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V 000	INITIAL COMMENTS An annual and complaint survey was completed on 7/20/21. One complaint was substantiated (NC00177621) and one complaint was unsubstantiated (NC00176684). Deficiencies were cited. The facility is licensed for the following service categories: 10A NCAC 27G .3100 Non-hospital Medical Detoxification for Individuals who are Substance Abusers and 10A NCAC 27G .3300 Outpatient Detoxification for Substance Abuse.	V 000		
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care	V 107		

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V 107	Continued From page 1 Personnel Registry. (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying. (d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided. (e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure a written job description was maintained affecting 1 of 6 audited staff (Staff #4/Licensed Practical Nurse) and failed to ensure a file was maintained for each contract personnel indicating training, experience, and other qualifications for the position affecting 1 of 1 audited contract personnel (Contract Personnel #1). The findings are: Interview on 7/7/21 with the Program Director and attempted review on 6/17/21 and 7/7/21 of Staff #4/Licensed Practical Nurse's record revealed: -Hired 3/8/21;	V 107		

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V 107	Continued From page 2 -Employed as a Licensed Practical Nurse; -When asked for a copy of Staff #4's job description, the Program Director revealed there was no job description available for review. Interview on 6/17/21 with the Human Resources Administrator and attempted review of Contract Personnel #1's record revealed: -There was no record available for review; -When asked about details regarding Contract Personnel #1's job responsibilities, training, experience, and qualifications, the Human Resources Administrator revealed Contract Personnel #1 worked as a Behavioral Health Technician. There were no records maintained on Contract Personnel #1 as she was not an employee of the facility but was contracted personnel provided through a contracted healthcare personnel agency. Review on 7/9/21 of email correspondence from the Program Director dated 7/7/21 revealed: -The facility had used six different contracted healthcare personnel agencies from 1/1/21 through 6/30/21, supplying a total of 27 contracted staff. Interview on 6/29/21 with the Vice President of Operations revealed: -No longer using contracted healthcare personnel agencies to provide staffing for the facility. Interviews during the exit conference conducted on 7/20/21 with the Program Director, Nurse Practitioner, Vice President of Operations, Vice President of Clinical Services and Quality Management, and Executive Vice President revealed: -The Vice President of Operations revealed additional onboarding of new staff continued	V 107		

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V 107	Continued From page 3 resulting in the facility not being as reliant on contract staff; -The Executive Vice President revealed all staff, including those from contracted healthcare personnel agencies, will have the necessary training, experience, qualifications, and job descriptions prior to working in the facility. The deficiency is cross referenced into 10A NCAC 27G .3101 Scope (V218) for a Type A1 rule violation and must be corrected within 23 days.	V 107		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross,	V 108		

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V 108	Continued From page 4 the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure all staff received training in general organizational orientation, client rights and confidentiality, training to meet the needs of the clients served, and training in infectious diseases and bloodborne pathogens affecting 6 of 6 audited staff (Staff #1, #2, #3/Registered Nurse, #4/Licensed Practical Nurse, #5, and #6/Registered Nurse) and 1 of 1 audited contract personnel (Contract Personnel #1). The findings are: Review on 6/17/21 of Staff #1's record revealed: -Hired 3/19/21; -Employed as Behavioral Health Technician; -No training in client rights and infectious disease and bloodborne pathogens. Review on 6/17/21 of Staff #2's record revealed: -Hired 12/7/20; -Employed as Behavioral Health Technician; -No training in client rights and infectious disease and bloodborne pathogens. Review on 6/17/21 of Staff #3/Registered Nurse's record revealed:	V 108		

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V 108	Continued From page 5 -Hired 8/17/20; -Employed as Registered Nurse; -No training in client rights and infectious disease and bloodborne pathogens. Review on 6/17/21 of Staff #4/Licensed Practical Nurse's record revealed: -Hired 3/8/21; -Employed as Licensed Practical Nurse; -No training in client rights and infectious disease and bloodborne pathogens. Review on 6/17/21 of Staff #5's record revealed: -Hired 4/15/21; -Employed as Behavioral Health Technician; -No training in client rights and infectious disease and bloodborne pathogens. Review on 6/17/21 of Staff #6/Registered Nurse's record revealed: -Hired 3/1/21; -Employed as Registered Nurse; -No training in client rights and infectious disease and bloodborne pathogens. Review on 7/9/21 of email correspondence from the Program Director dated 7/7/21 revealed: -The facility had used six different contracted healthcare personnel agencies from 1/1/21 through 6/30/21, supplying a total of 27 contracted staff. Interview on 6/17/21 with the Human Resources Administrator and attempted review of Contract Personnel #1's record revealed: -There was no record available for review; -When asked about details regarding Contract Personnel #1's job responsibilities, training, experience, and qualifications, the Human Resources Administrator revealed Contract	V 108		

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V 108	Continued From page 6 Personnel #1 worked as a Behavioral Health Technician. There were no records maintained on Contract Personnel #1 as she was not an employee of the facility but was contracted personnel provided through a contracted healthcare personnel agency. Interview on 6/29/21 with the Vice President of Operations revealed: -No longer using contracted healthcare personnel agencies to provide staffing for the facility; -Recognized deficits with training which resulted in a lack of training for the Behavioral Health Technicians ; -Recently implemented a new training system and has trained staff in CPR which began on 6/25/21. Interviews during the exit conference conducted on 7/20/21 with the Program Director, Nurse Practitioner, Vice President of Operations, Vice President of Clinical Services and Quality Management, and Executive Vice President revealed: -The Vice President of Clinical Services and Quality Management revealed there had been a disconnect in new hire training but a new protocol was implemented which will improve this training deficit; -The Executive Vice President revealed there was a requirement of all staff to complete training to include client rights and bloodborne pathogens which should have been completed prior to working with clients on the first day of employment. The lack of documentation of training was a result of ineffective monitoring of the staff record. The deficiency is cross referenced into 10A NCAC 27G .3101 Scope (V218) for a Type A1	V 108		

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V 108	Continued From page 7 rule violation and must be corrected within 23 days.	V 108		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift. The findings are: Review on 6/15/21 of the facility's Fire and Disaster Drill log revealed: -No fire and no disaster drills were conducted during third quarter (July-September) in 2020; -No third shift fire drills were conducted fourth quarter (October - December) in 2020. -No first shift and third shift disaster drills were conducted fourth quarter (October - December) in 2020.	V 114		

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V 114	Continued From page 8 Interview on 6/15/21 with the Regional Maintenance Director revealed: -Was responsible for the coordination of all fire and disaster drills at the facility; -Took over as Regional Maintenance Director in late September, 2020 after the former director passed away; -Began running fire and disaster drills as first shift (7am-7pm) and second shift (7pm-7am) in 2021; -Aware that there were fire and disaster drills missing in 2020 and had run all drills required in 2021. Interviews during the exit conference conducted on 7/20/21 with the Program Director, Nurse Practitioner, Vice President of Operations, Vice President of Clinical Services and Quality Management, and Executive Vice President revealed: -The Executive Vice President revealed the facility had experienced challenges with the loss of the former Regional Maintenance Director but was confident the current Regional Maintenance Director would ensure fire and disaster drills were conducted as required.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.	V 118		

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V 118	Continued From page 9 (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain a medication administration record (MAR) of all drugs administered to each client affecting 1 of 4 audited former clients (Former Client #6). The findings are: Review on 7/7/21 of Former Client #6's record revealed: -Admitted 4/22/21; -Discharged 4/28/21; -Diagnosed with Opioid Use Disorder, Severe; Sedative, Hypnotic, or Anxiolytic Use Disorder,	V 118		

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V 118	Continued From page 10 Severe; Cannabis Use Disorder, Severe; Stimulant Use Disorder, Mild, Amphetamine-type Substance; Generalized Anxiety Disorder; and Sedative, Hypnotic, or Anxiolytic Intoxication, with Use Disorder, Moderate or Severe; -Medication orders dated 4/22/21 signed by the Nurse Practitioner revealed: Medications to be administered daily included Klonopin (alcohol and benzodiazepine detoxification protocol) taper starting on day one with 1mg (milligrams) three times per day decreased through day six with 0.5mg once daily; Multivitamin (supplement) 1 tablet daily; Thiamine (supplement) 100mg on admission and then as needed; and Folate (supplement) 1mg daily. Medications to be administered on an as-needed basis included Simethicone 125mg after meals or at bedtime, Famotidine 20mg twice daily, Zofran 4mg sublingual every four hours, Imodium 2mg every four hours, Dicyclomine 10mg every 6 hours, and Milk of Magnesium 30ml (milliliters) twice daily for gastrointestinal protocol; Trazodone 100mg at bedtime for sleep protocol; Ibuprofen 600mg every 6 hours, Acetaminophen 650mg every 6 hours, and Cyclobenzaprine 10mg every 6 hours for pain protocol; Gabapentin 300mg every 6 hours and Seroquel 25mg every 4 hours for anxiety protocol; and Benadryl 50mg daily and Cetirizine 10mg daily for allergy protocol. -No MAR was available for review. Review on 6/14/21 of the facility's Incident Reports revealed: -Incident Report dated 4/26/21 for Former Client #6 regarding discovery of 5 pills on the desk in Former Client #6's room. The pills were discovered by a Behavioral Health Technician and were returned to the nurse's station and locked. Interview on 7/7/21 with the Program Director	V 118		

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V 118	Continued From page 11 revealed: -Began working at the facility on 6/1/21; -Was not working at the facility when Former Client #6 was treated at the facility; -There was no MAR available for review in Former Client #6's record; -Was unable to identify why there was no MAR present in Former Client #6's record but suggested that it probably was not scanned into the facility's electronic system; -Behavioral Health Technicians were responsible for scanning all treatment paperwork regarding former clients into the facility's electronic system after the former clients were discharged. The Behavioral Health Technicians complete this work on the overnight shifts. Interviews during the exit conference conducted on 7/20/21 with the Program Director, Nurse Practitioner, Vice President of Operations, Vice President of Clinical Services and Quality Management, and Executive Vice President revealed: -The Executive Vice President revealed that upon review of the matter there had been a breakdown with scanning the records. The MAR was not scanned and uploaded which was an error. A new protocol called for confirmation that all documents are uploaded. There is a plan to initiate an electronic MAR moving forward. Due to the failure to accurately document medication administration it could not be determined if Former Client #6 received his medications as ordered by the physician. Furthermore, it could not be determined what pills were located on Former Client #6's desk on April 26, 2021. The deficiency is cross referenced into 10A	V 118		

