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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING MHL034-370 02/05/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1617 SOUTH HAWTHORNE ROAD WINSTON-SALEM COMPREHENSIVE TREATM WINSTON-SALEM, NC 27103 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An Annual and Follow-Up Survey was completed DHSR - Mental Health on February 5, 2020. A deficiency was cited. 9 2020 MAR This facility is licensed for the following service category: Lic. & Cert. Section - 10A NCAC 27G .3600: Outpatient Opioid Treatment The census as of February 5, 2020 was: - 226 in the Outpatient Opioid Treatment V 536 27E .0107 Client Rights - Training on Alt to Rest. V 536 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

Division of Health Service Regulation

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

STATE FORM

HMF211 Clina Duerte

3/3/10

6899

continuation street

Division of	of Health Service Re	egulation			DVO BATE	CURVEY	
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AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _			_	
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(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION	RECTION SHOULD BE	(X5) COMPLETE	
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		nine passing or failing the					
	course.	ner training must be completed					
	by each service or	ovider periodically (minimum					
	annually).	Cylical periodically (
	(f) Content of the	training that the service					
	provider wishes to	employ must be approved by				1	
	the Division of MH	I/DD/SAS pursuant to					
	Paragraph (g) of the	his Rule.					
		monstrate competence in the					
	following core area (1) knowled	ge and understanding of the					
	people being serv						
	(2) recogniz	zing and interpreting human					
	behavior:	_					
	(3) recogniz	zing the effect of internal and					
		s that may affect people with					
	disabilities;	on for building positive					
	(4) strategie	es for building positive persons with disabilities;					
	(5) recogniz	zing cultural, environmental an	d				
	organizational fac	ctors that may affect people wit	h				
	disabilities;						
	(6) recogniz	zing the importance of and					
		erson's involvement in making					
	decisions about the	neir lite; assessing individual risk for					
	(7) skills in escalating behavi						
	(8) commu	nication strategies for defusing	1				
	and de-escalating	g potentially dangerous behavi	or;				
	and						
	(9) positive	behavioral supports (providing	9				
	means for people	with disabilities to choose					
	activities which d	irectly oppose or replace					
	behaviors which	are unsare). iders shall maintain					
	documentation of	f initial and refresher training for	or				
	at least three year						
	(1) Docum	entation shall include:					

Division of Health Service Regulation STATE FORM

(1)

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING MHL034-370 02/05/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1617 SOUTH HAWTHORNE ROAD WINSTON-SALEM COMPREHENSIVE TREATM WINSTON-SALEM, NC 27103 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 536 Continued From page 3 V 536 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); when and where attended; and (B) (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. Coaches shall teach at least three times the course which is being coached. Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (I) Documentation shall be the same preparation as for trainers.

Division of Health Service Regulation

This Rule is not met as evidenced by:

to Restrictive Interventions.

The findings are:

Based on interview and records reviewed, the facility failed to ensure 3 (Counselor #1, the Clinical Supervisor and the Nurse Manager) of 4 audited staff, had current training on Alternatives Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ R B. WING 02/05/2020 MHL034-370 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1617 SOUTH HAWTHORNE ROAD WINSTON-SALEM COMPREHENSIVE TREATM WINSTON-SALEM, NC 27103 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 536 Continued From page 2 V 536 who participated in the training and the (A) outcomes (pass/fail); when and where they attended; and (B) instructor's name; (C) The Division of MH/DD/SAS may (2)review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: Trainers shall demonstrate competence (1) by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. The training shall be (3)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. The content of the instructor training the (4)service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. Acceptable instructor training programs (5)shall include but are not limited to presentation of: understanding the adult learner; (A) methods for teaching content of the (B) course; methods for evaluating trainee (C) performance; and documentation procedures. (D) Trainers shall have coached experience (6)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

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL034-370 B. WING 02/05/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1617 SOUTH HAWTHORNE ROAD WINSTON-SALEM COMPREHENSIVE TREATM WINSTON-SALEM, NC 27103 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 536 Continued From page 4 V 536 Review on 2-4-20 of the Nurse Manager 's personnel record revealed: - date of hire 5-20-19 - there was no record she had ever taken Training on Alternatives to Restrictive Interventions Review on 2-4-20 of Counselor #1 's personnel record revealed: - date of hire 4-4-19 - Training on Alternatives to Restrictive Interventions expired 9-28-19 Review on 2-4-20 of the Clinical Supervisor 's (CS) personnel record revealed: - date of hire 9-12-18 - Training on Alternatives to Restrictive Interventions expired 11-13-19 Interview on 2-5-20 with the CS revealed: - "I' m not certified to train" - "I can become a trainer" - "Acadia (licensee) didn ' t want to spend the money to send new hires around the state to other centers offering the training sooner." Interview on 2-5-20 with the Facility Director revealed: - "We ' re having that training in March (of 2020)" - "When I got here, they were orchestrating the training from Pinehurst, (NC) to schedule 5 different centers (to administer the training to staff)"

