

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-399	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/10/2020
NAME OF PROVIDER OR SUPPLIER THE WILLOWS AT RED OAK RECOVERY		STREET ADDRESS, CITY, STATE, ZIP CODE 62 RACKING HORSE LANE FLETCHER, NC 28732		
(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 000	INITIAL COMMENTS An annual survey was completed on February 10, 2020. Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders and 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

DHSR - Mental Health

MAR 4 2020

Lic. & Cert. Section

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

Julia Hughes 6899 41UE11 *Compliance officer*
Julia Hughes

If continuation sheet 1 of 22

3.3.2020

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STATE FORM

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V 112	Continued From page 2 -receive Motivational Interviewing to be assessed for her stage of preparation for change and move from building motivation to participation in treatment; -list how substance abuse had negatively impacted her life; -be engaged in acceptance and commitment therapy; -a goal to identify her sexual identity and engage in relationships that supported her identity with strategies to: -have her trust built which encouraged her to express her fear, anxiety, and distress over identity confusion; -understand the relationship between sexual trauma and sexual identity that empowered her; -a goal to restore her normal eating patterns, healthy weight maintenance, and a realistic appraisal of body size with treatment strategies which included: -meeting with a nutritionist and participating in psychoeducational groups for meal support; -interpersonal therapy to highlight themes that may have supported an eating disorder; -While there was a place on Client #2's treatment plan for staff initials beside each treatment strategy, the place was left blank and made it difficult to determine what staff was responsible for implementation of her treatment strategies. Review on 2/4/20 of a written client list by primary therapist revealed: -Client #2 had a primary therapist, a family therapist and a case manager who were different professional roles and located at the day treatment program. Interview on 2/4/20 with Client #2 revealed: -She received individual therapy once a week from her primary therapist;	V 112		

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V 112	Continued From page 3 -She participated in daily group therapy by various staff; -The specific groups she participated in related to her treatment plan (e.g., an eating disorder group). Interview on 2/6/20 with the facility Compliance Officer revealed: -A quality compliance specialist was in the process of being hired with the sole responsibilities of auditing and ensuring clinical treatment plans and notes were completed and standardized.	V 112		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that before employment of personnel, the Health Care Personnel Registry (HCPR) be accessed and each incident of access be filed in the appropriate business file affecting 3 of 4 audited staff. The findings are:	V 131		

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V 131	Continued From page 4 Review on 2/6/20 of the Team Lead Clinician's personnel record revealed: -Date of hire: 12/27/17; -HCPR accessed on 12/28/17. Review on 2/6/20 of the Registered Nurse/Medical Manager's personnel record revealed: -Date of hire: 1/6/20 -HCPR accessed on 1/8/20. Review on 2/6/20 of Clinical Technician #1's personnel file revealed: -Date of hire: 9/19/19; -HCPR accessed on 9/25/19. Interview on 2/6/20 with the Human Resources (HR) Specialist revealed: -She acknowledged HCPR checks of personnel should be conducted prior to their employment; -The HR department would be conducting the HCPR checks of staff prior to the employment of staff going forward.	V 131	- <u>Correction:</u> The HR Departments HR Generalist will complete North Carolina Health Care Personnel Registry Checks prior to hire. - <u>Prevention:</u> HCPR check requirements have been added to the pre-hire checklist form that gets completed before an individual is deemed fit for hire. The HR Generalist completes the pre-hire checklist for every individual. - <u>Who will monitor:</u> The HR Manager will complete pre-hire file audits for every potential employee before on-boarding invitations are send out. - <u>How often:</u> Pre-Hire file audits will be completed by the HR Manager at least twice a month for on-boarding and as needed when new potential employees are screened. The HR Manager will complete quarterly file audits.		2/3/2020
V 239	27G .3701 Day Tx. Sub. Abuse - Scope 10A NCAC 27G .3701 SCOPE (a) Day treatment facilities provide services in a group setting for individuals who need more structured treatment for substance abuse than that provided by outpatient treatment, and may serve as an alternative to a 24-hour treatment program. (b) Day treatment services shall have structured programs, which may include individual, group, and family counseling, recreational therapy, peer groups, substance abuse education, life skills education, and continuing care planning.	V 239			