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V 118	Continued From page 12 NCAC 27G .3101 Scope (V218) for a Type A1 rule violation and must be corrected within 23 days.	V 118		
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 interview and record review, the facility failed to access the Health Care Personnel Registry (HCPR) and note each incident of access in the appropriate business file prior to hiring health care personnel into a health care facility affecting 1 of 6 audited staff (Staff #2) and 1 of 1 audited contract personnel (Contract Personnel #1). The findings are: Review on 6/17/21 of Staff #2's record revealed: -Hired 12/7/20; -Employed as Behavioral Health Technician; -HCPR registry accessed and documented on 2/22/21. Review on 7/9/21 of email correspondence from the Program Director dated 7/9/21 revealed:	V 131		

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V 131	Continued From page 13 -The facility had used six different contracted healthcare personnel agencies from 1/1/21 through 6/30/21, supplying a total of 27 contracted staff. Interview with the Human Resources Administrator and attempted review of Contract Personnel #1's record 6/17/21 revealed: -There was no record available for review; -When asked about details regarding Contract Personnel #1's job responsibilities, training, experience, and qualifications, the Human Resources Administrator revealed Contract Personnel #1 worked as a Behavioral Health Technician. There were no records maintained on Contract Personnel #1 as she was not an employee of the facility but was contracted personnel provided through a contracted healthcare personnel agency. Interview on 6/29/21 with the Vice President of Operations revealed: -No longer using contracted healthcare personnel agencies to provide staff for the facility. Interviews during the exit conference conducted on 7/20/21 with the Program Director, Nurse Practitioner, Vice President of Operations, Vice President of Clinical Services and Quality Management, and Executive Vice President revealed: -The Executive Vice President revealed there is a policy in place for all staff to have a HCPR check completed and documented prior to working at the facility. Contract Personnel #1 had such a check completed but understood the facility could not produce the document which resulted in the citation. The deficiency is cross referenced into 10A	V 131		

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V 131	Continued From page 14 NCAC 27G .3101 Scope (V218) for a Type A1 rule violation and must be corrected within 23 days.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this	V 133		

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V 133	Continued From page 15	V 133		

section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.
(c) Action. - If an applicant's criminal history

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V 133	Continued From page 16 record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.	V 133		

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V 133	Continued From page 17 (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related	V 133		

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V 133	Continued From page 18 offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on interview and record review, the facility failed to request a criminal background check within 5 days of an offer of employment affecting 1 of 1 audited contract personnel (Contract Personnel #1). The findings are: Review on 7/9/21 of email correspondence dated	V 133		

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V 133	Continued From page 19 7/9/21 from the Program Director revealed: -The facility had used six different contracted healthcare personnel agencies from 1/1/21 through 6/30/21, supplying a total of 27 contracted staff. Interview on 6/17/21 with the Human Resources Administrator and attempted review of Contract Personnel #1's record revealed: -There was no record available for review; -When asked about details regarding Contract Personnel #1's job responsibilities, training, experience, and qualifications, the Human Resources Administrator revealed Contract Personnel #1 worked as a Behavioral Health Technician. There were no records maintained on Contract Personnel #1 as she was not an employee of the facility but was contracted personnel provided through a contracted healthcare personnel agency. Interview on 6/29/21 with the Vice President of Operations revealed: -No longer using contracted healthcare personnel agencies to provide staff for the facility. Interviews during the exit conference conducted on 7/20/21 with the Program Director, Nurse Practitioner, Vice President of Operations, Vice President of Clinical Services and Quality Management, and Executive Vice President revealed: -The Vice President of Operations revealed there had been a change to protocol as well as a change to Human Resource personnel and the expectation is that all staff records will be complete of all requirements prior to staff serving clients. The deficiency is cross referenced into 10A	V 133		

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V 133	Continued From page 20 NCAC 27G .3101 Scope (V218) for a Type A1 rule violation and must be corrected within 23 days.	V 133		
V 218	27G .3101 Nonhospital Med. Detox. - Scope 10A NCAC 27G .3101 SCOPE (a) Nonhospital medical detoxification is a 24-hour residential facility which provides medical treatment and supportive services under the supervision of a physician. (b) This facility is designed to withdraw an individual from alcohol or other drugs and to prepare him to enter a more extensive treatment and rehabilitation program. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide medical treatment and supportive services affecting 2 of 2 audited current clients (Client #1 and #2) and 4 of 4 audited former clients (Former Client #3, #4, #5, and #6). The findings are: CROSS REFERENCE: 10A NCAC 27G .0202 Personnel Requirements (V107) Based on interview and record review, the facility failed to ensure a written job description was maintained affecting 1 of 6 audited staff (Staff #4/Licensed Practical Nurse) and failed to ensure a file was maintained for each contract personnel indicating training, experience, and other qualifications for the position affecting 1 of 1 audited contract personnel (Contract Personnel #1).	V 218		

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V 218	Continued From page 21 CROSS REFERENCE: 10A NCAC 27G .0202 Personnel Requirements (V108) Based on interview and record review, the facility failed to ensure all staff received training in general organizational orientation, client rights and confidentiality, training to meet the needs of the clients served, and training in infectious diseases and bloodborne pathogens affecting 6 of 6 audited staff (Staff #1, #2, #3/Registered Nurse, #4/Licensed Practical Nurse, #5, and #6/Registered Nurse) and 1 of 1 audited contract personnel (Contract Personnel #1). CROSS REFERENCE: 10A NCAC 27G .0209 Medication Requirements (V118) Based on interview and record review, the facility failed to maintain a medication administration record (MAR) of all drugs administered to each client affecting 1 of 4 audited former clients (Former Client #6). CROSS REFERENCE: General Statute 122C-80 Criminal History Record Check Required for Certain Applicants for Employment (V131) Based on interview and record review, the facility failed to access the Health Care Personnel Registry (HCPR) and note each incident of access in the appropriate business file prior to hiring health care personnel into a health care facility affecting 1 of 6 audited staff (Staff #2) and 1 of 1 audited contract personnel (Contract Personnel #1). CROSS REFERENCE: General Statute 131E Health Care Personnel Registry (V133) Based on interview and record review, the facility failed to request a criminal background check within 5 days of an offer of employment affecting 1 of 1 audited contract personnel (Contract	V 218		

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V 218	Continued From page 22 Personnel #1). CROSS REFERENCE: 10A NCAC 27G .3102 Staff (V219) Based on interview and record review, the facility failed to ensure training in substance abuse withdrawal symptoms including delirium tremens, symptoms of secondary complications to substance abuse, understanding the nature of addiction, the withdrawal syndrome, group therapy, family therapy, and other treatment methodologies affecting 6 of 6 audited staff (Staff #1, #2, #3/Registered Nurse, #4/Licensed Practical Nurse, #5, and #6/Registered Nurse) and 1 of 1 audited contract personnel (Contract Personnel #1). The findings are: CROSS REFERENCE: 10A NCAC 27G .3103 Operations (V220) Based on interview and record review, the facility failed to monitor and record each client's pulse rate, blood pressure, and temperature at least every four hours for the first 24 hours affecting 2 of 2 audited current clients (Clients #1 and #2) and 4 of 4 audited former clients (Former Client #3, #4, #5, and #6) and failed to complete a discharge plan for 1 of 4 audited former Clients (Former Client #5). CROSS REFERENCE: 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536) Based on interview and record review, the facility failed to ensure all staff and contracted personnel were trained in alternatives to restrictive interventions prior to providing services affecting 2 of 6 audited staff (Staff #5 and Staff #6/Registered Nurse) and 1 of 1 audited contracted personnel (Contract Personnel #1).	V 218		

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V 218	Continued From page 23 CROSS REFERENCE: 10A NCAC 27E .0108 Training in Seclusion, Physical Restraint and Isolation Time-Out (V537) Based on interview and record review, the facility failed to ensure all staff and contracted personnel were trained in seclusion, physical restraint, and isolation time-out prior to providing services affecting 2 of 6 audited staff (Staff #5 and Staff #6/Registered Nurse) and 1 of 1 audited contracted personnel (Contract Personnel #1). Finding #1 Review on 6/17/21 and 7/7/21 of Former Client #4's record revealed: -Admitted 4/30/21; -Discharged 5/7/21; -Diagnosed with Alcohol Use Disorder, Severe; Sedative, Hypnotic, or Anxiolytic Use Disorder, Severe; Attention Deficit Hyperactivity Disorder; Generalized Anxiety Disorder; -Discharge Summary dated 5/6/21 revealed he had been admitted and treated for detox (detoxification) of alcohol, Buprenorphine, and benzodiazepines. Review on 6/17/21 and 7/7/21 of Former Client #5's record revealed: -Admitted 5/1/21; -Discharged 5/3/21; -Diagnosed with Alcohol Use Disorder, Severe; Opioid Use Disorder, Severe in Sustained Remission; Stimulant Use Disorder, Severe in Sustained Remission; Bipolar II Disorder, Attention Deficit Hyperactivity Disorder; Other Personal History of Psychological Trauma; -History and Physical Assessment dated 5/2/21 at 2:35pm completed by the Nurse Practitioner revealed the patient was 260 pounds and had a history of 6 previous detox treatments for use of alcohol, marijuana, methamphetamines (last	V 218		

