Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-169	A. BUILDING: _____ B. WING _____	R 06/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHLIGHT HEALTHCARE-GARNER ROAD	2101 GARNER ROAD RALEIGH, NC 27610

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V 000	INITIAL COMMENTS A Complaint, Annual and Follow Up Survey was completed June 29, 2021. The complaint was substantiated (Intake #NC00177573). Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .3600 Outpatient Opioid Treatment; 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders; 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program (SAIOP). The census of this facility is 543.	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	V 112	SouthLight has developed a training in Person Centered Planning and goal development. In addition, a new orientation process is being developed by the Clinical Director, for new counselors with oversight by the lead counselor and Program Director. • All counselors have been assigned the Person Centered training in Relias. Relias will provide reminders to staff, supervisors, and human resources when trainings are due.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Quality Mgr 7-23-2021

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V 112	Continued From page 1 (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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure 1 of 27 audited client's (#8) treatment plan was developed based on the assessment of client needs. The findings are: Review on 6/28/21 of client #8's record revealed: -Admission: 4/30/07 -Diagnoses: Opioid Disorder, Depression, Attention Deficit Disorder and Anxiety -Assessment completed 4/30/07 -Treatment plan dated 5/13/21 listed one goal to refinish remodeling her home. No goals related to substance use disorder treatment. The treatment plan was developed by staff #7. Unsuccessful attempt made on 6/29/21 to interview staff #7 who served as the counselor for client #8. Interview on 6/29/21 staff #5 stated: -As of 07/01/21, she would serve as the Lead Counselor. Part of her job duties included oversight of other counselors -She would also be responsible for a caseload when counselors were out long term. -Staff #7 was not avaliable for interview as	V 112	• Counselors are in the process of reviewing their caseloads to ensure that PCP goals are Specific to their recovery, Measurable, Achievable, Relevant, and Time Limited. • Peer Reviews are ~~being~~ conducted quarterly by the Lead Counselor to review charts. Action plans will be completed by the counselors within 2 weeks of any findings.	

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V 112	Continued From page 2 she had taken time off. Interview on 6/28/21 the Quality Manager stated: -The treatment plan should reference goals for substance use -She would address the issue with the counselors This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		
V 233	27G .3601 Outpt. Opiod Tx. - Scope 10A NCAC 27G .3601 SCOPE (a) An outpatient opioid treatment facility provides periodic services designed to offer the individual an opportunity to effect constructive changes in his lifestyle by using methadone or other medications approved for use in opioid treatment in conjunction with the provision of rehabilitation and medical services. (b) Methadone and other medications approved for use in opioid treatment are also tools in the detoxification and rehabilitation process of an opioid dependent individual. (c) For the purpose of detoxification, methadone and other medications approved for use in opioid treatment shall be administered in decreasing doses for a period not to exceed 180 days. (d) For individuals with a history of being physiologically addicted to an opioid drug for at least one year before admission to the service, methadone and other medications approved for use in opioid treatment may also be used in maintenance treatment. In these cases, methadone and other medications approved for use in opioid treatment may be administered or dispensed in excess of 180 days and shall be administered in stable and clinically established	V 233	SouthLight is in the process of revising all of our policies and procedures. The revised policies will be shared with all staff and reviewed during supervision and staff meetings to ensure consistent application of the policies. • When a patient or PDMP notifies of medications prescribed externally, an ROI is completed with the patient by either the provider or the counselor. • This ROI is given to the Supervising Nurse. The Supervising Nurse will fill out a Coordination of Care Request with the patient's name,	

