

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/14/2020
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NAME OF PROVIDER OR SUPPLIER MCLEOD ADDICTIVE DISEASE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 549 COX ROAD GASTONIA, NC 28054
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 2-14-20. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3600 Opioid Outpatient Treatment</p> <p>Census: 436</p>	V 000		
V 235	<p>27G .3603 (A-C) Outpt. Opiod Tx. - Staff</p> <p>10A NCAC 27G .3603 STAFF</p> <p>(a) A minimum of one certified drug abuse counselor or certified substance abuse counselor to each 50 clients and increment thereof shall be on the staff of the facility. If the facility falls below this prescribed ratio, and is unable to employ an individual who is certified because of the unavailability of certified persons in the facility's hiring area, then it may employ an uncertified person, provided that this employee meets the certification requirements within a maximum of 26 months from the date of employment.</p> <p>(b) Each facility shall have at least one staff member on duty trained in the following areas:</p> <p>(1) drug abuse withdrawal symptoms; and</p> <p>(2) symptoms of secondary complications to drug addiction.</p> <p>(c) Each direct care staff member shall receive continuing education to include understanding of the following:</p> <p>(1) nature of addiction;</p> <p>(2) the withdrawal syndrome;</p> <p>(3) group and family therapy; and</p> <p>(4) infectious diseases including HIV, sexually transmitted diseases and TB.</p>	V 235		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 235	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure a minimum of one certified drug abuse counselor or certified substance abuse counselor to each 50 clients. The findings are:</p> <p>Review on 2/12/20 of the facility's staff roster revealed 9 counselors on staff.</p> <p>Review on 2/12/20 of the facility's client caseloads per staff revealed the following number of clients on each staff caseload: 55, 55, 51, 52, 53 and 54.</p> <p>Interview on 2/12/20 with staff #1 revealed: -have 52 or 54 on her caseload; -"it is very hard to see everyone;" -"especially the new people we have to see once a week;" -"we have to have a whole spread sheet on them."</p> <p>Interview on 2/13/20 with staff #2 revealed: -started employment on 1/8/20; -got a caseload on 1/10/20; -have a current caseload of 34 clients.</p> <p>Interview on 2/12/20 with the Program Manager revealed: -have some new staff employed not full caseloads yet; -had some staff resign.</p>	V 235		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.	V 536		

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V 536	<p>Continued From page 2</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(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.</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> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and</p>	V 536		

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V 536	<p>Continued From page 3</p> <p>external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher 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 they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(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.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be</p>	V 536		

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V 536	<p>Continued From page 4</p> <p>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>(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.</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>	V 536		

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V 536	<p>Continued From page 5</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> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure prior to providing services to people with disabilities, staff will demonstrate competence by successfully completing training in alternative to restrictive interventions for 1 of 2 staff (#2)and 1 of 2 Nurses(N#3). The findings are:</p> <p>Review on 2/13/20 of personnel records revealed the following: -staff #1 was hired on 1/6/20 and completed Crisis Prevention Intervention (CPI) on 2/5/20; -Nurse #3 was hired on 5/7/08 and completed training on CPI on 12/6/18 with an expiration date of 12/31/2019, no documentation of updated CPI training present in the record.</p> <p>Interview on 2/13/20 with staff #2 revealed: -was hired on 1/8/20; -got a caseload on 1/10/20 and began working with clients.</p> <p>Interview on 2/14/20 with N#3 revealed:</p>	V 536		

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V 536	Continued From page 6 -had CPI training; -current CPI expired; -scheduled for a CPI recertification class on 2/27/20. Interview on 2/13/20 with the Director of Quality Improvement revealed N#3's CPI was expired.	V 536		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure was maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 2/14/20 at approximately 10:00am revealed: -client bathroom#1's toilet paper holder broken, tears in the plaster on the wall, wall behind the toilet very dirty, base of the toilet dirty, obscenities and profanity written on the wall over the toilet including sexual phrases and derogatory remarks about the police; -client bathroom #2 had peeling and missing wallpaper in several places; -strip of molding torn off the wall near the back entrance; -in the empty office near the snack machine peeling wallpaper approximately 2 feet long;	V 736		

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V 736	<p>Continued From page 7</p> <ul style="list-style-type: none"> -wall across from snack machine streaked and dirty; -broken lid to outside trashcan at front entrance -bent section of fence in parking lot with yellow caution tape. <p>Interview on 2/14/20 with the Program Manager revealed:</p> <ul style="list-style-type: none"> -had not been in client bathroom #1 and observed the obscenities and profanity written on the wall; -outside fence was broken but not sure when and how; -no one reported fence being hit or damaged; -think it happened after hours. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		