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used in 2019), and opioids (last used in 2018). The plan of care included detox with CIWAs (Clinical Institute Withdrawal Assessment) and " ...routine monitoring and vitals per protocol ...;"
-Medication Administration Record revealed Alcohol Detox Protocol included CIWAs completed daily at 12am, 6am, 12pm, and 6pm. There was no CIWA recorded on 5/2/21 at 6am;
-Patient Observation Record dated 5/2/21 was missing documentation from 5pm through 7pm and there was no documentation for 5/3/21;
-CIWAs completed on 5/1/21 at 9:03am resulted in a rating of 12, 5/2/21 at 12:56am with a rating of 5, 5/2/21 at 6:37am with a rating of 5, 5/2/21 at 5:33pm with a rating of 14, 5/2/21 at 11:03pm with a rating of 17 (CIWA Scale revealed a score of 0-7 indicated minimal to mild withdrawal, a score of 8-15 indicated moderate withdrawal, and a score of over 16 indicated severe withdrawal and impending delirium tremens.);
-Vitals were taken on 5/3/21 at 12:04am included blood pressure of 156/110, pulse 98, respirations 18, pulse oximetry (ox) 96%. The vitals were taken by Staff #5;
-Nursing note documented as written on 5/3/21 at 5:02am by Staff#6/Registered Nurse revealed: " ...Pt (Patient) day 2 of 7 of CIWA protocol for alcohol. Alert and oriented x4. Noted isolated to self relaxing in bed. c/o (complaining of) moderate-severe anxiety and sweating. Mild tremor and moderate restless and agitation observed. Last CIWA 17. Medicated per protocol. Positive effect. Pt observed sleeping throughout night without any further disturbances related to withdrawal ...;"
-Nursing note documented as written on 5/3/21 at 6:08am by Staff#6/Registered Nurse revealed: " ...Approx (approximately) 5:15am BHT (Behavioral Health Technician) on duty came to nurses station notifying me that pulse ox was in

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V 218	Continued From page 25 40-50 range. Went in to assess patient and patient was blue in color, labored breathing and pulse ox 34. Unable to arouse. 911 called, defibrillator applied, advised not to shock, chest compressions started until EMS (Emergency Medical Services) arrived. EMS administered NARCAN. EKG (electrocardiogram) applied, AMBU bag applied with o2 (oxygen). No effect, no change in condition. One nurse notified to stay in room with patient. Notified NP (Nurse Practitioner) on call. Patient transferred to hospital 5:55am ...;" -Nursing note documented as written on 5/3/21 at 7:16am by Staff#6/Registered Nurse revealed: " ...Vitals as per BHT on duty at approx. 5:00am during assessments bp (blood pressure) 110/44, pulse 64, respirations 16, saO2 (oxygen saturation) 47, Temperature 96.9 ..." -No discharge summary available for review. Review on 6/14/21 of the facility's Incident Reports revealed: -Incident Report dated 5/3/21 at approximately 5:15am for Former Client #5 written by Staff#4/Licensed Practical Nurse revealed: " ...Tech (Behavioral Health Technician - Staff #5) came to the nurse's station to let the nurse know that the patient had an oxygen saturation of 47. The nurse (Staff#6/Registered Nurse) left the station immediately to assess the patient and the other nurse (Staff#4/Licensed Practical Nurse) on duty accompanied the first nurse (Staff#6/Registered Nurse). Patient was found on his stomach with his head facing to the left side. He was not responsive to verbal cues. First nurse (Staff#6/Registered Nurse) left to call 911, while the other nurse (Staff#4/Licensed Practical Nurse) stayed behind and continued to try to arouse the patient. The patient was still unresponsive at that time. The 2nd nurse	V 218		

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V 218	Continued From page 26 (Staff#4/Licensed Practical Nurse) instructed the tech to grab the defibrillator from the wall. The tech came back to the room with the The first nurse (Staff#6/Registered Nurse) came back to the room with EMS (Emergency Medical Services) on the phone while the other nurse (Staff#4/Licensed Practical Nurse) left to get an ambu bag to try to oxygenate the patient. The ambu bag could not be located at the time. The nurse on the phone with EMS (Staff#6/Registered Nurse) applied to the patient and no shock was advised at that time. Then the first nurse (Staff#6/Registered Nurse) instructed the 2nd nurse (Staff#4/Licensed Practical Nurse) to begin CPR (cardiopulmonary resuscitation). The second nurse (Staff#4/Licensed Practical Nurse) began compressions while the first nurse (Staff#6/Registered Nurse) gave mouth to mouth on patient. CPR continued until the EMS arrived and took over the scene. EMS administered Narcan to patient with no effect and then continued to assess the patient, perform vitals, and an EKG. No information for those results were provided to the nursing staff. The patient was then loaded onto the stretcher and transported to the hospital via ambulance ..." Review on 6/14/21 of the facility's Policy and Procedure Electronic Manual revealed: -Policy and Procedure entitled 'Detox Observation' issued 1/15/13, reviewed 8/13/17, and revised 6/22/18 revealed: " ...Staff will conduct direct observation rounds observing each client, with notation of whereabouts, at intervals of 30 minutes or less, daily without interruption ...Any observation of unusual behaviors or change in the client's physical condition will be reported to the nurse on duty ...The client's whereabouts will be documents on the Client Observation Form ...the staff's initials will be	V 218		

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V 218	Continued From page 27 affixed to form with each observation noted ...the Client Observation Form will become a permanent part of the client's medical record ..." Review on 5/28/21 of the local county's Police Communications Call for Service Detail Report dated 5/3/21 at 5:23:03am regarding Former Client #5 revealed: -The caller on the 911 emergency call was Staff#6/Registered Nurse; -Staff#6/Registered Nurse was " ...not following instructions ..." provided by the 911 operator. Review on 5/28/21 of the audio recording of the local county's emergency 911 call dated 5/3/21 at 5:23:03am regarding Former Client #5 revealed: -The caller for the 911 emergency call was Staff#6/Registered Nurse; -Staff#6/Registered Nurse reported Former Client #5's " ...pulse ox (oximetry) was all the way down ...shallow breath ...we can't arouse him ...color is blue ...;" -At 1 minute and 16 seconds into the call, the 911 operator inquired if compressions had started and Staff#6/Registered Nurse replied "No;" -At 1 minute and 26 seconds into the call, the 911 operator inquired if there was adequate air flow and Staff#6/Registered Nurse replied "Not much, no;" -At 1 minute and 39 seconds into the call, the 911 operator advised to start CPR; -At 2 minutes and 30 seconds into the call, the 911 operator asked if a defibrillator was available and Staff#6/Registered Nurse replied "Yes, I'll get one;" -At 2 minutes and 50 seconds into the call, Staff#6/Registered Nurse asked for a defibrillator and directed someone to get one; -At 3 minutes and 8 seconds into the call, the 911 operator asked again about a defibrillator and	V 218		

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there was no answer from Staff#6/Registered Nurse;
-At 3 minutes and 20 seconds into the call, the 911 operator asked again about the defibrillator and provided directions to Staff#6/Registered Nurse on how to use the defibrillator;
-At 4 minutes and 37 seconds into the call, the defibrillator was analyzing;
-At 4 minutes and 47 seconds into the call, the defibrillator advised no shock recommended;
-At 5 minutes and 7 seconds into the call, the 911 operator instructed Staff#6/Registered Nurse to begin manual CPR and check the airway and throat to ensure they are clear;
-At 5 minutes and 37 seconds into the call, the 911 operator asked if the patient could be moved from the bed and Staff#6/Registered Nurse advised he was too heavy;
-At 5 minutes and 51 seconds into the call, the 911 operator asked Staff#6/Registered Nurse if she was ready to complete compressions;
-At 5 minutes and 54 seconds into the call, Staff#6/Registered Nurse advised the 911 operator that compressions had not been initiated because they were looking for an ambu bag;
-At 6 minutes and 54 seconds into the call the 911 operator advised that she really wanted chest compressions begun;
-At 6 minutes and 57 seconds into the call, the 911 operator advised to start compressions and began giving instructions on how to complete compressions;
-At 7 minutes and 15 seconds into the call, the compressions were started. Noise in the background was similar to that of bed springs moving sporadically giving way in a rhythmic manner.

Review on 6/2/21 of Former Client #5's Discharge Summary dated 5/5/21 from a local hospital

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V 218	Continued From page 29 revealed: -" ...Patient (Former Client #5) is a 23 year old male with medical problems significant for substance abuse, who presented to the ED (Emergency Department) from Freedom Detoxification (Facility) center for episode of unresponsiveness ...The patient stated that he took 2 Subutex (Suboxone) while in the detoxification center. He stated that he was being given Klonopin and that he traded another resident for Subutex. He took one earlier in the night and one the morning of admission (to the ED) ...Patient was discharged home in good condition ..." Interview on 6/8/21 with Former Client #4 revealed: -Was at the facility to detox from heroin; -Was taking Subutex and Seroquel while at the facility; -Medication administration at the facility was observed by the nurses; -Former Client #5 snuck Subutex into the facility; -Denied giving Subutex to any client; -Needed his Subutex as ordered to prevent a challenging detox experience with detox problems or withdrawal symptoms. Interview on 6/8/21 with Former Client #5 revealed: -Was a client at the facility in May, 2021 for alcohol detox; -Did not recall getting sick and going to the hospital while a client at the facility; -Received Subutex from Former Client #4 on 5/2/21 at approximately 10-11pm but did not feel the effects of the Subutex so Former Client #4 gave him a second Subutex to take; -Former Client #4 had snuck 7 Subutex into the facility at admission;	V 218		

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V 218	Continued From page 30 -Began profuse sweating after he took the second Subutex and felt as if something bad was happening to him so he wrote the serenity prayer and went unconscious; -Had a previous heroin overdose in 2018 and he felt the same way during the previous overdose on heroin as he did when he took the two Subutex from Former Client #4; -Never reported the incident of taking Former Client #4's Subutex to anyone at the facility; -Had been administered many pills at the facility; -The facility staff did not really watch him during medication administration so it was easy to hide some of the pills; -Was administered and took Klonopin and Ativan the first day of treatment and then "cheeked" the medications for the remainder of his time at the facility; -Former Client #5 traded his "cheeked" Klonopin with Former Client #4 for Former Client #4's Subutex (Former Client #5 provided Former Client #4 with two Klonopin and Former Client #4 provided Former Client #5 two Subutex). Interview on 5/28/21 with Former Client #5's emergency contact/father revealed: -Former Client #5 was admitted to the facility on 5/1/21 for alcohol consumption and use of energy drinks; -Facility staff found Former Client #5 in cardiac arrest and sent him to the hospital via EMS while completing CPR; -Received a voicemail on 5/3/21 at approximately 7am informing that Former Client #5 was taken to the emergency room due to "some sort of infection;" -Called the facility for additional information but his calls were not returned and the calls went no further than the receptionist.	V 218		