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V 233	Continued From page 3 dosage levels. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide opioid treatment in conjunction with the medical services affecting 6 of 27 audited clients (#1, #2, #7, #8, #21 & #28). The findings are: A. Review on 6/28/21 of client #21's record revealed -Admission: 8/12/20 -Diagnoses: Severe Opioid Use Disorder, Moderate Stimulant Use Disorder and Severe Cannabis Use Disorder Review on 6/27/21 of client #21's treatment plan revealed: -Release of consent to coordinate care with the local hospital was signed 6/20/21 Interview on 6/27/21 client #21 stated: -He had shared with a counselor about cancer diagnosis -There was a change in counselors, did not know if information was shared -Had seen the facilities doctor for a physical B. Review on 6/28/21 of client #28's record revealed: -Admission: 11/29/17 -Diagnosis: Severe Opioid Use Disorder Interview on 6/27/21 client #28 stated: -Counselor was aware of positive HIV (Human Immunodeficiency Virus) diagnosis -He was seen by doctors at the Local Public	V 233	DOB, medication given by SL along with the dose. The second page of the attachment is also sent to the external prescriber to acknowledge receipt of the request as well as discuss medications they are prescribing for the patient. This attachment along with the ROI is faxed to the outside prescriber's office. • The Supervising nurse scans and uploads to the patient's chart the Coordination of Care Request form. • When the response is received from the external provider, a 'Note to Chart' is entered indicating the date the request was sent, the date the response was received, and the specific medications prescribed. • The Supervising nurse will track the requests and responses.	

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V 233	Continued From page 4 Health Center ID (infectious disease) clinic Interview on 6/29/21 the Nurse Practitioner stated: -Was working on a provider coordination project -Aware that no documentation was received from other medical doctors - Facilities doctor previously faxed a memo to other medical doctors to inform them of a client that was enrolled at Southlight Healthcare-Garner Road, with no other communication -No confirmation or documentation when medical doctor's received the enrollment letter. C. Review on 6/28/21 of client #1's record revealed: -Admission: 4/24/19 -Diagnosis: Severe Opioid Use Disorder -Medical note dated 5/26/21 referenced diagnoses of Hypertension and Diabetes -No evidence to show the facility coordinated with other medical service providers to determine if medications utilized for the treatment of Hypertension and Diabetes were contraindicators with Methadone as a treatment modality. -No evidence to determine if Hypertension and Diabetes were controlled by diet and exercise D. Review on 6/28/21 of client #2's record revealed: -Admission: 1/8/20 -Diagnoses: Severe Opioid Use Disorder, Mild Cannabis Use, Major Despressive Disorder and Anxiety Disorder -Assessment dated 1/8/20 listed medical diagnoses of Depression, Diabetes and Hypertension. Listed were the following medications prescribed by the Primary Care Physician:	V 233		

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V 233	Continued From page 5 Metformin (used to treat Diabetes) Lisinopril (used to treat Hypertension) "Insulin" (used to treat Diabetes) -No evidence the facility coordinated with other medical services regarding prescribed medications in conjunction with Methadone as a treatment modality. Interview on 6/29/21 staff #3 stated: -Had been client #2's counselor since November 2020 -In April 2021, she spoke with him regarding his medications and updating his medication list. He indicated he obtained his refills from his primary care physician. Phone contact with his primary care physician yielded he had not been seen by the primary care physician in a while. He had informed the primary care physician's office his refills were being handled by the physician at this clinic. Per the clinic's physician, this was inaccurate. Staff #3 did not recall the outcome and did not have notes to reflect her recollection of events. -Copies of prescribed medications should be noted in the client's record E. Review on 6/28/21 of client #7's record revealed: -Admission: 3/4/20 -Diagnoses: Severe Opioid Use Disorder, Stimulant Use, Schizophrenia and Attention Deficit Hyperactivity Disorder -Assessment dated 1/7/20 listed medical diagnoses of possible Hepatitis C. Other prescribed medications listed were as follows: Zyprexa (used to treat mental disorders) Trazadone (used to treat depression) Gabapentin (used to relieve nerve pain) HCTZ (used to treat hypertension and fluid retention)	V 233		

