STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL097-065	A. BUILDING: _____ B. WING _____	09/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN HEALTH SOLUTIONS - NORTH WILKESBO	200 NORTHVIEW PLAZA NORTH WILKESBORO, NC 28659

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V 000	INITIAL COMMENTS An annual survey was completed on 9/30/2021. Deficiecies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .3600 Outpatient Opioid Treatment and 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program. The current census was 542.	V 000		
V 235	27G .3603 (A-C) Outpt. Opiod Tx. - Staff 10A NCAC 27G .3603 STAFF (a) A minimum of one certified drug abuse counselor or certified substance abuse counselor to each 50 clients and increment thereof shall be on the staff of the facility. If the facility falls below this prescribed ratio, and is unable to employ an individual who is certified because of the unavailability of certified persons in the facility's hiring area, then it may employ an uncertified person, provided that this employee meets the certification requirements within a maximum of 26 months from the date of employment. (b) Each facility shall have at least one staff member on duty trained in the following areas: (1) drug abuse withdrawal symptoms; and (2) symptoms of secondary complications to drug addiction. (c) Each direct care staff member shall receive continuing education to include understanding of the following: (1) nature of addiction; (2) the withdrawal syndrome; (3) group and family therapy; and (4) infectious diseases including HIV, sexually transmitted diseases and TB.	V 235		

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V 235	Continued From page 1	V 235		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure a minimum of one certified drug abuse counselor or certified substance abuse counselor to each 50 clients and increments thereof were on the staff of the facility; and that 1 of 3 audited staff (Counselor #1 (C#1)) met certification requirements within 26 months from the date of employment. The findings are:

Review on 9/28/2021 of the facility's client and staff census reports revealed:
- There were 542 clients being served by the licensed Outpatient Opioid Treatment component of the facility's services.
- There were 10 Counselors working at the facility.

Review on 9/30/2021 of C#1's employee file revealed:
- Hire date: 10/12/2015
- She had registered for the Certified Alcohol nad Drug Counselor credential on 12/15/2015, and again on 1/11/2021.
- She had not yet received full credential status.

Interview on 9/30/2021 with C#1 revealed:
- She had been working as a Counselor at the facility for approximately 6 years.
- Her caseload had been 54 clients for "a pretty good while."
- She was registered as a CSAC-R (Certified Substance Abuse Counselor - the certification title prior to the Certification Board changing the name on 1/1/2020).
- She had not passed the test to obtain full certification yet.

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V 235	Continued From page 2 - She would probably be re-taking the test within the coming months. Interview on 9/30/2021 with Counselor #2 revealed: - His caseload was currently 55 clients. - There had been some staff turnover which had impacted Counselor caseloads. - At one point, he had 60 clients while a co-worker was out due to Covid-19. - Facility Management tried to keep his caseload around 50. Interview on 9/30/2021 with the Clinic Director revealed: - C#1 had to re-register for certification at the end of her 5-year registration period. - C#1 had test anxiety and had not yet passed the certification exam. - She had been exploring obtaining a waiver to allow C#1 to continue working beyond the expired 26-month time frame required by rule for obtaining certification. - She and one other Counselor on staff were also certified substance abuse counselors. - The facility had an open Counselor position, but they had trouble finding qualified staff to fill the position.	V 235		
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	V 536		

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disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.
(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.
(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable 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;

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V 536	Continued From page 4 (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing 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	V 536		

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V 536	Continued From page 5 approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (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.	V 536		

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V 536	Continued From page 6 (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure staff completed Training on Alternatives to Restrictive Interventions prior to providing services for 1 of 1 Registered Nurse (RN). The findings are: Review on 9/30/2021 of the RN personnel record revealed: -A hire date of 8/24/2021; -No documentation that Training on Alternatives to Restrictive Interventions had been completed. Interview on 9/30/2021 with the RN revealed she was unable to remember whether she had completed Training on Alternatives to Restrictive Interventions. Interview on 9/30/2021 with the Nursing Supervisor revealed: -The RN was recently hired and had not yet completed the Training on Alternatives to Restrictive Interventions; -The RN was scheduled to complete the training in October 2021; -He was not aware that the training was required to be completed by staff prior to providing services. Interview on 9/30/2021 with the Clinical Director	V 536		

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V 536	Continued From page 7 revealed: -The RN was recently hired and had not yet completed the Training on Alternatives to Restrictive Interventions; -The RN was scheduled to complete the training in October 2021; -October 2021 was the first scheduled training since COVID-19 began in 2020; -She was aware that the training was required to be completed by staff prior to providing services.	V 536		