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V 218	Continued From page 31 Attempted interview on 7/6/21 at 8:25am with Contract Personnel #1 was unsuccessful. After multiple rings, the phone stopped ringing and a "call failed" message appeared on the screen. A second attempted interview was made on 7/6/21 at 1:42pm. A message was left on the voicemail requesting a return call. No return call was received. Interview on 6/17/21 with Staff#4/Licensed Practical Nurse revealed: -Employed as a Licensed Practical Nurse (LPN); -Worked the overnight of 5/2/21 to 5/3/21; -Holds current certification in American Red Cross CPR; -Staff #5 came to the nursing office early in the morning of 5/3/21 and reported Former Client #5's oxygen saturation was in the 40s; -Staff#6/Registered Nurse immediately headed to Former Client #5's room with Staff#4/Licensed Practical Nurse following to assist as needed; -Former Client #5 was lying on the bed on his stomach with labored breathing; -Staff#4/Licensed Practical Nurse and Staff#6/Registered Nurse tried to arouse Former Client #5; -Staff #5 was sent to retrieve the AED (Automated External Defibrillator); -Staff#6/Registered Nurse left to get the telephone to call 911 while Staff#4/Licensed Practical Nurse continued to attempt to arouse Former Client #5; -Staff#6/Registered Nurse returned to Former Client #5's room with the telephone while talking with the 911 operator; -Staff #5 returned with the AED which was placed on Former Client #5 but no shock was ordered; -The 911 operator instructed Staff#6/Registered Nurse to start CPR; -There was discussion between Staff#4/Licensed	V 218		

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V 218	Continued From page 32 Practical Nurse and Staff#6/Registered Nurse regarding an ambu bag but no ambu bag was found; -Rolled Former Client #5 over to start compressions but could not move him from the bed to a hard surface because Former Client #5 was such a big man; -Staff#4/Licensed Practical Nurse began compressions while Staff#6/Registered Nurse completed rescue breathing; -Staff#6/Registered Nurse used a face shield; -Followed the directives of Staff#6/Registered Nurse who was a Registered Nurse (RN) based upon the scope of their respective licenses. Interview on 6/17/21 with Staff #5 revealed: -Worked the overnight shift of 5/2/21 to 5/3/21; -Worked with Contract Personnel #1 to complete 30 minute rounds as well as vitals; -Entered Former Client #5's room on 5/3/21 at approximately 5am and attempted to arouse him; -Observed Former Client #5's breathing to be unusual and his pulse oximetry was low; -Went to summon Staff#4/Licensed Practical Nurse (LPN) and Staff#6/Registered Nurse (RN) who immediately responded to Former Client #5's room; -Staff#6/Registered Nurse left to call 911 while Staff#4/Licensed Practical Nurse stayed with Former Client #5; -Staff#6/Registered Nurse returned to Former Client #5's room and remained on the phone with the 911 operator; -Was directed to retrieve the AED; -Staff#6/Registered Nurse applied the AED to Former Client #5 but no shock was ordered; -Never witnessed Staff#4/Licensed Practical Nurse or Staff#6/Registered Nurse completing CPR as she was directed to the front of the building to await arrival of EMS.	V 218		

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V 218	Continued From page 33 Interview on 6/17/21 with Staff#6/Registered Nurse revealed: -Employed as a Registered Nurse; -Worked the overnight shift of 5/2/21 to 5/3/21; -Holds current certification in American Red Cross CPR; -Staff #5 came to her on 5/3/21 at approximately 5am and reported Former Client #5's oxygen saturations were low; -Went to check on Former Client #5 and observed he had a change in color and labored breathing; -Could not arouse Former Client #5; -Left the room to call 911; -Staff#6/Registered Nurse remained with Former Client #5 to care for him; -At first, Former Client #5's breathing was similar to snoring but then his breathing stopped; -Someone got an AED, but could not identify who was sent; -There was no shock recommended by the AED; -Sent someone for an ambu bag, but could not identify who was sent; -Started CPR because the 911 operator wanted compressions started; -Staff#4/Licensed Practical Nurse completed compression on the bed (because Former Client #5 was too heavy to move); -After Staff#6/Registered Nurse " ...looked through the bag (first aid supplies) twice ..." she discovered there was no mask with the first aid supplies; -Staff#6/Registered Nurse completed rescue breathing with a mask but did not identify from where the mask came; -Did not believe there were proper supplies at the facility; -Had previously informed the Nurse Practitioners there was a need for a back board in case of	V 218		

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cardiac arrest resulting in the need for CPR;
-The 911 operator reported the need to start CPR at least one time during the 911 call but could not identify how many times the directive to start CPR was given by the 911 operator;
-" ...I did not want to do nothing ..."

Interview on 7/8/21 with Support Group Specialist from the American Red Cross National Office located in Pennsylvania revealed:
-CPR should not be delayed in the absence of an ambu bag;
-CPR can be completed on a soft surface if the rescuers are unable to move the victim from the soft surface;
-CPR certified personnel are responsible for completing CPR and rescue breathing for a non-breathing victim even in the absence of supplementary oxygen or an ambu bag;
-While it is optimal to use a face shield, one way valve mask, or bag valve mask, CPR certified personnel are to initiate rescue breathing and CPR as needed.

Interview on 6/17/21 with the Program Director revealed:
-Administration reviewed the incident involving Former Client #5 on 5/3/21;
-Had been advised by the Vice President of Clinical Services and Quality Management that there was video surveillance footage illustrating 30 minute checks being completed on Former Client #5 during the overnight shift of 5/2/21-5/3/21;
-Upon request on 6/17/21 at approximately 11:15am to provide the report reviewing the incident as well as the video surveillance footage illustrating the 30 minute checks being completed, the Program Director revealed he was unable to produce the written report or the video

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V 218	Continued From page 35 surveillance footage. Interview on 6/28/21 with the Vice President of Clinical Services and Quality Management revealed: -An Executive Incident Review was completed on the 5/3/21 incident involving Former Client #5 and his need for medical transfer Interview on 6/29/21 with the Vice President of Operations revealed: -The Program Director was not aware of where to find the Executive Incident Review of the incident involving Former Client #5 on 5/3/21; -Was on vacation with no cell coverage and was not able to provide information as to where the Executive Incident Review report was located when it was requested by the Division of Health Service Regulation on 6/17/21. Interview on 6/30/21 with the Vice President of Operations revealed: -There was no video surveillance footage illustrating the 30 minute checks being completed on Former Client #5 available for review as it was automatically deleted after 30 days. Finding #2 Review on 7/7/21 of Former Client #6's record revealed: -Admitted 4/22/21; -Discharged 4/28/21; -Diagnosed with Opioid Use Disorder, Severe; Sedative, Hypnotic, or Anxiolytic Use Disorder, Severe; Cannabis Use Disorder, Severe; Stimulant Use Disorder, Mild, Amphetamine-type Substance; Generalized Anxiety Disorder; and Sedative, Hypnotic, or Anxiolytic Intoxication, with Use Disorder, Moderate or Severe; -Medication orders dated 4/22/21 signed by the	V 218		

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V 218	Continued From page 36 Nurse Practitioner revealed: Medications to be administered daily included Klonopin (alcohol and benzodiazepine detoxification protocol) taper starting on day one with 1mg (milligrams) three times per day decreased through day six with 0.5mg once daily; Multivitamin (supplement) 1 tablet daily; Thiamine (supplement) 100mg on admission and then as needed; and Folate (supplement) 1mg daily. Medications to be administered on an as-needed basis included Simethicone 125mg after meals or at bedtime, Famotidine 20mg twice daily, Zofran 4mg sublingual every four hours, Imodium 2mg every four hours, Dicyclomine 10mg every 6 hours, and Milk of Magnesium 30ml (milliliters) twice daily for gastrointestinal protocol; Trazodone 100mg at bedtime for sleep protocol; Ibuprofen 600mg every 6 hours, Acetaminophen 650mg every 6 hours, and Cyclobenzaprine 10mg every 6 hours for pain protocol; Gabapentin 300mg every 6 hours and Seroquel 25mg every 4 hours for anxiety protocol; and Benadryl 50mg daily and Cetirizine 10mg daily for allergy protocol; -No MAR was available for review. Review on 6/14/21 of the facility's Incident Reports revealed: -Incident Report dated 4/24/21 for Former Client #6 regarding an attempted diversion of Ativan during medication administration which was observed and prevented by the nurse administering the medications; -Incident Report dated 4/26/21 for Former Client #6 regarding discovery of 5 pills on the desk in Former Client #6's room. The pills were discovered by a Behavioral Health Technician and were returned to the nurse's station and locked. Upon request to the Program Director on 7/7/21 for the facility's Diversion Control Plan, the	V 218		

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V 218	Continued From page 37 Program Director submitted a policy entitled Suboxone Diversion Plan dated 11/23/09 with revisions and review on 7/1/10, 8/13/12, and 10/28/16. Review on 7/7/21 of the Suboxone Diversion Plan submitted for review revealed: -" ...Program Director and Clinical Supervisors ensure that all employees follow the provisions of this plan. This includes: training employees on the diversion control plan, enforcing compliance with this plan, ensuring new employees are properly trained on the risks of medication diversion and are aware of staff and patient responsibilities in preventing diversion, performing follow-up procedure on all medication diversion incidents ...employees are to follow all policies and procedures relating to diversion control, and perform tasks in a manner that minimizes the risk of medication diversion ..." It could not be determined what pills were located in Former Client #6's room as there was no documentation regarding this information and there was no medication administration record for Former Client #6. Review on 6/17/21 of Staff #1, #2, #3/Registered Nurse, #4/Licensed Practical Nurse, #5, and #6/Registered Nurse's training records revealed: -There was no training provided on diversion control. Interviews during the exit conference conducted on 7/20/21 with the Program Director, Nurse Practitioner, Vice President of Operations, Vice President of Clinical Services and Quality Management, and Executive Vice President revealed: -The Nurse Practitioner revealed Staff #6 acted properly as Former Client #6 had a pulse, blood pressure and respiration so CPR should not have	V 218		