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V 233	Continued From page 6 -No evidence the facility coordinated with other medical services regarding prescribed medications in conjunction with Methadone as a treatment modality. F. Review on 6/28/21 of client #8's record revealed: -Admission: 4/30/07 -Diagnoses: Opioid Disorder, Anxiety and Depression -Medical examination dated 12/7/20 listed Toporol (used to treat hypertension) prescribed by her primary care physician -No evidence the facility coordinated with other medical services regarding prescribed medications in conjunction with Methadone as a treatment modality. Interview on 6/28/21 the Quality Manager stated: -For medications prescribed by physician's outside of this Opioid Treatment Program, counselors should request copies of the orders and load to the computer system. -There had been new counselors hired by the facility which could be a factor in the oversight. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 233		
V 236	27G .3603 (D) Outpt. Opiod Tx. - Staff 10A NCAC 27G .3603 STAFF (d) Each facility shall have staff to provide or secure the following services: (1) individual, group or family therapy for each client; (2) educational counseling; (3) vocational counseling; (4) job development and placement;	V 236	**The OTP has had turnover in the past few months. Four new counselors have been hired stabilizing our staffing complement. -A continuous job posting for OTP counselors remains in place to ensure full staffing.**	

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V 236	Continued From page 7 (5) money management; (6) nutrition education; and (7) referrals to supportive services including Alcoholics Anonymous, Narcotics Anonymous, legal counseling, vocational training and placement. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 9 of 29 audited clients (#1, #2, #3, #4, #6, #9, #12, #13, #18) received the required services from staff. The findings are: A. Review on 6/28/21 of client #1's record revealed: -Admission: 4/24/19 -Diagnosis: Severe Opioid Use Disorder -Assigned Counselor: staff #1 -Six Urinary Drug screens (UDS) conducted between 3/11/21 and 6/7/21 with multiple positive results for illicit drugs that ranged from Alcohol, Fentanyl, Cocaine and Marijuanna (THC) -Last counselor note dated 2/2/21. No other counselor notes to address positive UDS -5/26/21 note from the facility's Medical Provider indicated a denial of illicit drug use Interview on 6/28/21 client #1 stated he: -Had some positive UDS. -Met with his counselor last week and discussed deaths in his family. -April and May he spoke with his counselor over the phone. -His counselor had been out on maternity leave B. Review on 6/28/21 of client #2's record	V 236	• A comprehensive orientation process is being developed by the Clinical Director, for new counselors which includes but is not limited to: being assigned to a clinician to shadow for 2 weeks upon hire; a review of policies and procedures used in the OTP, specifically the Urine Toxicology Screen, which should be reviewed prior to patient sessions. • OTP counselors will review drug screens before each session with a client. • OTP clients will meet with their counselor twice monthly until they earn 5 take homes. At that point, they can meet with their counselor monthly. • Southlight is transitioning to a new	

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V 236	Continued From page 8 revealed: -Admission: 1/8/20 -Diagnoses: Severe Opioid Use Disorder, Mild Cannabis Use, Major Depressive Disorder and Anxiety Disorder. -Assigned Counselor: staff #3 -Seven UDS conducted between 3/3/21 and 6/16/21 with multiple positive results for illicit drugs that ranged from Alcohol, Fentanyl, Cocaine, Methamphetamine, Gabapentin and THC -No counselor notes for May or June that addressed positive UDS Interview on 6/28/21 client #2 stated: -Saw or spoke with his counselor (staff #3) monthly -Counselor discussed his issue with housing -UDS were conducted randomly monthly Interview on 6/29/21 staff #3 stated: -Worked at the facility since 11/2020 -Due to COVID (Coronavirus), the facility utilized Telehealth as a means of communication with clients. -Only in person with client #2 was 6/22/21 when she happened to be at the clinic. -A staff at the clinic informed her client #2 threw coffee at a staff because he was upset. -She had not discussed his UDS with him. -She was aware she was to meet with clients at least monthly C. Review on 6/28/21 of client #6's record revealed: -Admission: 2/21/18 -Diagnoses: Severe Opioid Use Disorder, Depression and Reaction to Unspecified Stress and Trauma Disorder -Assigned Counselor: staff #8	V 236	EMR which will allow clinicians to efficiently track their individual caseloads.	