- "I reached out to her (the Regional Training

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ R 02/05/2020 B. WING MHL034-370 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1617 SOUTH HAWTHORNE ROAD WINSTON-SALEM COMPREHENSIVE TREATM WINSTON-SALEM, NC 27103 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 536 Continued From page 5 V 536 DHSR - Mental Health Coordinator) Monday when ya ' II came, but haven 't gotten a response." MAR 9 2020 - "I think they want to train everybody in one fell swoop" - she received an email communication Lic. & Cert. Section regarding training (from whom, not mentioned) and was told, "moving forward ..." but stated, "moving forward doesn 't help me right now." Further interview failed to reveal how newly hired staff would be trained, inabiling them to begin working with clients, so the facility could maintain compliance with state rules. This deficiency has been cited three (3) times since the original cite on December 12, 2018 and must be corrected within 30 days.

HMF211

Appendix 1-B: Plan of Correction Form

Plan of Correction

Please complete all requested information and email completed Plan of Correction form to:

Plans.Of.Correction@dhhs.nc.gov

	Winston Salem Comprehensive Treatment Center	Phone:	366-842-6980	
Person for follow-up:	1 amara Keister, Clinic Director	Fax:	366-842-6984	
		Email:	Tamara.keist	Tamara.keister@ctcprograms.com
Address:	1617 S Hawthorne Road			
	Winston Salem, NC		Provi	9: # MUI 024 270
Finding	Corrective Action Stens	D	MADIT	1 104 INTITO 34-2 / 0
V 536 27E .0107 Client Rights - Training	Safety Care Training was completed by internal trainer on 2/2/2020	Kespons	Kesponsible Party	Time Line
on Alt to Rest.	at WSCTC. Safety care is a 6 hour crisis intervention training.	Tamara Keister ,Clinic Director	er ,Clinic	Implementation Date: 02/03/2020
10A NCAC 27E .0107 TRAINING ON	receive training prior to direct patient contact.			
ALTERNATIVES TO RESTRICTIVE INTERVENTIONS	All employees will recertify annually and within 30 days of their Training expiration date.			03/03/2020
(a) Facilities shall implement policies and				
practices that emphasize the use of alternatives				
to restrictive interventions.				
(b) Prior to providing services to people with	DHSR - Mental Health			
disabilities, staff including service				
providers,	MAR 9 2020			
employees, students or volunteers, shall				
demonstrate competence by successfully completing training in communication	Lic. & Cert. Section			
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				

e service	(f) Content of the training that the
e service	(t) Content of the training that the
be	provider wishes to employ must
be	provider wishes to employ must be
e service	(I) Content of the training that the
e service	(f) Content of the training that the service
	(f) Content of the training that the
	annually).
	(minimum
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	completed
st be	(e) Formal refresher training must be
	course.
or railing	the
ige 1 V 536	methods to determine passing or failing
nd	behavior) on those objectives and
	observation of
Jectives, by	measurable testing (written and by
	based,
tency-	(d) The training shall be competency-
	on data
ey acted	compliance and demonstrate they acted
	internal

(7) skills in assessing individual risk for		
escalating behavior;		
and de-escalating potentially dangerous		
and and		
(9) positive behavioral supports (providing means for people with disabilities to		
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: Continued From page 2 V 536		
(A) who participated in the training and the		
outcomes (pass/fail); (B) when and whose they attended to the	77	
(C) instructor's name;		
review/request this documentation at any time.		
(i) Instructor Qualifications and Training		
(1) Trainers shall demonstrate		
by scoring 100% on testing in a training		
program		1 11 - 1
aimed at preventing, reducing and eliminating the		
need for restrictive interventions.		
(∠) I rainers shall demonstrate competence		
by scoring a passing grade on testing in an		
instructor training program. (3) The training shall be		
competency-based, include measurable		
objectives, measurable testing (written and by		
observation of behavior) on those		
measurable methods to determine		

outcomes (pass/fail); (B) when and where attended; and (C) instructor's name.	training for at least three years. (1) Documentation shall include: (A) who participated in the training and the	(j) Service providers shall maintain documentation of initial and refresher instructor	annually. (8) Trainers shall complete a refresher instructor training at least every two years.	need for restrictive interventions at least once	(7) Trainers shall teach a training program Continued From page 3 V 536 aimed at preventing, reducing and eliminating the	interventions at least one time, with positive	reducing and eliminating the need for restrictive	teaching a training program aimed at	(D) documentation procedures. (6) Trainers shall have coached	(C) methods for evaluating trainee	(A) understanding the adult learner; (B) methods for teaching content of the	shall include but are not limited to presentation of:	to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training	service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant	failing the course. (4) The content of the instructor training the