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V 218	Continued From page 38 been initiated. CPR is only to be initiated when there is an absence of a pulse and blood pressure. Former Client #5 was still a viable patient. Having started CPR would have caused additional damage to a viable patient. According to the ACLS (Advanced Cardiovascular Life Support) algorithm for urgent treatment of life-threatening emergencies, when the patient has a pulse but an abnormal breathing pattern, the patient's airways is to be maintained and rescue breathing is to be initiated; -The Executive Vice President revealed that medications are appropriately administered at the facility and per protocol all medication administration is appropriately observed. Client placement at the facility is voluntary and all appropriate steps are taken to avoid diversion. Facility staff are trained and retrained on avoiding diversion of medication. Diversion is anticipated by the staff and appropriate monitoring is in place to prevent diversion. Acknowledged there was no documentation of observation of Former Client #5 from 12:04am until approximately 5:30am on 5/3/21; however, careful review of the incident on 5/3/21 resulted in facility administration deeming the incident to be a medical incident. All staff followed protocol, intervened and documented appropriately; -The Vice President of Operations revealed Former Client #5 was checked throughout the early morning hours of 5/3/21 but there was no documentation of the 30-minute observation checks; -The Vice President of Clinical Services and Quality Management revealed the facility staff have been working on the issues identified during the survey and will continue to work aggressively to address all challenges. Review on 6/17/21 of the 1st Plan of Protection	V 218		

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V 218	Continued From page 39 written and signed by the Program Director dated 6/17/21 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Client Supervision/30 minute checks: -Behavioral Health Technicians (BHT) are expected to conduct 30 minute checks on all clients in the facility for each shift (2 x 12 hour shifts/day). This will go into effect immediately. During each check, BHTs complete an observation form that documents BHT observations of client behavior and demeanor. Once a BHT completes their 30 minute observation, each observation sheet will be signed by BHT and nurse for each shift. -In addition to BHT 30 checks, nurse will complete rounds every 2 hours and document observation on nursing observation forms. Diverting Medications ("cheeking meds") -Effective immediately, all client's mouths will be visually checked by nursing staff during each medication administration to ensure that medications were swallowed and no medications were accessible to clients. Nurse administering medications will sign off on medication administration record to acknowledge compliance with protocol (i.e., checking mouth, ensuring proper medication storage) to prevent medication diversion. CPR Competency and Training -Program director will ensure that all BHT staff are CPR/first aid certified by 6/25/21. Prior to 6/25/21/full staff certification, Program Director will ensure that there is a CPR/First Aid certified staff member on site at all times. Program Director will ensure that all staff working each shift are aware of the on site staff members that are CPR/First Aid certified to ensure timely	V 218		

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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 218	Continued From page 40 response in an emergency. Describe your plans to make sure the above happens. Client Supervision/30 minute checks: Program Director will verbally inform all staff at the beginning of each shift of client supervision protocol and will confirm staff comprehension of 30 minute checks for all clients with nursing and BHT sign off on observation form after each shift. Diverting Medications ("cheeking meds"): Program Director and/or Director of Nursing/Charge Nurse will verbally inform all staff at the beginning of each shift of new protocol and will confirm staff comprehension of checking client medication compliance and proper medication storage. Program Director, Director of Nursing and/or Charge Nurse will review MARs (Medication Administration Records) to check for signatures on a daily basis. CPR Competency and Training: Program Director will work with Director of Performance Improvement and Training to review staff in need of training, schedule and confirm training dates, and ensure training completion and staff competency. Program Director will communicate CPR certified staff members to all staff at the beginning of shift and obtain staff acknowledgment of CPR certified staff." Review on 7/20/21 of the 2nd Plan of Protection written by the Vice President of Operations dated 7/20/21 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Facility Leadership will maintain Personnel Records at the facility level. This is a change from Corporate HR Team managing personnel files	V 218		

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remotely. Program Director will ensure receipt of all onboarding/new hires requirements including Criminal Background Check, CPR Training date, New Employee Orientation including Client Rights and Confidentiality, Bloodborne Pathogen training, and population specific training. NCI training is now facilitated every Tuesday by the Director of Performance Improvement and Training. New hires will not be permitted to start direct care until they have received certification of training. CPR training now occurs monthly. All new hires will be scheduled for CPR training within the first 30 days of hire. New hires will not be permitted to start direct care until confirmation of CPR training registration. Program Director will ensure CPR training occurs within the first 30 days of hire.

Monthly Performance Improvement meetings will be held. These meetings will be a review of safety concerns raised by the staff, review of disaster and fire drills, and review of incidents from the month with root cause analysis. The committee consists of facility level staff - Program Director, nursing staff, lead behavioral health technician, and clinical coordinator.

Describe your plans to make sure the above happens.
Vice President of Operations will hold weekly supervision with the Program Director and these topics will be reviewed during these meetings. In addition, the Vice President of Operations will review minutes of the monthly Performance Improvement meetings."

Review on 7/20/21 of the 3rd Plan of Protection written by the Vice President of Operations dated 7/20/21 revealed:
"What immediate action will the facility take to

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V 218	Continued From page 42 ensure the safety of the consumers in your care? Facility Leadership will maintain Personnel Records at the facility level. This is a change from Corporate HR (Human Resources) Team managing personnel files remotely. Program Director will ensure receipt of all onboarding/new hires requirements including Criminal Background Check, Health Care Personnel Registry, CPR Training date, New Employee Orientation including Client Rights and Confidentiality, Bloodborne Pathogen training, and population specific training. NCI (North Carolina Interventions) training is now facilitated every Tuesday by the Director of Performance Improvement and Training. New hires will not be permitted to start direct care until they have received certification of training. CPR training now occurs monthly. All new hires will be scheduled for CPR training within the first 30 days of hire. New hires will not be permitted to start direct care until confirmation of CPR training registration. Program Director will ensure CPR training occurs within the first 30 days of hire. These changes will be effective immediately for all new hires and all current staff personnel records will be duplicated from the Corporate personnel files by 8/6/21. Nursing staff maintain medication administration records in a timely manner however the survey found that the MAR (Medication Administration Record) had not been properly scanned into the selected client chart upon discharge. A new protocol was implemented on 6/21/21 to ensure that the discharge nurse audits the chart (including the MAR) at the time of discharge, a BHT (Behavioral Health Technician) staff member uploads the chart and MAR to the electronic medical record, and the Program Director audits the electronic record before the paper chart is	V 218		

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V 218	Continued From page 43 shredded. A new protocol for documenting client supervision by BHT and nursing staff was implemented on 6/21/21. This new protocol reinforced the expectation that BHT staff are expected to conduct 30 minute checks on all clients in the facility for each shift (2 x 12 hours shifts/day). Each BHT now completes an observation form that documents BHT observations of client behavior and demeanor. Once a BHT completes their 30 minute observation, each observation sheet will be signed by the BHT and a nurse for each shift. In addition to the 30 minute BHT checks, on 6/21/21, nurses began completing rounds every 2 hours and documenting their observations on a nursing observation form. BHT staff will be retrained by 7/23/21 to ensure that vitals are recorded every four hours for the first 24 hours of a client's admission. Documentation of training will be maintained in personnel file on-site at facility. Monthly Performance Improvement meetings will be held, with the first meeting held by 8/6/21. These meetings will be a review of safety concerns raised by the staff, review of disaster and fire drills, and review of incidents from the month with root cause analysis. The committee consists of facility level staff - Program Director, nursing staff, lead behavioral health technician, and clinical coordinator. Describe your plans to make sure the above happens. Vice President of Operations will hold weekly supervision with the Program Director and these topics will be reviewed during these meetings. In addition, the Vice President of Operations will	V 218		

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review minutes of the monthly Performance Improvement meetings."

Clients #1 and #2 and Former Clients #3, #4, #5 and #6 were diagnosed with alcohol and/or polysubstance abuse and were admitted to the facility for detoxification. Former Clients #4 and #5 had additional mental health diagnoses including Bipolar Disorder, Attention Deficit Hyperactivity Disorder, and Generalized Anxiety Disorder.

Former Client #5 did not receive the monitoring and care required. He reportedly took Subutex. Despite facility protocol and medical orders to observe and document the clients' whereabouts and status every thirty minutes, there was no documentation of such monitoring on 5/3/21 from 12:04am when vitals were last recorded until approximately 5:30am when he was found unresponsive in his room, blue in color, with labored breathing and low pulse oximetry. Upon nursing staff assessing Former Client #5 and contacting 911, there was a delay of over 7 minutes prior to securing necessary equipment and initiating emergency care.