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V 236	Continued From page 9 -Seven UDS conducted between 3/11/21 and 6/9/21 with multiple positive results for illicit drugs that ranged from Alcohol, Fentanyl, Morphine and Tramadol -4/30/21 counselor note addressed the dangers of drugs and alcohol together. No counselor notes for May or June that addressed positive UDS D. Review on 6/28/21 of client #9's record revealed: -Admission: 11/23016 -Diagnoses: Opioid Use Disorder and Cocaine Stimulant Use -Assigned Counselor: staff #2 -No counselor notes between 3/1/21-6/28/21 E. Review on 6/28/21 of client #3's record revealed: -Admission: 5/27/21 -Diagnoses: Severe Opioid Use Disorder, Bipolar I and Post Traumatic Stress Disorder -Assigned Counselor: staff #2 -No counselor notes between 5/27/21-6/28/21 Interview on 6/28/21 client #3 stated she: -Resided at a program for women and children -Did not know the name of her Opioid Treatment Program (OTP) counselor -Met the counselor the first day but no contact had been made since then -Attended groups and utilized the services at her residential program when needed F. Review on 6/28/21 of client #4's record revealed: -Admission: 6/8/21 -Diagnoses: Severe Opioid Use Disorder, Bipolar I, Severe Stimulant Use Disorder,	V 236		

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V 236	Continued From page 10 Borderline Personality Disorder and Autism Spectrum (Asperger's) Disorder -Assigned Counselor: staff #2 -No counselor notes present from 6/8/21 admission Interview on 6/28/21 client #4 stated: -Had not spoken to or seen her OTP counselor since admission. -Utilized the counselor at her residential program if she needed assistance. G. Review on 6/28/21 of client #12's record revealed: -Admission: 2/5/21 -Diagnosis: Severe Opioid Use Disorder Review of client #12's record revealed: -UDS's completed from 3/3/21-6/7/21 with multiple positives of Alcohol, Fentanyl, Cocaine, Norphinal, Amphetamine and Methamphetamine. -No counselor note present from admission until 6/8/21. Interview on 6/28/21 client # 12 stated: -Enrolled for four months. -Just saw a counselor a few weeks ago. -Her counselor was staff #10. Interview on 6/29/21 staff #10 stated: -Started working at the facility on 5/17/21. -Client #12 was assigned to him a few weeks ago. -Had not reviewed her UDS or discussed them with her. -"I guess that would make sense to discuss those with clients." -There was "blurry communication" and not told specific things to do when he started. -At orientation and "on boarding" its so much	V 236		

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V 236	Continued From page 11 information. -Had only made contact to introduce himself and make a referral to another program. H. Review on 6/28/21 of client #13's record revealed: -Admission: 2/21/18 -Diagnoses: Severe opioid disorder, generalized anxiety disorder, Benzodiazepine use disorder moderate or severe -Five UDS completed from 5/17/21 and 6/21/21 with a couple of positive results for illicit drugs to include; benzodiazepine and Klonopin (not prescribed) -Lapse in counseling from 3/1/21 - 6/9/21 -Counseling note dated 6/17/21 for reinstatement back into the program Interview on 6/28/21 client #13 reported: -Enrolled in program for 5 years -Didn't know his counselor's name because she was new -Last drug screen was positive for benzodiazepine Interview on 6/29/21 staff #2 reported: -Employed just under 3 months,"maybe second week of Aprl." -Client #13 was added to her caseload in May 2021 -Had only met with client #13 once on 6/17/21 when he was reinstated -She was not sure if there was somnething stating when to first contact a new client that's been added to someones caseload. -No other appointments scheduled to see client I. Review on 6/28/21 of client #18's record revealed:	V 236		

