's chart using a Medication Administration Record.

PROCEDURE

Medications

1. Changing Tides may contract with a local physician in order to provide the best care for clients during their treatment and recovery. Changing Tides has contracted with a Medical Consultant who is required to be on call 24/7 in order to be available to staff for any client medical issues. Medical Consultant will be available for appointments with clients approximately once per week. Medical Consultant will report to the licensed building for appointments with clients. The purpose of a client seeing the Medical Consultant will be as follows: 1. Client admits to the provider as a new client. Prior to admission, Admissions Director will collect information from the potential client using the Pre-Admission Assessment. With this information, Medical Consultant will be contacted via phone and will be provided with all information on the Pre-Admission Assessment prior to admission in order to determine medical appropriateness for provider to treat person requesting services. Once the potential client is approved, they may admit to provider. Medical Consultant will see client as soon as the next appointment is available and will keep in contact with staff regarding status of client. 2. Client requests

medication changes, expresses there may be medication issues or to requests to discontinue a medication. 3. Periodic medical and/or medication review. Should a client not need to see Medical Consultant on a weekly basis, staff will request that client have an appointment with Medical Consultant approximately once per month to review medication and medical history. 4. Client presents with symptoms that need medical attention that are not urgent (i.e. cold symptoms or other minor complaints). If Medical Consultant cannot address complaints or feels that complaint requires a referral, Medical Consultant will call in referral as appropriate and staff will ensure that client has access to appointments. If Medical Consultant cannot be available (i.e. Medical Consultant was at the facility the day prior to minor complaint and cannot advise staff over the phone) then Medical Consultant will direct staff to the next appropriate provider in the area.

2. Prior to admission, medication will be evaluated verbally by the Medical Consultant and the Administrator to determine appropriateness of medications within the program.
3. The Medical Consultant or physician may prescribe medications to clients throughout their stay, if needed at the licensed building. Furthermore, medication management and review will be assessed throughout the client's stay by the Medical Consultant in collaboration with the Clinical Department overseeing the clients care.
4. Additional needs will be discussed during initial medical intake by the Medical Consultant. This visit may include recommendation for laboratory studies, tests, and other procedures such as pregnancy test for women, HIV testing, Hepatitis C testing (if applicable) and other infectious disease testing as needed and on an individualized basis. The individualized basis will be determined in collaboration with the client regarding their substance use history and any activities associated with their substance use that put them at risk of infection.
5. The Medical Consultant or physician will determine whether or not medication is an appropriate course of action in each client's recovery. Any controlled medications recommended must be discussed with the treatment team and the client due to the sensitive nature of substance use disorders.
6. Any changes to the client's medication will be done by the Medical Consultant or physician and will be discussed with the treatment team and the client. Under no circumstances should a client change or discontinue a medication without consulting the Medical Consultant. Any changes to a client's medication (additions, increased, decreasing, discontinued) will be recorded by Medical Consultant on the Physicians Orders, signed and dated by the Medical Consultant and filed in the client's chart. Any over the counter (OTC) medications taken regularly or commonly used by client will be evaluated upon admission by the Medical Consultant. Medical Consultant will rule out any hazard of each client taking OTC medication that client commonly uses. The Medical Consultant will review current medications and medical history to ensure that OTC medications are safe for client. The approved OTC medication will be recorded by the Medical Consultant on the Physician Orders. Any request by a client thereafter that is not on the list of approved OTC medications by the Medical Consultant will need to be evaluated at the next appointment. Copies of all physician orders will be filed in the client's chart.
7. Medication Administration Records (MAR's) will reflect an addition of a section to include space to write client requests for medication changes and appointments to see the Medical Consultant. MAR's will reflect correct physician orders and will be reviewed after each appointment by staff and review by Qualified Professional (QP).
8. Clinical Department staff members will, in addition to their clinical responsibilities, monitor client's behavior and document their observations. If behaviors generally related to the use of medications are identified, the staff member will report the observation to the QP who will report to the Medical Consultant or physician and develop a plan to confront the identified issue.

Medication Requirements

1. Medication Dispensing

- a. Changing Tides staff members will not dispense medication, however medication for the client will be stored in a locked closet in the conference room and will be available to clients at the specified times the medication should be taken. Staff member will unlock the locked closet

where medications are stored and locate the client's medication box. Client will be presented with the medications so that they may take their appropriate prescriptions.