Facility staff did not receive the necessary training to provide required care to Clients #1 and #2 and Former Clients #3, #4, #5, and #6. There was no training in substance abuse withdrawal symptoms including delirium tremens, symptoms of secondary complications to substance abuse, understanding the nature of addiction, the withdrawal syndrome, group therapy, family therapy, and other treatment methodologies. Additional gaps in training were identified for general organizational orientation, client rights and confidentiality, training to meet the needs of the clients served, and training in infectious

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V 218	Continued From page 45 diseases and bloodborne pathogens. Finally, there was a lack of training in alternatives to restrictive intervention, seclusion, physical restraint, and isolation time-out. Facility staff did not monitor and record each client's vital signs every four hours for the first 24 hours as required and did not completed the required discharge report. Additionally, no medication administration record was maintained on Former Client #6 making it impossible to determine the medications received while at the facility. Diversion control protocol was not implemented for Former Clients #5 and #6. Personnel records were not maintained resulting in a missing job description for the Licensed Practical Nurse making it impossible to determine specific job responsibilities and chain of command. Additionally, continuing education for three members of the nursing staff was not documented for training in cardiopulmonary resuscitation. Furthermore, contracted healthcare personnel were used at the facility without any documentation of training, education, experience, and background checks. This deficiency constitutes a Type A1 rule violation for serious harm and neglect and must be corrected within 23 days. An administrative penalty of $6,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 218		
V 219	27G .3102 Nonhospital Med. Detox. - Staff 10A NCAC 27G .3102 STAFF	V 219		

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V 219	Continued From page 46 (a) A minimum of one direct care staff member shall be on duty at all times for every nine or fewer clients. (b) The treatment of each client shall be under the supervision of a physician. (c) The services of a certified alcoholism counselor, a certified drug abuse counselor or a certified substance abuse counselor shall be available to each client. (d) Each facility shall have at least one staff member on duty at all times trained in the following areas: (1) substance abuse withdrawal symptoms, including delirium tremens; and (2) symptoms of secondary complications to substance abuse. (e) Each direct care staff member shall receive continuing education to include understanding of the nature of addiction, the withdrawal syndrome, group therapy, family therapy and other treatment methodologies. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure training in substance abuse withdrawal symptoms including delirium tremens, symptoms of secondary complications to substance abuse, understanding the nature of addiction, the withdrawal syndrome, group therapy, family therapy, and other treatment methodologies affecting 6 of 6 audited staff (Staff #1, #2, #3/Registered Nurse, #4/Licensed Practical Nurse, #5, and #6/Registered Nurse) and 1 of 1 audited contract personnel (Contract Personnel #1). The findings are: Review on 6/17/21 of Staff #1's record revealed:	V 219		

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V 219	Continued From page 47 -Hired 3/19/21; -Employed as Behavioral Health Technician; -No training in substance abuse withdrawal symptoms including delirium tremens, symptoms of secondary complications to substance abuse, understanding the nature of addiction, the withdrawal syndrome, group therapy, family therapy, and other treatment methodologies. Review on 6/17/21 of Staff #2's record revealed: -Hired 12/7/20; -Employed as Behavioral Health Technician; -No training in substance abuse withdrawal symptoms including delirium tremens, symptoms of secondary complications to substance abuse, understanding the nature of addiction, the withdrawal syndrome, group therapy, family therapy, and other treatment methodologies. Review on 6/17/21 of Staff #3/Registered Nurse's record revealed: -Hired 8/17/20; -Employed as Registered Nurse; -No training in substance abuse withdrawal symptoms including delirium tremens, symptoms of secondary complications to substance abuse, understanding the nature of addiction, the withdrawal syndrome, group therapy, family therapy, and other treatment methodologies. Review on 6/17/21 of Staff #4/Licensed Practical Nurse's record revealed: -Hired 3/8/21; -Employed as Licensed Practical Nurse; -No training in substance abuse withdrawal symptoms including delirium tremens, symptoms of secondary complications to substance abuse, understanding the nature of addiction, the withdrawal syndrome, group therapy, family therapy, and other treatment methodologies.	V 219		

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V 219	Continued From page 48 Review on 6/17/21 of Staff #5's record revealed: -Hired 4/15/21; -Employed as Behavioral Health Technician; -No training in substance abuse withdrawal symptoms including delirium tremens, symptoms of secondary complications to substance abuse, understanding the nature of addiction, the withdrawal syndrome, group therapy, family therapy, and other treatment methodologies. Review on 6/17/21 of Staff #6/Registered Nurse's record revealed: -Hired 3/1/21; -Employed as Registered Nurse; -No training in substance abuse withdrawal symptoms including delirium tremens, symptoms of secondary complications to substance abuse, understanding the nature of addiction, the withdrawal syndrome, group therapy, family therapy, and other treatment methodologies. Review on 7/9/21 of email correspondence from the Program Director dated 7/9/21 revealed: -The facility had used six different contracted healthcare personnel agencies from 1/1/21 through 6/30/21, supplying a total of 27 contracted staff. Interview on 6/17/21 with the Human Resources Administrator and attempted review of Contract Personnel #1's record revealed: -There was no record available for review; -When asked about details regarding Contract Personnel #1's job responsibilities, training, experience, and qualifications, the Human Resources Administrator revealed Contract Personnel #1 worked as a Behavioral Health Technician. There were no records maintained on Contract Personnel #1 as she was not an	V 219		

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V 219	Continued From page 49 employee of the facility but was contracted personnel provided through a contracted healthcare personnel agency. Interview on 6/29/21 with the Vice President of Operations revealed: -No longer using contracted healthcare personnel agencies to provide staffing for the facility; -Recognized deficits with training which resulted in a lack of training for the Behavioral Health Technicians; -Recently implemented a new training system. Interviews during the exit conference conducted on 7/20/21 with the Program Director, Nurse Practitioner, Vice President of Operations, Vice President of Clinical Services and Quality Management, and Executive Vice President revealed: -The Vice President of Clinical Services and Quality Management revealed there was detection of the gaps in training and will change protocol as it relates to mandatory training prior to delivery of services. The deficiency is cross referenced into 10A NCAC 27G .3101 Scope (V218) for a Type A1 rule violation and must be corrected within 23 days.	V 219		
V 220	27G .3103 Nonhospital Med. Detox. - Operations 10A NCAC 27G .3103 OPERATIONS (a) Monitoring Clients. Each facility shall have a written policy that requires: (1) procedures for monitoring each client's general condition and vital signs during at least the first 72 hours of the detoxification process; and	V 220		

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V 220	Continued From page 50 (2) procedures for monitoring and recording each client's pulse rate, blood pressure and temperature at least every four hours for the first 24 hours and at least three times daily thereafter. (b) Discharge Planning And Referral To Treatment/Rehabilitation Facility. Before discharging the client, the facility shall complete a discharge plan for each client and refer each client who has completed detoxification to an outpatient or residential treatment/rehabilitation facility. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to monitor and record each client's pulse rate, blood pressure, and temperature at least every four hours for the first 24 hours affecting 2 of 2 audited current clients (Clients #1 and #2) and 4 of 4 audited former clients (Former Client #3, #4, #5, and #6) and failed to complete a discharge plan for 1 of 4 audited former Clients (Former Client #5). The findings are: Review on 7/7/21 of the facility's undated Vitals Policy and Protocol revealed: -" ...Vitals will be taken every 4 hours for the first 24 hours after a patient admits. Thereafter, vitals will be taken every 6 hours ..." Review on 6/17/21 and 7/7/21 of Client #1's record revealed: -Admitted 6/8/21; -Diagnosed with Alcohol Use Disorder, Severe; -Vitals were not taken every four hours during the first 24 hours of treatment (vitals taken on 6/8/21	V 220		

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V 220	Continued From page 51 at 11:54am and 4:58pm and on 6/9/21 at 11:50am). Review on 6/17/21 and 7/7/21 of Client #2's record revealed: -Admitted 6/11/21; -Diagnosed with Alcohol Use Disorder, Severe; Cannabis Use Disorder, Moderate; -Vitals were not taken every four hours during the first 24 hours of treatment (vitals taken on 6/11/21 at 7:31pm and on 6/12/21 at 12:43am, 6:09am, 12:46pm, and 6:18pm). Review on 6/17/21 and 7/7/21 of Former Client #3's record revealed: -Admitted 6/3/21; -Discharged 6/9/21; -Diagnosed with Alcohol Use Disorder, Severe; -Vitals were not taken every four hours during the first 24 hours of treatment (vitals taken on 6/3/21 at 10:48pm and 11:18pm and on 6/4/21 at 2:18am, 6:30am, 11:47am, and 5:46pm). Review on 6/17/21 and 7/7/21 of Former Client #4's record revealed: -Admitted 4/30/21; -Discharged 5/7/21; -Diagnosed with Alcohol Use Disorder, Severe; Sedative, Hypnotic, or Anxiolytic Use Disorder, Severe; Attention Deficit Hyperactivity Disorder; Generalized Anxiety Disorder; -Vitals were not taken every four hours during the first 24 hours of treatment (vitals taken on 4/30/21 at 9:56pm, 11:23pm, 11:31pm, 11:36pm and 5/1/21 at 5:39am, 12:26pm, and 5:49pm). Review on 6/17/21 and 7/7/21 of Former Client #5's record revealed: -Admitted 5/1/21; -Discharged 5/3/21;	V 220		

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V 220	Continued From page 52 -Diagnosed with Alcohol Use Disorder, Severe; Opioid Use Disorder, Severe in Sustained Remission; Stimulant Use Disorder, Severe in Sustained Remission; Bipolar II Disorder, Attention Deficit Hyperactivity Disorder; Other Personal History of Psychological Trauma; -Vitals were not taken every four hours during the first 24 hours of treatment (vitals taken on 5/1/21 at 8:22pm and 9:41pm and on 5/2/21 at 12:32am, 6:24am, 12:17pm and 6:21pm); -No discharge summary available for review. Review on 6/14/21 of the facility's Discharge Client List revealed: -Former Client #5 was not identified on the list. Review on 7/7/21 of Former Client #6's record revealed: -Admitted 4/22/21; -Discharged 4/28/21; -Diagnosed with Opioid Use Disorder, Severe; Sedative, Hypnotic, or Anxiolytic Use Disorder, Severe; Cannabis Use Disorder, Severe; Stimulant Use Disorder, Mild, Amphetamine-type Substance; Generalized Anxiety Disorder; and Sedative, Hypnotic, or Anxiolytic Intoxication, with Use Disorder, Moderate or Severe; -Vitals were not taken every four hours during the first 24 hours of treatment (vitals taken on 4/22/21 at 5:36am, 12:16pm, 5:32pm and 4/23/21 at 1:02am and 5:46am). Review on 6/17/21 of Staff #1's record revealed: -Hired 3/19/21; -Employed as Behavioral Health Technician. Review on 6/17/21 of Staff #2's record revealed: -Hired 12/7/20; -Employed as Behavioral Health Technician.	V 220		