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V 239	Continued From page 6 of care feasible; -Her prescribed medications from the facility's psychiatrist, which included: -12/9/19, Gabapentin, 600 milligrams (mg) 3 times daily as needed (PRN) to treat anxiety; -1/21/20, Trazadone, 100 mg at bedtime for sleep; -Additional medications were Topamax for appetite suppressant, to treat polycystic ovarian syndrome, and Fluoxetine (Prozac) for depression. Interview on 2/4/20 with Client #1 revealed: -She lived in another state prior to her admission; -She lived in the house on campus with all the other clients who attended the program for substance abuse treatment and trauma treatment; -She understood this was a substance abuse treatment and trauma treatment program that had a housing service that came with the program; -It was a "packaged service;" -There was a total of 17 clients in the program and everyone lived at the house and attended the treatment program where group and individual therapy sessions were held; -No clients from off campus attended the treatment program; -The clients were about equally divided into 2 teams- the Babylon Team and the Alpine Team; -There were 2-3 clinician technicians who who rotated working a 1st, 2nd and 3rd shift work schedule in the client house; -Each client team had their designated technician per shift who gave out client medications during the morning and evening hours (e.g., 8:00 am and 9:00 pm); -The technicians were responsible for: -providing individual client supervision, which depended on what level of watch was	V 239		

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V 239	Continued From page 7 recommended by a client's therapist and was made a part of a client's treatment; -providing group supervision in the house, on the facility van and during off-campus community activities (e.g., Alcoholic Anonymous (AA), Narcotics Anonymous (NA) and Co-Dependency meetings); -writing notes about client behaviors (e.g., helping her use the skills she learned to come out of her seizures); -walking clients to and from the treatment program as support staff; -She did not know about an off-campus living option but living off campus would not have been a good option for her because she had pseudo-seizures, which required staff to watch her to ensure her safety; -Because of her pseudo-seizures, she was on a Level 2 watch, which meant she could not be more than 10 feet away from staff eyesight; -She was under the care of the facility's psychiatrist for her psychotropic medications and she had planned to meet with the doctor who came to the facility this week because her Gabapentin dose was too high a dose; -She was given this medication at the house by one of the technicians but she had been refusing her mid-day dose because the medication made her too tired. Review on 2/5/20 of Client #2's record revealed: -Date of admission: 11/26/19; -Diagnoses: Alcohol Use Disorder-Severe, Cannabis Use Disorder-Severe, Moderate Stimulate Use Disorder, Severe Depressive Disorder- recurrent episode; -Age: 21; -Her initial treatment plan with a creation date of 11/26/19, included: -an "x" marked with an "IOP" (Intensive	V 239		

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V 239	Continued From page 8 Outpatient Program) level of care box; -a planned tour of the campus and facilities which included sleeping arrangements; -Her printed Client Code of Conduct with a creation date of 11/26/19 and signed by her on 12/10/19 contained statements of understanding that included: -She was under the care of staff (unspecified) and required to communicate her whereabouts to staff at all times; -She was responsible for cleaning and maintaining her personal space and belongings; -She would participate in all activities of daily living; -Her prescribed medications from the facility's psychiatrist included: -1/21/20, Lexapro, 10 mg daily to treat depression and anxiety disorders with a discontinued order on Zoloft; -1/27/20, Hydroxyzine 25 mg, 3 times daily to treat anxiety and Nicotine Lozenges 4 mg, PRN; -2/4/20, Trazadone, 100 mg, prn at bedtime. Interview on 2/4/20 with Client #2 revealed: -Everyone who came to the facility for individual and group therapy lived at the house; -There were no clients she knew of who came to the facility and lived off the campus; -"There is no outpatient; everything is all inpatient;" -She was on a Level 1 watch, which meant she always had to have a Clinical Technician (direct care staff) assigned to her and she could not be out of their eyesight because of her self-harming tendencies; -A level 2 watch meant a client could be "arm's length away" from staff; -Her primary therapist decided which level of watch she was on and told her and the staff, who were Clinical Technicians, at the house;	V 239		

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STREET ADDRESS, CITY, STATE, ZIP CODE

THE WILLOWS AT RED OAK RECOVERY

62 RACKING HORSE LANE

FLETCHER, NC 28732

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V 239	Continued From page 9 -The Clinical Technicians also accompanied her and her peers to the program for their therapy sessions and brought their prescribed medications like Nicotine Lozenges to them between therapy sessions; -She sees the psychiatrist who comes to the facility when she needs to about any changes in her medications; -Her Trazadone medication was decreased from 200 mg to 150 mg and she planned to see the doctor on this date, 2/4/20 to change this medicine to a prn as she no longer needed the medication. Review on 2/5/20 of Client #3's record revealed: -Date of admission: 1/25/20; -Diagnoses: Moderate Other Substance Use Disorder, Moderate Depressive Disorder-recurrent episode, GAD, Attention Deficit Hyperactivity Disorder (ADHD)- Predominantly hyperactive/impulsivity presentation; -Age: 24; -Her written enrollment agreement with a creation date of 1/25/20 included a statement that the agreement was between the Licensee, who was operating "a licensed day treatment program (hereinafter the Program) and [Client #3] (hereafter the Participant);" -Her written intake assessment with a creation date of 1/25/20, included: -a statement that, "The Client lacks the resources or skills necessary to maintain an adequate level of functioning without the services of a Day/Night (Partial Hospitalization) program;" -an "x" marked in "Day/Night (PHP)" as 1 of 4 admission criteria met by Client #3; -her admission to a substance abuse and/or mental health problem; -statements that: -she was "assessed as being able to achieve	V 239		