2. Medication Packaging and Labeling

- a. Over the counter drugs will remain in their containers and will retain the label with expiration date.
- b. Prescribed medications will remain in their containers ensuring that the container is tamper resistant
- c. Prescribed medications will have the following:
 - Client Name
 - Prescriber Name
 - Current Dispensing Date
 - Directions for Self-Administration
 - Name, Strength, Quantity and Expiration Date of the Prescribed Medication
 - Name, Address and Phone Number of the Pharmacy
 - Name of the Dispensing Practitioner
- d. For medication refills, a staff member from the Clinical Department will ensure to inform the Medical Consultant in order for the medication to be called into the desired pharmacy.
- e. The medication will be locked in the medication closet located in the conference room, medications will remain in their original bottles.

3. Self-Administration

- a. Clients are to self-administer medications, prescribed by a physician, and are supervised and in the presence of staff while self-administering any medications.
- b. Medications may only be self-administered when approved by the client's physician and written on a physician's order.
- c. All medications will remain in their original bottles which is located in the conference room, clients will have access to their medication at the required times on their prescription.
- d. A record of the client's medications will be tracked utilizing a MAR (Medication Administration Record) which Changing Tides refers to as a Weekly Medication Log. This document will include the following:
 - Client Name
 - Client Date of Birth
 - Client Medical Record Number
 - Medication Name
 - Medication Dose
 - Quantity of Medication
 - Frequency of Self-Administration of the Medication
 - Purpose of the medication
 - The Prescribing Physician and Contact Information
 - The Description of the Medication Orientation
 - Instruction for self-administering the drug
 - Date and Time the drug is self-administered
 - Name or initials of the person supervising the client
 - Initials of the client
 - Client Signature
- e. Clients will speak with a staff member from the Clinical Department for any changes to their medications. This discussion will be recorded on the client's MAR and an appointment with the Medical Consultant or physician will be made as soon as possible by the staff member.

4. Medication Disposal

- a. A member of the Clinical Department who is disposing of the medications will use the Medication Disposal Log which will indicate:

- Client Name
 - Medication Name
 - Strength
 - Quantity
 - Disposal Date
 - Method of Disposal
 - Signature of person disposing
 - Signature of witness to person disposing
- b. Controlled Substances will be disposed of in accordance with NC Controlled Substances Article G.S. 90, Article 5
- c. Non-controlled or non-prescribed medications can be disposed of by incineration, flushing or by returning to a local pharmacy
- d. Any biohazardous materials associated with the use of medications or medical waste, are to be disposed of using the proper bins.

5. Medication Storage

- a. All medications in the original bottle will be:
- Stored in a separate container with a lid for each client with their name, date of birth and Medical Record on the container
 - Locked in the conference room which is a secure, clean, well-lighted and ventilated area, approximate temperature is between 56 Degrees and 86 Degrees
 - Available only to staff members in order to safeguard other clients obtaining the medication.
- b. Medications that need to be refrigerated will be kept in a refrigerator which staff will only have access to unless retrieving or replacing medication in refrigerator. This refrigerator is only used for medication. The refrigerator is kept between 36 Degrees and 46 Degrees.
- c. Prescriptions will be stored separated for internal and external uses

6. Medication Review

- a. Ongoing medication management and review is essential in aiding clients to maintain their recovery. The Medical Consultant and the Administrator are responsible for ensuring that clients are receiving the proper medications if applicable, and the medication is beneficial to their overall recovery.
- b. Clients who are taking prescribed medication will meet with Changing Tides Medical Consultant or physician at a minimum of once every 6 (six) months if applicable for review of the medication and its effects on the client. Findings from the review will be documented in the Client Record. If a corrective action plan is required, one will be established by the physician.
- c. Clinical Department staff members will report any adverse reactions of client medication to the Medical Consultant or physician and the Administrator immediately for a review of the medication interactions.
- d. Any changes in client's medications will be conducted by the Medical Consultant or physician and documented in the Client Record using the physician orders form.
- e. Should a client request a change in medication, the staff member receiving the requested change will document the request on the MAR and report directly to the Administrator who will then consult the Medical Consultant or physician.

7. Medication Education

- a. Every time a client is prescribed a medication, they will review the medication information pamphlet that comes with the medication while a Clinical Department staff member is present. If the client has questions or issues with the information they are given, other accommodations will be made to ensure they understand the medication education such as speaking with the Medical Consultant or Pharmacist.
- b. The information given to the client will be sufficient for the client to safely administer the medication.