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V 220	Continued From page 53 Review on 6/17/21 of Staff #3/Registered Nurse's record revealed: -Hired 8/17/20; -Employed as Registered Nurse. Interview on 6/16/21 with Staff #1 revealed: -Responsible for taking vital signs every 6 hours or twice per 12 hour shift. Interview on 6/16/21 with Staff #2 revealed: -Responsible for taking vitals every 6 hours. Interview on 6/16/21 with Staff #3/Registered Nurse revealed: -Vital signs are taken every 6 hours. Interview on 6/18/21 with the Discharge Planner/Coordinator revealed: -There was no discharge summary completed on Former Client #5 because he was not discharged from the facility but was transferred from the facility due to a medical emergency. Interviews during the exit conference conducted on 7/20/21 with the Program Director, Nurse Practitioner, Vice President of Operations, Vice President of Clinical Services and Quality Management, and Executive Vice President revealed: -Nurse Practitioner revealed training had been provided to all Behavioral Health Technicians and Nurses to complete vital signs every four hours for the first 24 hours of treatment. Will retrain the staff. The deficiency is cross referenced into 10A NCAC 27G .3101 Scope (V218) for a Type A1 rule violation and must be corrected within 23 days.	V 220		

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FREEDOM	1089 X RAY DRIVE GASTONIA, NC 28054

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V 512	Continued From page 54	V 512		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee. This Rule is not met as evidenced by: Based on interview and record review, 1 of 6 audited staff (Staff#6/Registered Nurse) subjected 1 of 4 audited former clients (Former Client #5) to harm and neglect. The findings are: Review on 6/17/21 of Staff#6/Registered Nurse's record revealed: -Hired 3/1/21; -Employed as Registered Nurse.	V 512		

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V 512	Continued From page 55 Review on 6/17/21 and 7/7/21 of Former Client #5's record revealed: -Admitted 5/1/21; -Discharged 5/3/21; -Diagnosed with Alcohol Use Disorder, Severe; Opioid Use Disorder, Severe in Sustained Remission; Stimulant Use Disorder, Severe in Sustained Remission; Bipolar II Disorder, Attention Deficit Hyperactivity Disorder; Other Personal History of Psychological Trauma; -Nursing note documented as written on 5/3/21 at 5:02am by Staff#6/Registered Nurse revealed: " ...Pt (Patient) day 2 of 7 of CIWA (Clinical Institute Withdrawal Assessment) protocol for alcohol. Alert and oriented x4. Noted isolated to self relaxing in bed. c/o (complaining of) moderate-severe anxiety and sweating. Mild tremor and moderate restless and agitation observed. Last CIWA 17. Medicated per protocol. Positive effect. Pt observed sleeping throughout night without any further disturbances related to withdrawal ...;" -Nursing note documented as written on 5/3/21 at 6:08am by Staff#6/Registered Nurse revealed: " ...Approx (approximately) 5:15am BHT (Behavioral Health Technician) on duty came to nurses station notifying me that pulse ox (oximetry) was in 40-50 range. Went in to assess patient and patient was blue in color, labored breathing and pulse ox 34. Unable to arouse. 911 called, defibrillator applied, advised not to shock, chest compressions started until EMS (Emergency Medical Services) arrived. EMS administered NARCAN. EKG (electrocardiogram) applied, AMBU bag applied with o2 (oxygen). No effect, no change in condition. One nurse notified to stay in room with patient. Notified NP (Nurse Practitioner) on call. Patient transferred to hospital 5:55am ...;"	V 512		

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V 512	Continued From page 56 -Nursing note documented as written on 5/3/21 at 7:16am by Staff#6/Registered Nurse revealed: " ...Vitals as per BHT on duty at approx. 5:00am during assessments bp (blood pressure) 110/44, pulse 64, respirations 16, saO2 (oxygen saturation) 47, Temperature 96.9 ..." Review on 6/14/21 of the facility's Incident Reports revealed: -Incident Report dated 5/3/21 at approximately 5:15am for Former Client #5 written by Staff#4/Licensed Practical Nurse revealed: " ...Tech (Behavioral Health Technician - Staff #5) came to the nurse's station to let the nurse know that the patient had an oxygen saturation of 47. The nurse (Staff#6/Registered Nurse) left the station immediately to assess the patient and the other nurse (Staff#4/Licensed Practical Nurse) on duty accompanied the first nurse (Staff#6/Registered Nurse). Patient was found on his stomach with his head facing to the left side. He was not responsive to verbal cues. First nurse (Staff#6/Registered Nurse) left to call 911, while the other nurse (Staff#4/Licensed Practical Nurse) stayed behind and continued to try to arouse the patient. The patient was still unresponsive at that time. The 2nd nurse (Staff#4/Licensed Practical Nurse) instructed the tech to grab the defibrillator from the wall. The tech came back to the room with the The first nurse (Staff#6/Registered Nurse) came back to the room with EMS (Emergency Medical Services) on the phone while the other nurse (Staff#4/Licensed Practical Nurse) left to get an ambu bag to try to oxygenate the patient. The ambu bag could not be located at the time. The nurse on the phone with EMS (Staff#6/Registered Nurse) applied to the patient and no shock was advised at that time. Then the first nurse (Staff#6/Registered Nurse) instructed the 2nd	V 512		

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V 512	Continued From page 57	V 512		

nurse (Staff#4/Licensed Practical Nurse) to begin CPR (cardiopulmonary resuscitation). The second nurse (Staff#4/Licensed Practical Nurse) began compressions while the first nurse (Staff#6/Registered Nurse) gave mouth to mouth on patient. CPR continued until the EMS arrived and took over the scene. EMS administered Narcan to patient with no effect and then continued to assess the patient, perform vitals, and an EKG. No information for those results were provided to the nursing staff. The patient was then loaded onto the stretcher and transported to the hospital via ambulance ..."

Review on 5/28/21 of the local county's Police Communications Call for Service Detail Report dated 5/3/21 at 5:23:03am regarding Former Client #5 revealed:
-The caller on the 911 emergency call was Staff#6/Registered Nurse;
-Staff#6/Registered Nurse was " ...not following instructions ..." provided by the 911 operator.

Review on 5/28/21 of the audio recording of the local county's emergency 911 call dated 5/3/21 at 5:23:03am regarding Former Client #5 revealed:
-The caller for the 911 emergency call was Staff#6/Registered Nurse;
-Staff#6/Registered Nurse reported Former Client #5's " ...pulse ox was all the way down ...shallow breath ...we can't arouse him ...color is blue ...;"
-At 1 minute and 16 seconds into the call, the 911 operator inquired if compressions had started and Staff#6/Registered Nurse replied "No;"
-At 1 minute and 26 seconds into the call, the 911 operator inquired if there was adequate air flow and Staff#6/Registered Nurse replied "Not much, no;"
-At 1 minute and 39 seconds into the call, the 911 operator advised to start CPR;

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V 512	Continued From page 58 -At 2 minutes and 30 seconds into the call, the 911 operator asked if a defibrillator was available and Staff#6/Registered Nurse replied "Yes, I'll get one;" -At 2 minutes and 50 seconds into the call, Staff#6/Registered Nurse asked for a defibrillator and directed someone to get one; -At 3 minutes and 8 seconds into the call, the 911 operator asked again about a defibrillator and there was no answer from Staff#6/Registered Nurse; -At 3 minutes and 20 seconds into the call, the 911 operator asked again about the defibrillator and provided directions to Staff#6/Registered Nurse on how to use the defibrillator; -At 4 minutes and 37 seconds into the call, the defibrillator was analyzing; -At 4 minutes and 47 seconds into the call, the defibrillator advised no shock recommended; -At 5 minutes and 7 seconds into the call, the 911 operator instructed Staff#6/Registered Nurse to begin manual CPR and check the airway and throat to ensure they are clear; -At 5 minutes and 37 seconds into the call, the 911 operator asked if the patient could be moved from the bed and Staff#6/Registered Nurse advised he was too heavy; -At 5 minutes and 51 seconds into the call, the 911 operator asked Staff#6/Registered Nurse if she was ready to complete compressions; -At 5 minutes and 54 seconds into the call, Staff#6/Registered Nurse advised the 911 operator that compressions had not been initiated because they were looking for an ambu bag; -At 6 minutes and 54 seconds into the call the 911 operator advised that she really wanted chest compressions begun; -At 6 minutes and 57 seconds into the call, the 911 operator advised to start compressions and began giving instructions on how to complete	V 512		

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V 512	Continued From page 59 compressions; -At 7 minutes and 15 seconds into the call, the compressions were started. Noise in the background was similar to that of bed springs moving sporadically giving way in a rhythmic manner. Interview on 6/8/21 with Former Client #5 revealed: -Was a client at the facility in May, 2021 for alcohol detox; -Did not recall getting sick and going to the hospital while a client at the facility; -Received Subutex from Former Client #4 on 5/2/21 at approximately 10-11pm but did not feel the effects of the Subutex so Former Client #4 gave him a second Subutex to take; -Former Client #4 had snuck 7 Subutex into the facility at admission; -Began profuse sweating after he took the second Subutex and felt as if something bad was happening to him so he wrote the serenity prayer and went unconscious; -Had a previous heroin overdose in 2018 and he felt the same way during the previous overdose on heroin as he did when he took the two Subutex from Former Client #4; -Never reported the incident of taking Former Client #4's Subutex to anyone at the facility; -Had been administered many pills at the facility; -The facility staff did not really watch him during medication administration so it was easy to hide some of the pills; -Was administered and took Klonopin and Ativan the first day of treatment and then "cheeked" the medications for the remainder of his time at the facility; -Former Client #5 traded his "cheeked" Klonopin with Former Client #4 for Former Client #4's Subutex (Former Client #5 provided Former	V 512		

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V 512	Continued From page 60 Client #4 with two Klonopin and Former Client #4 provided Former Client #5 two Subutex). Interview on 6/17/21 with Staff#6/Registered Nurse revealed: -Employed as a Registered Nurse; -Holds current certification in American Red Cross CPR; -When asked to provide a CPR certification card during the interview, Staff#6/Registered Nurse left the interview room and returned with a CPR card reflecting current certification in CPR through the American Red Cross dated 8/16/19 valid for two years; -Worked the overnight shift of 5/2/21 to 5/3/21; -Staff #5 came to her on 5/3/21 at approximately 5am and reported Former Client #5's oxygen saturations were low; -Went to check on Former Client #5 and observed he had a change in color and labored breathing; -Could not arouse Former Client #5; -Left the room to call 911; -Staff#6/Registered Nurse remained with Former Client #5 to care for him; -At first, Former Client #5's breathing was similar to snoring but then his breathing stopped; -Someone got an AED (Automated External Defibrillation), but could not identify who was sent; -There was no shock recommended by the AED; -Sent someone for an ambu bag, but could not identify who was sent; -Started CPR because the 911 operator wanted compressions started; -Staff#4/Licensed Practical Nurse completed compression on the bed (because Former Client #5 was too heavy to move); -After Staff#6/Registered Nurse " ...looked through the bag (first aid supplies) twice ..." she	V 512		

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discovered there was no mask with the first aid supplies;
-Staff#6/Registered Nurse completed rescue breathing with a mask but did not identify from where the mask came;
-Did not believe there were proper supplies at the facility;
-Had previously informed the Nurse Practitioners there was a need for a back board in case of cardiac arrest resulting in the need for CPR;
-The 911 operator reported the need to start CPR at least one time during the 911 call but could not identify how many times the directive to start CPR was given by the 911 operator;
-" ...I did not want to do nothing ..."