								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. (I) Documentation shall be the same preparation as for trainers.
Projected Completion Date:	Implementation Date:							

Training Session Report

Organization		
Acadia Healthcare		
Type Initial/ M ixed		
Finalized Yes		
Training Dates 03/03/20 - 03/03/20		
Courses		
Safety-Care (v6)		
T		
Trainers		
Jessica Tighe		
Specialists		
Name	Grade	Restrictions
Harley Murphy	Pass	Protective Shuffle, Shoulder Check, Wrist Release, Stripping a Grab, Front Hair Pull Release, Front Choke Release, Bite Release, Complex Grab Situations, Safe Use of Physical Management, 1-Person Stability Hold, 2-Person Stability Hold, Floor Drop Transition, Floor Seated Stability Hold, Forward Transport, Reverse Transport, Chair Stability Hold, Leg Wrap, Release, Recovery, Debriefing, Data Collection and Analysis, Review, Role Plays
Rhonda Shepherd	Pass	Protective Shuffle, Shoulder Check, Wrist Release, Stripping a Grab, Front Hair Pull Release, Front Choke Release, Bite Release, Complex Grab Situations, Safe Use of Physical Management, 1-Person Stability Hold, 2-Person Stability Hold, Floor Drop Transition, Floor Seated Stability Hold, Forward Transport, Reverse Transport, Chair Stability Hold, Leg Wrap, Release, Recovery, Debriefing, Data Collection and Analysis, Review, Role Plays
Anna Lohr	Pass	Protective Shuffle, Shoulder Check, Wrist Release, Stripping a Grab, Front Hair Pull Release, Front Choke Release, Bite Release, Complex Grab Situations, Safe Use of Physical Management, 1-Person Stability Hold, 2-Person Stability Hold, Floor Drop Transition, Floor Seated Stability Hold, Forward

Name	Grade	Restrictions
Name		Transport, Reverse Transport, Chair Stability Hold, Leg Wrap, Release, Recovery, Debriefing, Data Collection and Analysis, Review, Role Plays
Sholnta Gandy	Pass	Protective Shuffle, Shoulder Check, Wrist Release, Stripping a Grab, Front Hair Pull Release, Front Choke Release, Bite Release, Complex Grab Situations, Safe Use of Physical Management, 1-Person Stability Hold, 2-Person Stability Hold, Floor Drop Transition, Floor Seated Stability Hold, Forward Transport, Reverse Transport, Chair Stability Hold, Leg Wrap, Release, Recovery, Debriefing, Data Collection and Analysis, Review, Role Plays
Stephen Ball	Pass	Protective Shuffle, Shoulder Check, Wrist Release, Stripping a Grab, Front Hair Pull Release, Front Choke Release, Bite Release, Complex Grab Situations, Safe Use of Physical Management, 1-Person Stability Hold, 2-Person Stability Hold, Floor Drop Transition, Floor Seated Stability Hold, Forward Transport, Reverse Transport, Chair Stability Hold, Leg Wrap, Release, Recovery, Debriefing, Data Collection and Analysis, Review, Role Plays
Chenoa Brown	Pass	Protective Shuffle, Shoulder Check, Wrist Release, Stripping a Grab, Front Hair Pull Release, Front Choke Release, Bite Release, Complex Grab Situations, Safe Use of Physical Management, 1-Person Stability Hold, 2-Person Stability Hold, Floor Drop Transition, Floor Seated Stability Hold, Forward Transport, Reverse Transport, Chair Stability Hold, Leg Wrap, Release, Recovery, Debriefing, Data Collection and Analysis, Review, Role Plays
Tamara Keister	Pass	Protective Shuffle, Shoulder Check, Wrist Release, Stripping a Grab, Front Hair Pull Release, Front Choke Release, Bite Release, Complex Grab Situations, Safe Use of Physical Management, 1-Person Stability Hold, 2-Person Stability Hold, Floor Drop Transition, Floor Seated Stability Hold, Forward Transport, Reverse Transport, Chair Stability Hold, Leg Wrap, Release, Recovery, Debriefing, Data Collection and Analysis, Review, Role Plays
Regina Johnson	Pass	Protective Shuffle, Shoulder Check, Wrist Release, Stripping a Grab, Front Hair Pull Release, Front Choke Release, Bite Release, Complex Grab Situations, Safe Use of Physical Management, 1-Person Stability Hold, 2-Person Stability Hold, Floor Drop Transition, Floor Seated Stability Hold, Forward Transport, Reverse Transport, Chair Stability Hold, Leg Wrap, Release, Recovery, Debriefing, Data Collection and Analysis, Review, Role Plays
		Protective Shuffle, Shoulder Check, Wrist Release, Stripping a Grab, Front Hair Pull Release, Front Choke Release, Bite Release, Complex Grab