- c. The medication education pamphlet will be filed in each client's chart and the client can receive a copy. Staff will ensure to ask the client if they would like a copy in order to have on hand.
8. Medication Errors
- a. Changing Tides does not administer or dispense prescription or non-prescription medication. Clinical Department Staff members are only to supervise clients to ensure they are taking the appropriate amount of their medication
 - b. If a medication error occurs, the Medical Consultant or physician and the Administrator will be contacted immediately for further assistance and the error will be recorded in the client MAR.
 - c. For emergency services, a staff member will call 911 and also report to Medical Consultant or physician and Administrator as soon as possible
9. Client refusal to self-administer their prescribed medication will be noted on their weekly medication sheet, the Medical Consultant will be notified along with the Administrator and a note will be added to the clients MAR. The Medical Consultant will provide a new physician order if they feel the change is appropriate. If necessary, depending on the type of medication refused, the client's Primary Care Physician or original prescriber will be consulted with a valid Release of Information.

REFERENCES

NA

DEFINITIONS

MAR: Medication Administration Record

QP: Qualified Professional

APPLICABLE DOCUMENTS

Medication Administration Record (MAR)

Physician Orders

Pre-Admission Assessment



Client Name:
 DOB:
 MR#:

Quantity _____	Staff						
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Bedtime

Medication Name, Dosage, Frequency, Purpose, Description, Prescribing Physician and Contact Info	Monday Date	Tuesday Date	Wednesday Date	Thursday Date	Friday Date	Saturday Date	Sunday Date
Quantity _____	Ct Staff	Ct Staff	Ct Staff	Ct Staff	Ct Staff	Ct Staff	Ct Staff
Quantity _____	Ct Staff	Ct Staff	Ct Staff	Ct Staff	Ct Staff	Ct Staff	Ct Staff
Quantity _____	Ct Staff	Ct Staff	Ct Staff	Ct Staff	Ct Staff	Ct Staff	Ct Staff

*Staff please indicate below (date, time and explanation) if there are any requests by client regarding medication changes, issues or request to discontinue a medication:

*Follow Up Plan: (staff indicate date, time and what physician can be seen regarding the request)

*Indicate that you informed the Administrator of the request the same day request was made:

Was the administrator informed? _____

Clients, please sign at the bottom of this document stating that you have taken your medications as prescribed. Staff please sign after you have initialed the first medication self-administered to client.

Client Signature _____	Date _____
Staff Signature _____	Date _____
Staff Signature _____	Date _____
Staff Signature _____	Date _____
Staff Signature _____	Date _____

Client Name:

DOB:

MR#:

Physician's Admissions Orders

Client Name: _____

Date: _____

Admission Date: _____

The client named above is approved for admission to the Changing Tides program. The client is medically appropriate for treatment.

Withdrawal symptoms have been evaluated and detoxification orders and medications have been initiated if applicable.

The client named above is approved to self-administrate medications during treatment at Changing Tides. Self-administration will be supervised by the Changing Tides Clinical Department.

The client named above is approved for Urine Drug Screening during his/her treatment experience. Urine Drug Screening will be conducted upon admission, randomly throughout treatment, for clinical/medical purposes and if any drug or alcohol use is suspected during treatment.

These orders will remain intact during the client's treatment at Changing Tides along with additional orders throughout treatment that the Medical Consultant may see appropriate for the purpose of treatment and recovery.

Physician Signature: _____ Date: _____



Client Name:
 DOB:
 MR#:

Pre-Admission Assessment

Date:
 Client Name:
 Gender:
 Date of Birth:

1. What are the reasons or precipitating event for why you are seeking treatment now (Ex: legal issues, hospitalization, family ultimatum)

2. What is your DOC (Drug of Choice):

3. What is your current daily amount of substances used:

4. When is the last time you used any drugs/alcohol:

Notes:

5. **Current Prescription Medication Regimen**

Name	Dosage	Frequency	Duration	Reason	Prescriber (Name and Contact Info)

6. Have you ever had chemical dependency or mental health treatment before

Yes No

If yes explain:

Name of Provider	Dates	Level of Care	Length of Treatment	Outcome of Treatment



Client Name:
DOB:
MR#:

7. Do you have a Primary Care Physician currently:
 Yes No If yes explain:
8. Do you have any medical conditions that may affect your treatment:
 Yes No If yes explain:
9. Have you ever experienced withdrawal symptoms:
 Yes No If yes explain:
10. History of delirium tremors, convulsions or blackouts:
 Yes No If yes explain:
11. Have you ever experienced a seizure either as a result of use or not:
 Yes No If yes explain:
12. Do you have any mental health conditions that may affect your treatment:
 Yes No If yes explain:
13. Have you experienced any traumatic events or events that caused you persistent discomfort or distress:
 Yes No If yes explain:
14. Have you ever had thoughts of hurting yourself or committing suicide (include plan, intent and means):
 Yes No If yes explain:
15. Have you ever had violent thoughts or actions:
 Yes No If yes explain:
16. Do you have legal issues past or present:
 Yes No If yes explain:
17. Are you ambulatory (able to walk around easily, able to walk up and down stairs without issues):
 Yes No If yes explain:
18. Do you have any allergies of any kind:



Client Name:
DOB:
MR#:

19. Do you use nicotine of any kind:

20. What is your level of motivation to recover:

21. Do you have any experience with AA or NA

Yes No If yes explain:

22. Do you have any special requests or accommodations for your treatment:

Yes No If yes explain:

Staff Member Name: _____

Staff Member Signature: _____

Clinical Recommendation

Admission to the facility:

Approved Denied

Admission to the facility date and time:

Explanation:

Treatment Plan Recommendation:

Special Accommodations Granted or Required:

Staff Member Name: _____

Staff Member Signature: _____



Receipt and Acknowledgement of Policy and Procedure Updates

THIS FORM MUST BE SIGNED AS ACKNOWLEDGMENT OF A POLICY AND PROCEDURE CHANGE.

I agree that I participated in the review of edits to the policy and procedure regarding **27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 as seen below:**

Correction Plan: 27G .0209 (c) Medication Requirements:

Changing Tides will contract with a Medical Consultant to be available to staff and clients. Medical Consultant is required to be on call 24/7 in order to be available to staff. Medical Consultant will be available for appointments with clients approximately once per week. Medical Consultant will report to the licensed building for appointments with clients. The purpose of a client seeing the Medical Consultant will be as follows: 1. Client admits to the provider as a new client. Prior to admission, Admissions Director will collect information from the potential client using the Pre-Admission Assessment. With this information, Medical Consultant will be contacted via phone and will be provided with all information on the Pre-Admission Assessment prior to admission in order to determine medical appropriateness for provider to treat person requesting services. Once the potential client is approved, they may admit to provider. Medical Consultant will see client as soon as the next appointment is available and will keep in contact with staff regarding status of client. 2. Client requests medication changes, expresses there may be medication issues or to requests to discontinue a medication. 3. Periodic medical and/or medication review. Should a client not need to see Medical Consultant on a weekly basis, staff will request that client have an appointment with Medical Consultant approximately once per month to review medication and medical history. 4. Client presents with symptoms that need medical attention that are not urgent (i.e. cold symptoms or other minor complaints). If Medical Consultant cannot address complaints or feels that complaint requires a referral, Medical Consultant will call in referral as appropriate and staff will ensure that client has access to appointments. If Medical Consultant cannot be available (i.e. Medical Consultant was at the facility the day prior to minor complaint and cannot advise staff over the phone) then Medical Consultant will direct staff to the next appropriate provider in the area.

Any changes to a client's medication (additions, increased or decreased dosage or discontinued) will be recorded by Medical Consultant on the Physicians Orders, signed and dated by the Medical Consultant and filed in the client's chart.

Any over the counter (OTC) medications taken regularly or commonly used by client will be evaluated upon admission by the Medical Consultant. Medical Consultant will rule out any hazard of each client taking OTC medication regarding the list that client takes. The Medical Consultant will review current medications and medical history to ensure that OTC medications are safe for client. The approved OTC medication will be recorded by the Medical Consultant on the Physician Orders. Any request by a client thereafter that is not on the list of approved OTC medications via the client's physician orders will need to be evaluated at the next appointment. Copies of all physician orders will be filed in the client's chart.

Medication Administration Records (MAR's) will reflect an additional section to include space to write client requests for medication changes and appointments to see the Medical Consultant. MAR's will reflect correct physician orders and will be reviewed after each appointment by staff and review by Qualified Professional (QP).

In order to indicate the measures that have been put in place to correct the deficiency, we have made changes to the policy and procedure regarding Medication Requirements (see attached policy and procedure), staff was all required to sign off



on the changes to this policy and procedure (see attached), changes to our staff pattern included contracting with a Medical Consultant and providing on site doctor appointments to our clients approximately once per week.

In order to indicate what was put in place to prevent the problem from occurring again we have edited our Medication Requirement Policy and Procedure; staff was informed of the change and it was reviewed in training where each member was required to sign acknowledgement of changes. The Qualified Professional will monitor the MAR's and will require an update after each client appointment. Medical appointment documents will be reviewed by the QP each week in order to ensure that all documentation necessary is in each client's chart. The QP for Changing Tides is the Administrator Aubrey Briggman, who will be ensuring that these changes are adhered to on a weekly basis.