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V 236	Continued From page 12 -Admission: 9/28/20 -Diagnoses: Severe opioid disorder, Bipolar I with psychotic features and Post Traumatic Stress Disorder (PTSD) -Five UDS completed from 4/16/21 and 6/21/21 with all positive results for illicit drugs including: amphetamines, opioid's, Fentanyl, Methamphetamine's, and morphine -No counselor notes to address positive UDS Interview on 6/28/21 client #18 reported: -Enrolled in program about five to six months -All UDS were positive -Every two or three days she used illicit drugs -Had not met with a counselor since she started the program -No one had spoken with her about her UDS Interview on 6/29/21 staff #3 reported: -She was resigning July 9th -Never had a face to face session with client #18 -She thought client #18 was transferred to another counselor -She wasn't sure how or when client #18 was put back on her caseload -She spoke with client #18 on 6/28/21 about her resigning -"She forgot I was her counselor during our June conversation" Interview on 6/29/21 staff #10 reported: -Employed 5/17/21 -Was not clear on the process of speaking with clients about UDS since he just started -He was assigned clients when he first started but was never told anything about the clients -Never made aware to look at previous notes or drug screens before he met with a client	V 236		

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V 236	Continued From page 13 -Another staff advised him that client #18 was at the facility today if he wanted to meet her -Met with client #18 today for a brief introduction only -Had not looked over client #18's record to know about the multiple positive UDS -He did not make another appointment with client #18 Interview on 06/28/21 staff #5 stated: -She served as one of two lead counselors and provided oversight of other counselors -Staff #1 and Staff #8 since were both on medical leave	V 236		
V 238	27G .3604 (E-K) Outpt. Opiod - Operations 10A NCAC 27G .3604 OUTPATIENT OPIOD TREATMENT. OPERATIONS. (e) The State Authority shall base program approval on the following criteria: (1) compliance with all state and federal law and regulations; (2) compliance with all applicable standards of practice; (3) program structure for successful service delivery; and (4) impact on the delivery of opioid treatment services in the applicable population. (f) Take-Home Eligibility. Any client in comprehensive maintenance treatment who requests unsupervised or take-home use of methadone or other medications approved for treatment of opioid addiction must meet the specified requirements for time in continuous treatment. The client must also meet all the requirements for continuous program compliance and must demonstrate such compliance during the specified time periods immediately preceding	V 238	Dual enrollment is processed within Lighthouse. All OTP participants are entered into the Lighthouse system. SouthLight is alerted if anyone is enrolled in another program. • At intake, OTP participants are entered into the Lighthouse system. • The Lighthouse system is checked daily by the OTP Intake Coordinator.	

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V 238	Continued From page 14 any level increase. In addition, during the first year of continuous treatment a patient must attend a minimum of two counseling sessions per month. After the first year and in all subsequent years of continuous treatment a patient must attend a minimum of one counseling session per month. (1) Levels of Eligibility are subject to the following conditions: (A) Level 1. During the first 90 days of continuous treatment, the take-home supply is limited to a single dose each week and the client shall ingest all other doses under supervision at the clinic; (B) Level 2. After a minimum of 90 days of continuous program compliance, a client may be granted for a maximum of three take-home doses and shall ingest all other doses under supervision at the clinic each week; (C) Level 3. After 180 days of continuous treatment and a minimum of 90 days of continuous program compliance at level 2, a client may be granted for a maximum of four take-home doses and shall ingest all other doses under supervision at the clinic each week; (D) Level 4. After 270 days of continuous treatment and a minimum of 90 days of continuous program compliance at level 3, a client may be granted for a maximum of five take-home doses and shall ingest all other doses under supervision at the clinic each week; (E) Level 5. After 364 days of continuous treatment and a minimum of 180 days of continuous program compliance, a client may be granted for a maximum of six take-home doses and shall ingest at least one dose under supervision at the clinic each week; (F) Level 6. After two years of continuous treatment and a minimum of one year of	V 238		