Interview on 7/8/21 with Support Group Specialist from the American Red Cross National Office located in Pennsylvania revealed:
-CPR should not be delayed in the absence of an ambu bag;
-CPR can be completed on a soft surface if the rescuers are unable to move the victim from the soft surface;
-CPR certified personnel are responsible for completing CPR and rescue breathing for a non-breathing victim even in the absence of supplementary oxygen or an ambu bag;
-While it is optimal to use a face shield, one way valve mask, or bag valve mask, CPR certified personnel are to initiate rescue breathing and CPR as needed.

Interviews during the exit conference conducted on 7/20/21 with the Program Director, Nurse Practitioner, Vice President of Operations, Vice President of Clinical Services and Quality Management, and Executive Vice President revealed:
-The Nurse Practitioner revealed

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V 512	Continued From page 62 Staff#6/Registered Nurse acted properly as Former Client #6 had a pulse, blood pressure and respiration so CPR should not have been initiated. CPR is only to be initiate when there is an absence of a pulse and blood pressure. Former Client #5 was still a viable patient. Having started CPR would have caused additional damage to a viable patient. According to the ACLS (Advanced Cardiovascular Life Support) algorithm for urgent treatment of life-threatening emergencies, when the patient has a pulse but an abnormal breathing pattern, the patient's airways is to be maintained and rescue breathing is to be initiated; -The Executive Vice President revealed that medications are appropriately administered at the facility and per protocol all medication administration is appropriate observed. Client placement at the facility is voluntary and all appropriate steps are taken to avoid diversion. Facility staff are trained and retrained on avoiding diversion of medication. Diversion is anticipated by the staff and appropriate monitoring is in place to prevent diversion. Acknowledged there was no documentation of observation of Former Client #5 from 12:04am until approximately 5:30am on 5/3/21; however, careful review of the incident on 5/3/21 resulted in facility administration deeming the incident to be a medical incident. All staff followed protocol, intervened and documented appropriately; -The Vice President of Operations revealed Former Client #5 was checked throughout the early morning hours of 5/3/21 but there was no documentation of the 30-minute observation checks; -The Vice President of Clinical Services and Quality Management revealed the facility staff have been working on the issues identified during the survey and will continue to work aggressively	V 512		

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V 512	Continued From page 63 to address all challenges. Review on 7/20/21 of the Plan of Protection written by the Vice President of Operations dated 7/20/21 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Director of Nursing and Medication Services and Charge Nurse will provide additional Medical Responsiveness Training by Friday 7/23/21. Training will include behavior associated with response, medical supply locations, medical response protocols, and crisis response training/containment. Training will also include training on emergency codes, role clarification, and coordination of crisis care. Training attendees will include all nursing staff, all contract staff, and all behavioral health technicians. Documentation of training will be maintained in personnel file on-site at facility. Monthly Performance Improvement meetings will be held. These meetings will be a review of safety concerns raised by the staff, review of disaster and fire drills, and review of incidents from the month with root cause analysis. The committee consists of facility level staff - Program Director, nursing staff, lead behavioral health technician, and clinical coordinator. Describe your plans to make sure the above happens. Vice President of Operations will hold weekly supervision with the Program Director and these topics will be reviewed during these meetings. In addition, the Vice President of Operations will review minutes of the monthly Performance Improvement meetings."	V 512		

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V 512	Continued From page 64 Staff#6/Registered Nurse is a registered nurse who was caring for Former Client #5 on 5/3/21 when he was found unresponsive in his room, blue in color, with labored breathing and low pulse oximetry. Upon assessing Former Client #5 and contacting 911, there was a significant delay in securing necessary equipment and initiating emergency care. Staff#6/Registered Nurse left Former Client #5 with a Licensed Practical Nurse and a Behavioral Health Technician to retrieve a phone to call 911 rather than sending a subordinate for the phone and continuing to provide lifesaving measures. She failed to secure an AED without prompting from the 911 operator and failed to initiate cardiopulmonary resuscitation compressions for over 7 minutes despite multiple instructions from the 911 operator to begin such lifesaving measures. This deficiency constitutes a Type A1 rule violation for serious harm and neglect and must be corrected within 23 days. An administrative penalty of $6,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 512		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall	V 536		

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V 536	Continued From page 65 demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making	V 536		

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V 536	Continued From page 66 decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.	V 536		

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V 536	Continued From page 67 (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers.	V 536		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-332	A. BUILDING: _____ B. WING _____	07/20/2021

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V 536	Continued From page 68	V 536		

This Rule is not met as evidenced by:
Based on interview and record review, the facility failed to ensure all staff and contracted personnel were trained in alternatives to restrictive interventions prior to providing services affecting 2 of 6 audited staff (Staff #5 and Staff #6/Registered Nurse) and 1 of 1 audited contracted personnel (Contract Personnel #1). The findings are:

Review on 6/17/21 of Staff #5's record revealed:
-Hired 4/15/21;
-Employed as Behavioral Health Technician;
-No training in alternatives to restrictive interventions.

Review on 6/17/21 of Staff #6/Registered Nurse's record revealed:
-Hired 3/1/21;
-Employed as Registered Nurse;
-No training in alternatives to restrictive interventions.

Review on 7/9/21 of email correspondence from the Program Director dated 7/9/21 revealed:
-The facility had used six different contracted healthcare personnel agencies from 1/1/21 through 6/30/21, supplying a total of 27 contracted staff.

Interview on 6/17/21 with the Human Resources Administrator and attempted review of Contract

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V 536	Continued From page 69 Personnel #1's record revealed: -There was no record available for review; -When asked about details regarding Contract Personnel #1's job responsibilities, training, experience, and qualifications, the Human Resources Administrator revealed Contract Personnel #1 worked as a Behavioral Health Technician. There were no records maintained on Contract Personnel #1 as she was not an employee of the facility but was contracted personnel provided through a contracted healthcare personnel agency. Interview on 6/29/21 with the Vice President of Operations revealed: -No longer using contracted healthcare personnel agencies to provide staffing for the facility; -Recognized deficits with training which resulted in a lack of training for the Behavioral Health Technicians ; -Recently implemented a new training system. Interviews during the exit conference conducted on 7/20/21 with the Program Director, Nurse Practitioner, Vice President of Operations, Vice President of Clinical Services and Quality Management, and Executive Vice President revealed: -The Vice President of Operations revealed training will be completed for all staff. -The Executive Vice President revealed it was a policy for all staff to be trained in alternatives to restrictive interventions prior to working with clients. The deficiency is cross referenced into 10A NCAC 27G .3101 Scope (V218) for a Type A1 rule violation and must be corrected within 23 days.	V 536		

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V 537	Continued From page 70	V 537		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (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 plans to employ must be approved by the Division of MH/DD/SAS pursuant to	V 537		

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V 537	Continued From page 71 Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (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 Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the	V 537		

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V 537	Continued From page 72 need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (4) 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. (5) 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 (j)(6) of this Rule. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10) Trainers shall teach a program on the use of restrictive interventions at least once	V 537		

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V 537	Continued From page 73 annually. (11) Trainers shall complete a refresher instructor training at least every two years. (k) 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 outcome (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. (l) 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. (m) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure all staff and contracted personnel were trained in seclusion, physical restraint, and isolation time-out prior to providing services affecting 2 of 6 audited staff (Staff #5 and Staff #6/Registered Nurse) and 1 of 1 audited contracted personnel (Contract Personnel #1). The findings are: Review on 6/17/21 of Staff #5's record revealed: -Hired 4/15/21;	V 537		

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V 537	Continued From page 74 -Employed as Behavioral Health Technician; -No training in seclusion, physical restraint, and isolation time-out. Review on 6/17/21 of Staff #6/Registered Nurse's record revealed: -Hired 3/1/21; -Employed as Registered Nurse; -No training in seclusion, physical restraint, and isolation time-out. Review on 7/9/21 of email correspondence from the Program Director dated 7/9/21 revealed: -The facility had used six different contracted healthcare personnel agencies from 1/1/21 through 6/30/21, supplying a total of 27 contracted staff. Interview on 6/17/21 with the Human Resources Administrator and attempted review of Contract Personnel #1's record revealed: -There was no record available for review; -When asked about details regarding Contract Personnel #1's job responsibilities, training, experience, and qualifications, the Human Resources Administrator revealed Contract Personnel #1 worked as a Behavioral Health Technician. There were no records maintained on Contract Personnel #1 as she was not an employee of the facility but was contracted personnel provided through a contracted healthcare personnel agency. Interview on 6/29/21 with the Vice President of Operations revealed: -No longer using contracted healthcare personnel agencies to provide staffing for the facility; -Recognized deficits with training which resulted in a lack of training for the Behavioral Health Technicians ;	V 537		

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V 537	Continued From page 75 -Recently implemented a new training system. Interviews during the exit conference conducted on 7/20/21 with the Program Director, Nurse Practitioner, Vice President of Operations, Vice President of Clinical Services and Quality Management, and Executive Vice President revealed: -The Vice President of Operations revealed training will be completed for all staff. -The Executive Vice President revealed it was a policy for all staff to be trained in seclusion, physical restraint, and isolation time-out prior to working with clients. The deficiency is cross referenced into 10A NCAC 27G .3101 Scope (V218) for a Type A1 rule violation and must be corrected within 23 days.	V 537		