ATTACHEMENTS REQUIRED: Physician Orders, New MAR, Updated Medication Administration Policy and Procedure Page, Pre-Admission Assessment, Physician Admission Form, Policy and Procedure Change Form

I have read and understand the information in the policy and procedure regarding the Medication Requirement.

I have been given an opportunity to ask questions about the information in the policy and procedure and acknowledge that any such questions were answered to my satisfaction. I further agree to comply with all the policies and procedures outlined as an edited version to Medication Requirements.

Employee Signature

Employee Name (Print)

Date

Correction Plan

The Rule: 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 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. (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 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 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.)

Deficiency: This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to request state and federal criminal background checks within five business days of employment for 1 of 4 audited staff (Therapist #1). The findings are: Review on 11/18/19 of Therapist #1's personnel record revealed: - Hire date of 8/16/19, title Substance Abuse Counselor. - Employment in the state of Virginia prior to hire date. - A copy of a Virginia driver's license. - No documentation of professional licensure. - Consent for criminal background check signed 8/6/19. - No documentation of completion of a national criminal background check with fingerprints prior to employment. During interview on 11/18/19 Therapist #1 stated she moved to North Carolina when she was hired by the Licensee. She was not a licensed therapist. She did not submit fingerprints for a criminal background check prior to employment. During interview on 11/18/19 the Administrator/Supervisor stated she thought a criminal background check had been completed for Therapist #1.

Correction Plan:

In order to correct the deficiency, the Application for Employment has a section that states "How long have you lived in North Carolina?", it also states, "If you have lived in North Carolina for less than 5 years, what other states have you resided in?". These questions on the application will alert the Administrator or hiring person to request either a state criminal history record check or both a state and national criminal record history check. If the person has not resided in North Carolina for at least 5 years, a state and national criminal record history check, including fingerprinting will be conducted through the Department of Justice. The process then follows that the Department of Justice will send the results to the Department of Health and Human Services who will then notify Changing Tides of the results. There has been an edit to the Policies and Procedures manual in order to ensure that the 5-year mark is followed. If there are more than 1 relevant offenses, the Administrator or hiring personnel will reflect back to this rule in order to determine appropriateness for hire. The Personnel Policy and Procedure was updated to reflect the deficiency (see attached).

ATTACHMENTS REQUIRED: Employment Application, Personnel Policy and Procedure, Staff Authorization to Obtain Background Check



Changing Tides

Application for Employment

Changing Tides will consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status

Today's Date: _____

Personal Information

Full Legal Name: _____

Date of Birth: _____

Social Security Number: _____

Current Address:

Cell Phone: _____

Alternate Phone: _____

Email: _____

Are you at least 18 years of age: YES _____ No _____

Do you have a valid NC Driver's License? YES _____ No _____

Have you been a resident of the state of North Carolina for at least 5 years? YES _____ No _____

Past Addresses: Indicate the following information for all addresses for the past 7 years

Date	Street	City	State	Zip Code	Length of time at address

Employment Desired

Position: _____

Date you can start: _____

Are you employed now? YES _____ No _____

If so, may we contact your present employer? YES _____ No _____

Present Employer Contact Information: _____

Former Employers

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST

Date (MM/YY) From-To	Name & Address of Employer	Salary	Position	Reason for Leaving



References

Give below the name of 3 persons not related to you whom you have known at least one year

Name	Business	Address	Years Known

Education

What was the highest level or equivalent completed? _____

Are you currently a student? YES _____ No _____

Name of college, university or vo-tech attended: _____

Course of Study: _____

Other Training: _____

Professional License- If you have a professional license, please provide verification information

License Number	Type of License	Expiration Date	Issuing Agency	State

Regulatory Identifying Information

Please answer Yes or No to each of the following:

Question	Yes	No
Have you ever been denied a license or certification in a health-related field or jurisdiction?		
Has any license issued to you ever been voluntarily surrendered?		
Has your practice ever been the subject of an investigation by any licensing authority?		
Have you ever had any malpractice actions taken against you or been disciplined for any ethical violations?		
Have you ever been denied professional insurance, or had it voluntarily cancelled?		
Are you currently engaged in the illegal use of chemical substances or controlled substances? ("Illegal use of chemical substances or controlled substances" means the use of chemical substances or controlled substances obtained illegally as well as the us		

Legal Requirements

Any criminal history on your record may affect an applicant for employment. Relevant factors such as date, seriousness of the conviction and nature of the position sought will be taken into consideration and declining or failing to disclose all convictions on this application.