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V 238	Continued From page 15 continuous program compliance at level 5, a client may be granted for a maximum of 13 take-home doses and shall ingest at least one dose under supervision at the clinic every 14 days; and (G) Level 7. After four years of continuous treatment and a minimum of three years of continuous program compliance, a client may be granted for a maximum of 30 take-home doses and shall ingest at least one dose under supervision at the clinic every month. (2) Criteria for Reducing, Losing and Reinstatement of Take-Home Eligibility: (A) A client's take-home eligibility is reduced or suspended for evidence of recent drug abuse. A client who tests positive on two drug screens within a 90-day period shall have an immediate reduction of eligibility by one level of eligibility; (B) A client who tests positive on three drug screens within the same 90-day period shall have all take-home eligibility suspended; and (C) The reinstatement of take-home eligibility shall be determined by each Outpatient Opioid Treatment Program. (3) Exceptions to Take-Home Eligibility: (A) A client in the first two years of continuous treatment who is unable to conform to the applicable mandatory schedule because of exceptional circumstances such as illness, personal or family crisis, travel or other hardship may be permitted a temporarily reduced schedule by the State authority, provided she or he is also found to be responsible in handling opioid drugs. Except in instances involving a client with a verifiable physical disability, there is a maximum of 13 take-home doses allowable in any two-week period during the first two years of continuous treatment. (B) A client who is unable to conform to the	V 238		

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V 238	Continued From page 16 applicable mandatory schedule because of a verifiable physical disability may be permitted additional take-home eligibility by the State authority. Clients who are granted additional take-home eligibility due to a verifiable physical disability may be granted up to a maximum 30-day supply of take-home medication and shall make monthly clinic visits. (4) Take-Home Dosages For Holidays: Take-home dosages of methadone or other medications approved for the treatment of opioid addiction shall be authorized by the facility physician on an individual client basis according to the following: (A) An additional one-day supply of methadone or other medications approved for the treatment of opioid addiction may be dispensed to each eligible client (regardless of time in treatment) for each state holiday. (B) No more than a three-day supply of methadone or other medications approved for the treatment of opioid addiction may be dispensed to any eligible client because of holidays. This restriction shall not apply to clients who are receiving take-home medications at Level 4 or above. (g) Withdrawal From Medications For Use In Opioid Treatment. The risks and benefits of withdrawal from methadone or other medications approved for use in opioid treatment shall be discussed with each client at the initiation of treatment and annually thereafter. (h) Random Testing. Random testing for alcohol and other drugs shall be conducted on each active opioid treatment client with a minimum of one random drug test each month of continuous treatment. Additionally, in two out of each three-month period of a client's continuous treatment episode, at least one random drug test	V 238		

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V 238	Continued From page 17 will be observed by program staff. Drug testing is to include at least the following: opioids, methadone, cocaine, barbiturates, amphetamines, THC, benzodiazepines and alcohol. Alcohol testing results can be gathered by either urinalysis, breathalyzer or other alternate scientifically valid method. (i) Client Discharge Restrictions. No client shall be discharged from the facility while physically dependent upon methadone or other medications approved for use in opioid treatment unless the client is provided the opportunity to detoxify from the drug. (j) Dual Enrollment Prevention. All licensed outpatient opioid addiction treatment facilities which dispense Methadone, Levo-Alpha-Acetyl-Methadol (LAAM) or any other pharmacological agent approved by the Food and Drug Administration for the treatment of opioid addiction subsequent to November 1, 1998, are required to participate in a computerized Central Registry or ensure that clients are not dually enrolled by means of direct contact or a list exchange with all opioid treatment programs within at least a 75-mile radius of the admitting program. Programs are also required to participate in a computerized Capacity Management and Waiting List Management System as established by the North Carolina State Authority for Opioid Treatment. (k) Diversion Control Plan. Outpatient Addiction Opioid Treatment Programs in North Carolina are required to establish and maintain a diversion control plan as part of program operations and shall document the plan in their policies and procedures. A diversion control plan shall include the following elements: (1) dual enrollment prevention measures that consist of client consents, and either	V 238		