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V 239	Continued From page 10 or maintain abstinence and recovery goals only with 24 hour supervision, medical monitoring support, and scheduled counseling ...;" - "A structured residential program is required;" - she did not sufficiently have a supportive psychosocial environment to make a lower level of care feasible; Interview on 2/4/20 with Client #3 revealed: - She lived in another state prior to her admission; - She understood that all the clients who received treatment services were required to live in the house on the campus; - She had been in prior dual substance abuse and trauma treatment programs and this program seemed more trauma focused less focused on substance abuse treatment because she had not seen any twelve-step meetings yet; - The program offered her some coping skills on depression and anxiety which she could learn from; - The residential service and the treatment program were a combined inpatient program and was not an outpatient program; - She confirmed the residential clinical technicians' daily work duties of medication administration, client supervision, and transportation assistance; - If a client refused a medication at the home, a clinical technician brought the medication to the client at the day program to offer it again before a note was written that they (i.e., a client) refused their medicine 3 times; - She saw the facility's psychiatrist on this date, 2/4/20 and was prescribed Clonidine for her high blood pressure. Review on 2/4/20 of 2 printed client schedules for the week of 2/3/20-2/9/20 revealed: - 1 schedule was titled Babylon Schedule and the	V 239		

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V 239	Continued From page 11 2nd schedule was titled Alpine Schedule; -Both of these schedules had a daily 7:00-7:30 am "Out of Bed" routine and a nightly 10:00 pm "Lights Out" routine. Review on 2/6/20 of a printed copy of House Rules for the facility revealed written rules that included: -the use of personal electronics was not permitted although the facility provided clients with radios to listen to music; -no telephone calls were permitted unless approved by a primary therapist; -the Licensee did not allow visitors unless there was prior approval; -no cigarettes were allowed on the property; -clients were to follow a written code of conduct. Review on 2/6/20 of a written facility policy dated 01/01/20 and titled "Electronics," revealed: -This policy was approved by the facility's Vice President of Operations; -Included a procedure in which clients were informed prior to admission that personal electronics (e.g., cell phones and laptops) were not allowed and the electronics would be stored in a designated area until the clients were leaving the program; -A statement that, "Any phone communication must be pre-approved by the client's therapist and will take place in the presence of the clinician;" -A company phone would be used for the phone communication; -Access to information stored on a client's personal electronics had to be discussed and approved by a client's primary therapist. Review on 2/6/20 of two undated and written responsibilities and areas of behavioral	V 239		

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V 239	Continued From page 12 expectations (e.g., bullying, communication and engagement) revealed: -These responsibilities and expectations were titled ""Constitution of the Willows;" -This constitution indicated the responsibilities and expectations applied to both clients and staff in the house as indicated by their signatures and/or initials below the written constitution. Interviews on 2/4/20 with Clients #1, #2 and #3 revealed there were client restrictions at the house they lived in on campus which included: -Limited access to and participation in off-campus AA, NA and Co-Dependency Recovery meetings based on a lack of available staff to accompany clients to these meetings; therefore, client names were chosen from a hat; -Clients were required to give house staff a personal collateral (e.g., a hairpin) when checking out an electronic music device; -No makeup or hair care products were allowed that contained an alcohol ingredient; -Bedroom doors were required to stay opened based on a past client behavior; -Emails could not be composed before written on a sheet of paper and reviewed and approved by a client's primary therapist. Interview on 2/5/20 with a Team Lead Clinician revealed: -She became a Team Lead Clinician in 8/2019 from having worked 2 years prior as a Clinical Technician; -She was responsible for determining the daily staffing of Clinical Technicians (CTs) to client ratio, which was a minimum of 1 CTs to 4 clients; however, the number of CTs depended on the level safety watch clients were on; -The level of safety watches was assessed by each client's therapist and their level made a part	V 239		

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V 239	Continued From page 13 of their treatment plan; -Client medications were primarily given to the clients at the house in the morning and evening dosage times with 2 CTs designated as responsible medication staff; -Nicotine lozenges were prescribed PRN medication due to the "No Smoking" policy on campus; therefore, the CTs often brought clients their nicotine lozenges on "even hours" between group therapy sessions; -The lozenges were kept in individual plastic bags and labeled with a client's name, dose, dose amount, administration, and a paper MAR; -Client medication refusals and the reason(s) for refusal were documented by the designated CTs on written incident reports which were reviewed by various management staff which included herself as Team Lead Clinician, a Registered Nurse, or the Operations Manager who may have been on-call at the time a client refused a medication; -There were no client self-administration medication orders she knew of. Interviews on 2/4/20 and 2/6/20 with the Executive Director revealed: -2/4/20, There was no distinction between the day treatment and day activity program; -The day treatment program was run as a partial hospitalization program (PHP); -There was no license for the residential building but there was a plan to request a license for the new residence being built on campus; -She was not certain why the current residence, which had a 20-bed capacity, was not licensed unless it did not meet the required standards; -2/6/20, She thought the day treatment program could be operated as a PHP. Interviews on 2/5/20 and 2/6/20 with the facility	V 239		