If you need additional space, please use another sheet of paper and attach it to this application; include the type of offense, date of conviction, city and state of conviction and description of the conviction.



HAVE YOU EVER BEEN CONVICTED OF A CRIME?
IF YES,

1. TYPE OF OFFENSE: MISDEMEANOR _____ FELONY _____

CITY AND STATE WHERE CONVICTION(S) OCCURRED:

CITY _____

STATE _____

DATE CONVICTED

DESCRIPTION OF
CONVICTION _____

2. TYPE OF OFFENSE: MISDEMEANOR _____ FELONY _____

CITY AND STATE WHERE CONVICTION(S) OCCURRED:

CITY _____

STATE _____

DATE CONVICTED

DESCRIPTION OF
CONVICTION _____

3. TYPE OF OFFENSE: MISDEMEANOR _____ FELONY _____

CITY AND STATE WHERE CONVICTION(S) OCCURRED:

CITY _____

STATE _____

DATE CONVICTED



DESCRIPTION OF
CONVICTION _____

Please be advised that we and/or our agent may obtain consumer reports and/or investigative consumer reports about you for employment purpose, including without limitation, for the purposes of evaluating you for employment and promotion

I CERTIFY THAT ALL INFORMATION PROVIDED BY ME AS PART OF MY APPLICATION FOR EMPLOYEMENT IS TRUE AND COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I ACKNOWLEDGE THAT ANY FALSE OR MISLEADING INFORMATION IN MY APPLICATION MATERIAL OR INTERVIEW MAY RESUME

SIGNATURE _____ DATE _____

Changing Tides: Policies and Procedures	Title: Personnel (Staff Training & CEU's)	Section: Operation and Management Rules 10A NCAC 27G .2000	Subsection: Governing Body Policies 10A NCAC 27G .0201
Prepared By: Aubrey Briggman	Approved By: The Board of Directors	Effective Date: 3/15/17	Revision Date: 11/22/19

TITLE

PERSONNEL (Staff Training & CEU's)

POLICY

1. Changing Tides will have a hiring process to ensure competency and compatibility of the candidate.
2. All staff members will have a Personnel File with the required documents.
3. Criminal History Record Checks will be completed, there is a timeframe for living in the state that will need to be reviewed to ensure the correct record check is conducted.
4. Trainings are a requirement and are mandatory of all staff members.
5. All documents and trainings will be conducted in a timely manner to ensure that all staff members are following the guidelines of the state and the company.

PROCEDURE

1. The hiring process for each staff member will include:
 - a. Formal interview conducted by the Executive Director or Administrator that proves the candidate is competent and eligible for employment to include:
 - Staff members must be at least 18 (eighteen) years of age or older.
 - Staff members must meet requirements of reading, writing and following directions.
 - Staff members must meet the required competency for their job: education, work experience, skill and other qualifications regarding their position.
2. Personnel File
 - a. Each employee shall have a file indicating the following:
 - Application for Employment (prior to employment).
 - Resume (prior to employment).
 - Education/Degree, Diploma, Official Transcripts, or Official Letter from education institution (prior to employment).
 - Licenses and Certifications: Staff members who are licensed will ensure they maintain their licensure(s) in accordance with state laws. Maintenance of licensure(s) is the staff member's responsibility. The staff member is also responsible for providing documentation of continuing education and licensure renewals (prior to employment).
 - Relevant Trainings (within 90 (ninety) days of employment).
 - At-Will Agreement (prior to employment).
 - Job Description: will specify level of education required, competency and skills required. All duties and responsibilities of the job will be outlined within the job description. Staff members and Supervisor will sign the job description upon hire

confirming that each understands the job requirements. The Job Description will remain within the personnel file (changes of job duties and title will accompany a new job description) (upon employment).