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V 238	Continued From page 18 program contacts, participation in the central registry or list exchanges; (2) call-in's for bottle checks, bottle returns or solid dosage form call-in's; (3) call-in's for drug testing; (4) drug testing results that include a review of the levels of methadone or other medications approved for the treatment of opioid addiction; (5) client attendance minimums; and (6) procedures to ensure that clients properly ingest medication. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure 2 of 29 audited clients (#5 and #12) were not dually enrolled within a 75-mile radius of the program. The findings are: A. Review on 6/28/21 and 6/29/21 of client #5's record revealed: -Diagnosis: Severe Opioid Use Disorder -Intake assessment dated 6/7/21 -Admission Date and first Dosage at the Opioid Treatment Program (OTP): 6/21/21 -No evidence of Dual Enrollment Prevention prior to 6/29/21 B. Review on 6/28/21 of client #12's record revealed: -Admission: 2/5/21 -Diagnosis: Severe Opioid Use Disorder -Date of first dosage at the OTP: 2/12/21 -Dual Enrollment was completed on 3/15/21	V 238		

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V 238	Continued From page 19 Interview on 6/29/21 the Senior Director of OTP stated: -In 2018, the agency partnered with statewide electronic database system "Lighthouse" to input clients information to prevent dual enrollment. The system would alert if a client was enrolled in another OTP. -Agency policy was dual enrollment should be completed prior to dosing of Opioid -Client #5 was not enrolled into this OTP until he dosed on 6/21/21. -Dual Enrollment for client #5 should have been checked prior to 6/29/21 -She was not sure why the dual enrollment had not been completed prior to his dosing at the OTP. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 238		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training	V 536	We have an in-house trainer for CPI Verbal Intervention. This course presents a series of skills participants need for verbally intervening when encountering individuals in crisis situations. • Training of all opioid treatment program staff was completed July 22nd. • New staff and interns will receive the training in orientation.	

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V 536	Continued From page 20 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	V 536	• Program Directors and Lead Counselors are in the process of reviewing all personnel training to ensure all required training has been completed. • Human Resources will use Relias to track the in-house training in CPI with a completion and expiration date. Relias will provide reminders to staff, supervisors, and human resources when trainings are due.	

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V 536	Continued From page 21 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 course; (C) methods for evaluating trainee performance; and	V 536		

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V 536	Continued From page 22 (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 23 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 10 audited staff (#1) had an annual formal refresher training and 4 of 10 audited staff (#2, #5, #6, #7) had training in Alternative to Restrictive Interventions prior to providing services. The findings are: Interview on 6/29/21 the Quality Manager stated they use Crisis Prevention Intervention (CPI) for their Alternative to Restrictive Interventions for staff training. A. Review on 6/29/21 of staff #1's record revealed: -Hire date of 10/15/18 -CPI dated 6/12/19 B. Review on 6/29/21 of staff #2's record revealed: -Hire date of 4/12/21 -CPI not completed C. Review on 6/29/21 of staff #5's record revealed: -Hire date of 7/10/19 -CPI not completed D. Review on 6/29/21 of staff #6's record revealed: -Hire date of 2/1/21 - CPI not completed E. Review on 6/29/21 of staff #7's record revealed: -Hire date of 12/14/20 - CPI not completed F. Interview on 6/29/21 staff #10 reported:	V 536		

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V 536	Continued From page 24 -Hire date of 5/17/21 -Has not had CPI training -He mentioned not having CPI training to his direct supervisor and human resources but has not heard anything back This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 536		