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V 239	Continued From page 14 Compliance Officer revealed: 2/5/20, All clients who attended the day treatment program were required to live at the house on the facility's campus and all clients who lived at the house were required to attend the day treatment program; -She stated most of the clients came to the program from out of state and had nowhere else to live; -The current residential building where the clients lived was not a licensed facility and had not been licensed; -There was a new residence being built on the campus and license would be requested once the house was completed; 2/6/20, She would explore with the Licensee what license(s) the day treatment program and house needed to have.	V 239		
V 283	27G .5401 Day Activity - Scope 10A NCAC 27G .5401 SCOPE (a) Day activity is a day/night facility that provides supervision and an organized program during a substantial part of the day in a group setting to individuals who are mentally ill, developmentally disabled or have substance abuse disorders. (b) Participation may be on a scheduled or drop-in basis. (c) The service is designed to support the individual's personal independence and promote social, physical and emotional well-being through activities such as social skills development, leisure activities, training in daily living skills, improvement of health status, and utilization of community resources.	V 283		

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(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 283	Continued From page 16 Hospitalization program (PHP) with a required structured residential program and a need for 24-hour supervision; -There was no documentation on Clients #1, #2 or #3's records which indicated or referenced these clients as having received day activity services. Interviews on 2/4/20 with Clients #1, #2 and #3 revealed: -Each of these clients referred to the treatment program they were in as an inpatient program; -These clients understood that their participation in the individual and group treatment required each of them and each of their peers to reside in the house that was located on campus and owned by the Licensee. Interview on 2/4/20 with the Executive Director revealed: -There was no distinction between the day treatment and day activity program.	V 283		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse	V 536		

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V 536	Continued From page 17 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	V 536			

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V 536	Continued From page 18 and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the	V 536		

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V 536	Continued From page 19 course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers.	V 536			

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V 536	Continued From page 20 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 4 audited staff (Team Lead Clinician) was current in her formal annual training on restrictive interventions. The findings are: Review on 2/6/20 of the Team Lead Clinician's personnel record revealed: -Her written and signed job description dated 8/26/19 included her supervision of the clinical technicians who worked at the client house and at the day treatment program; -Her certification of her formal annual training on alternatives to restrictive interventions and restrictive interventions (therapeutic holds) had expired on 2/5/20. Interview on 2/5/20 with the Team Lead Clinician revealed: -She had worked at the facility for 2 years; -She began work as a Clinical Technician and was promoted to Team Lead Clinician in 8/2019; -She filled in as a clinical technician when needed to meet the daily minimum 4 clients to 1 staff ratio; -Safety Care was the alternative to restrictive intervention curriculum she was trained in annually under the Licensee; -This curriculum included the use of holds with a client only during a client crisis and as a last resort. Interview on 2/6/20 with the facility's certified Safety Care Training Instructor revealed: -He confirmed the Team Lead Clinician's certification in Safety Care had expired;	V 536	- <u>Correction:</u> Staff has attended recertification training. - <u>Prevention:</u> Staff will complete all required trainings prior before being released for work on campus. Employee annual reviews will include a review of all required trainings – review and/or pay increases will not take effect till employee is current on all trainings. - <u>Who will monitor:</u> HR Manager / Generalist will monitor the training roster and send out reminders of lapsing certifications to the appropriate managers and supervisors. - <u>How often:</u> The HR department will send monthly email reminders to staff supervisors.	2/27/2020 4/1/2020 4/1/2020 4/1/2020

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE WILLOWS AT RED OAK RECOVERY

**62 RACKING HORSE LANE
FLETCHER, NC 28732**

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V 536	Continued From page 21 -He would plan to ensure she was re-trained and re-certified as soon as possible.	V 536		

Red Oak Recovery
108 Executive Park
Asheville, NC, 28801
3/3/2020

DHSR - Mental Health
MAR 4 2020
Lic. & Cert. Section

To whom it may concern

Please disregard the corrective action response send previously on 3/2/2020 as it contained an error, during formatting a corrective action description incorrectly shifted to the wrong section of the survey report.

Please see the included document for the correct formatting of all corrective actions.

I apologize for any confusion and additional work this may have caused.

If you have any additional questions or desire clarification, please do not hesitate to reach out.

Thank you.

Sincerely,



Julia Hughes
Compliance Officer
828-318-0241