- Staff Urine Drug Screen Program (randomly throughout employment or if there is an allegation of staff drug use or an accident occurs while at the facility).
- Staff Confidentiality Agreement (prior to employment).
- Staff Authorization for Criminal History Record Check:
 - Changing Tides will not employ any applicant that refuses to undergo a criminal background history check.
 - For applicants that have been a resident of the state of North Carolina for more than 5 (five) years, a state criminal history record check will be conducted.
 - In the event that an applicant for employment has not lived in the state for at least 5 years, then a state and national background check will be conducted. This will include a check of the applicant's fingerprints. This check should be conducted within 5 (five) days of the conditional offer for employment. A request will be submitted to the Department of Justice in order to conduct the history check. The results will be submitted to the Department of Health and Human Services, Criminal Record Check Unit. The Department of Health and Human Services will then contact Changing Tides to inform if the applicant has any offenses that may affect employability. If a record check reveals more than one offense that is related to each other, Changing Tides will consider the following:
 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 Administrator will review any criminal convictions in relation to the job to determine appropriateness for employment
- Identification (i.e. Driver's License, Social Security Card etc.) (prior to employment).
- Banking Information
- Tax Forms: I-9, W-4, NC Withholding
- NC Personnel Registry Check will be utilized for all staff for inquiries of abuse or neglect; no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry (prior to employment).
**Any allegations during employment will be reported to the Department of Health and Human Service (DHHS), the police and Social Services immediately upon knowledge of Changing Tides becoming aware of the allegation. The results of the health care facility's investigation will be submitted to the DHHS.
- Continuing Education: All required Continuing Education will be documented within the personnel file. Continuing Education is the responsibility of the staff member to complete and keep track of trainings. Any outside training is the responsibility of the staff to attend and provide Changing Tides with documentation. Changing Tides may require additional training for paraprofessionals in order to enhance the client to staff experience as well as ensure the staff member has the knowledge to treat and work with the client. All professionals are responsible for obtaining their Continuing

This was updated.

Education Units to maintain their licensure and must provide Changing Tides with the certification of CEU's (on-going throughout employment).

- Training: (ongoing throughout employment) Employee Training (All training for new personnel MUST be completed prior to hire.

- Mandatory- Must be completed prior to hire. Staff Members who have previously taken courses will have ongoing training throughout the year in the following:

- Client/Patient Rights (Conducted via Relias Online Learning Portal)
- Confidentiality of Substance Use Treatment Information (Conducted via Relias Online Learning Portal)
- HIPAA Overview (Conducted via Relias Online Learning Portal)
- Overview of Substance Use Disorder: Part 1 (Conducted via Relias Online Learning Portal)
- Overview of Substance Use Disorders: Part 2 (Conducted via Relias Online Learning Portal)
- Structured Group Therapy Approaches (Conducted via Relias Online Learning Portal)
- Brief Models of Family Therapy Part 1: Theory and Principles (Conducted via Relias Online Learning Portal)
- Best Practices in Substance Use Treatment Engagement (Conducted via Relias Online Learning Portal)
- Biopsychosocial Model of Addiction (Conducted via Relias Online Learning Portal)
- Symptoms of Secondary Complications due to Alcohol and Drug Addiction (Conducted via Relias Online Learning Portal)
- Blood borne Pathogens and Infectious Diseases (Conducted by Relias Learning)
- First Aid/CPR including the Heimlich Maneuver (According to the American Red Cross Guidelines) and Seizure Management (Conducted by a certified American Red Cross Trainer. A minimum of 1 (one) staff member must be available in the facility at all times when a client is present who has this training.
- Least Restrictive Alternatives: Changing Tides does not utilize seclusion or restraint with clients. Aggression, frustration, and threats of violence are de-escalated using behavioral interventions (Conducted by a North Carolina Interventions Certified Trainer.

NCI Trainer:

Jeffrey Grunden

grundenj@embarqmail.com

- Policies and Procedures (Conducted by Administrator).

- New Hire Orientation-Must be completed within 1 (one) week of hire date

- Code of Conduct
- Employee Reference Manual
- Changing Tides Policies and Procedures
- Client Handbook

b. All above documents with the exception of trainings must be verified prior to the staff member providing direct care services.

c. A Personnel File will be kept for each staff member in the main office, and locked securely in a filing cabinet. The Board of Directors, Administrator and the Executive Director are the only members to have access to the locked filing cabinet. Personnel files are kept up to date monthly and audited twice yearly by the Administrator.

DEFINITIONS

NA

APPLICABLE DOCUMENTS

Employee Application

At-Will Agreement

Job Descriptions

Staff Authorization for Urine Drug Screening

Staff Confidentiality Agreement

Staff Authorization to Obtain Background Check

Employee Code of Conduct

Employee Reference Manual

Client Handbook

Personnel File Inventory



*This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations.

Yes _____ (provide detail on next page) No _____

To the best of my knowledge, the information provided in this Authorization is true and complete. I understand that any falsification or omission of information may disqualify me for this position and/or may serve as grounds for the severance of my employment with Changing Tides. By signing below I hereby provide my authorization to Changing Tides to conduct a criminal background check.

Signature

Date

Correction Plan

The Rule: 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; (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 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. Continued From page 12 V 536 (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. (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.

Deficiency: This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 4 audited staff (the Administrator/Supervisor, and Therapist #1) received training in alternatives to restrictive interventions. The findings are: Finding #1: Review on 11/18/19 of the Administrator/Supervisor's personnel record revealed: - Hire date 4/13/17. - North Carolina Interventions training expired 3/31/18; no updated training in alternatives to restrictive interventions. Review on 11/18/19 of Therapist #1's personnel record revealed: - Hire date 8/16/19, title Substance Abuse Counselor. - No documented training in alternatives to restrictive interventions. During interview on 11/18/19 the Administrator/Supervisor stated no staff had up to date training in alternatives to restrictive interventions. She would schedule training for staff as required.

Correction Plan:

Administrator immediately contacted NCI trainer that had been utilized in the past for training regarding Alternatives to Least Restrictive Interventions. Trainer was emailed and asked if he would be willing to train staff all together. Trainer emailed back the same day and agreed to train Changing Tides staff who needed their training renewed. Trainer agreed to come to the licensed providers address on December 3rd at 12:15PM where training would be performed. 2 of the employees were not required to attend the training due to having licensures and therefore the state was provided with Attestation of Trained Professionals (see attached). The training was approximately 5 hours in which every staff member passed the test for Alternatives to Least Restrictive Interventions. The certificates were mailed by the trainer to the service address and were received by the Administrator and filed in each staff members file. A document was signed by each staff member providing documentation of the training (see attached template).

A Training Outcome form (see attached) has been made in order to show the following: 1. Date of Training, 2. Description of Training, 3. Trainer's Information, 4. Persons Receiving Training, 5. Pass or Fail.

In order to ensure that training in Alternatives to Least Restrictive Interventions or any required training is not missed, the Administrator will set up training for any new staff to be conducted on or near their hire date. The Administrator is responsible for setting up trainings. The

Administrator will ensure that an audit of personnel files is conducted quarterly regarding trainings. A form was made for the audit-Personnel Training Audit (see attached).

ATTACHMENTS REQUIRED: Attestation of Training for Licensed Professionals, Personnel File Training Audit, Staff Training Acknowledgement, Training Outcomes



Attestation of Training for Licensed Professionals

The North Carolina Department of Health and Human Services recognizes that individuals who hold a license in the state of North Carolina may be exempt from certain trainings required by the state for non-licensed staff members. The specific training that the licensed professional is exempt from is 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions.

Licensed professionals may be exempt from the Training on Alternatives to Restrictive Interventions for the following reasons:

1. Licensed professionals generally have extensive training and experience in the competencies listed in 10A NCAC 27E .0107
2. Many licensed professionals are required by their boards to take continuing education to maintain their license
3. It is time consuming and redundant to require training from experienced professionals in topics they have already taken
4. There is no indication that allowing this waiver will negatively affect the health, safety, and welfare of the consumer

Licensed professionals may be exempt from the Training on Alternatives to Restrictive Interventions if they attest to competence in the following 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 individuals 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).

I _____ (printed name) attest to having the competencies listed above and agree with this waiver that I am capable and knowledgeable in working with clients in de-escalating behaviors and alternatives to restrictive interventions.

This waiver will not require annual renewal and will remain in effect until further notice or the Code is revised.

Employee Signature: _____ Date: _____



Staff Name:

Personnel File Training Audit

Training	Initial Training Date	Audit Date and Note	Audit Date and Note	Audit Date and Note	Annual Training Date	Notes
Policies and Procedures						
Licensures/Certifications						
NC Personnel Registry						
Client/Patient Rights						
Confidentiality of Substance Use Treatment Information						
Overview of Substance Use Disorder: Part 2						
Structured Group Therapy Approaches						
Brief Models of Family Therapy						
Best Practices in Substance Use Treatment Engagement						
Biopsychosocial Models of Addiction						
Blood borne Pathogens						
CPR/FA						
Least Restrictive Alternatives						
ACA Code of Ethics						



Staff Training Acknowledgement

Date of Training: _____

Description of Training:

Trainer Contact Info:

Trainer Name: _____

Email: _____

Phone: _____

Trainer Credentials: _____

Trainer Signature: _____

Person/Staff Receiving Training:

(Staff is signing that they have received the training and that they understand and are fully aware of all aspects of the training.)

Name: _____ Signature: _____



Director or Administrator Signature: _____



Training Outcome

Date of Training: _____

Description of Training:

Trainer Contact Info:

Trainer Name: _____

Email: _____

Phone: _____

Trainer Credentials: _____

Person/Staff Receiving Training:

Name: _____

Outcome (Pass/Fail): _____

Administrator Signature: _____