

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2021
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NAME OF PROVIDER OR SUPPLIER
RED OAK RECOVERY

STREET ADDRESS, CITY, STATE, ZIP CODE
**631 WILLOW CREEK ROAD
LEICESTER, NC 28748**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and complaint survey was completed on December 21, 2021. The complaints were unsubstantiated (Intake #NC00179071 and #NC00183222). Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders and 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and	V 105	DHSR - Mental Health JAN 12 2022 Lic. & Cert. Section	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Please see Red Oak Recovery's attached Plan of Correction on the State's form (Appendix 1-B: Plan of Correction Form).

Julia Hugel
1-7-2022
Compliance Officer

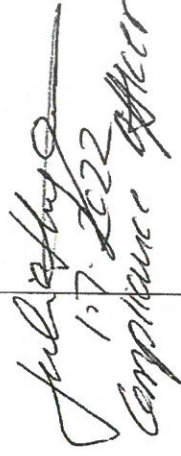
Appendix 1-B: Plan of Correction Form

Plan of Correction

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

Plans.Of.Correction@dhhs.nc.gov

Provider Name:	Red Oak Recovery, LLC	Phone:	828-380-6573
Provider Contact	Julia Hughes	Fax:	
	Red Oak Recovery, LLC	Email:	juliah@redoakrecovery.com
	108 Executive Park, Asheville, NC 28801		
Person for follow-up:	Julia Hughes		
Address:	631 Willow Creek Rd, Leicester, NC 28748		
	Provider # MHL011-368		

Finding	Corrective Action Steps	Responsible Party	Time Line
V-000 (Initial Comments)	Red Oak Recovery ("ROR") has prepared this Plan of Correction ("POC") in response to the letter from the NC Mental Health Licensure & Certification Section dated December 30, 2021. The statements included in ROR's POC are not an admission and do not constitute agreement with the alleged deficiencies herein. The following POC constitutes ROR's compliance with state law and agency regulations.	Julia Hughes	Implementation Date: Projected Completion Date:
V-105 (Governing Body Policies)	Tag V105 cross-references the six tags below it in the State Form, which ROR will address individually below. Tag V105 notes that ROR clients all appear to reside at the facility and their residence at the facility is "contingent" upon participating in treatment/services. Tag V105 notes that ROR is not licensed for residential services, and that behaviors of clients outside of clinical programming hours were documented in the clients' clinical records. Tag V105 also notes that ROR provides supervision of clients 24 hours per day, provides clinical services in the onsite residence (aka "the Lodge"), and does not differentiate staff between ROR's two licensed activities (Day Treatment and Substance Abuse Intensive Outpatient or "SAIOP"). As mentioned above, ROR will address its plans for correcting these alleged deficiencies in the cross-referenced tags. But generally, ROR is taking the following actions to address the issues cited in Tag V105:	 1.7.2022 Compliance Officer	Implementation Date: Projected Completion Date:

	<p>-ROR already revised its enrollment and financial documents to remove any reference to residential services/fees, which were a clerical error. ROR will ensure sufficient separation between clinical services/fees and the "Program Fee" for non-clinical services. The Program Fee entitles clients to participate in non-clinical services (e.g. equine therapy, wilderness hikes, 12-step programs, etc.) and the option to stay at the Lodge while participating in clinical and non-clinical services. ROR will make clear that clients who wish only to participate in and pay for the non-clinical services may continue to reside at the Lodge.</p> <p>-ROR will require staff to document clinical and non-clinical progress notes in separate sections of the Electronic Medical Record ("EMR") software, to avoid documented client behaviors outside of the clinical setting impacting clients' treatment in the clinical setting. Staff will receive training on using the EMR appropriately.</p> <p>-ROR staff do not provide 24-hour client supervision. They are paid hourly for services provided between the hours of 7am - 11pm. Staff are afforded the option to stay onsite for the same reason that clients are allowed to stay at the Lodge (safety and convenience, as ROR is in a very remote location). But staff are not expected to supervise clients overnight, and do not do so to ROR's knowledge. ROR will provide staff training to ensure there is no confusion about when/how clients are to be supervised and will update clients' enrollment documents to ensure they are aware that ROR does not provide 24-hour supervision (as it is a day treatment/SAIOP facility).</p> <p>-ROR will ensure that all staff and clients are aware that clinical services/treatment may not occur at the Lodge, or any other onsite location not licensed for Day Treatment or SAIOP services. ROR has already communicated this concept to staff and incorporated it into the staff training materials ROR prepared in response to the Department's feedback.</p>	<p>Julia Hughes (Compliance Manager)</p> <p>Christopher Haug (Quality Assurance Manager) and Mick Masterson (VP of Operations) will oversee this practice and monitor compliance.</p> <p>Christopher Haug (Quality Assurance Manager) and Mick Masterson (VP of Operations) will oversee staff training; Julia Hughes (Compliance Manager) will oversee enrollment documents.</p> <p>Christopher Haug (Quality Assurance Manager) and Mick Masterson (VP of Operations) will oversee staff training and monitor compliance</p>	<p>Implemented initial revisions in December 2021 after discussion with the Department; will complete additional revisions by January 13, 2022.</p> <p>ROR will train staff on segregating clinical and non-clinical progress notes in the EMR by January 31, 2022.</p> <p>ROR will update documents provided to clients no later than January 13, 2022. ROR already prepared staff training materials that will address this issue. All direct care and clinical staff will receive the training by 1/31/22. Thereafter, ROR will provide training to all new hires and annual training updates to existing staff.</p> <p>ROR already communicated to direct care and clinical staff that no clinical treatment/services may occur at the Lodge. ROR will complete staff training on this concept no later than 1/31/22. Thereafter, ROR will provide training to all new hires and annual training updates to existing staff.</p>
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<p>V-116 (Medication Requirements)</p>	<p>-ROR will implement policies and procedures to ensure sufficient identification and separation of staff providing and clients participating in Day Treatment versus SAIO. This will include designating a clinical director over both programs who is a Licensed Clinical Addiction Specialist ("LCAS"), and a designated Qualified Professional ("QP") for each program. Remaining staff (including QPs and non-QPs) will be assigned to each program based on the ratio of clients participating in each program on a given day. ROR will keep a daily log of which staff are assigned to which program, which will correspond with the clients participating in each program.</p>	<p>Christopher Haug (Quality Assurance Manager), Mick Masterson (VP of Operations), and Julia Hughes (Compliance Manager) will oversee this policy and monitor compliance.</p>	<p>ROR has already implemented a process for designating staff and clients between the two programs. ROR will adopt this process via a written policy no later than January 13, 2022. This will be an ongoing compliance measure.</p>
<p>Tag V-116 notes that ROR failed to restrict dispensing of medications to registered pharmacists, physicians, or health care practitioners authorized by law. Specifically, Tag V-116 cites that ROR staff <i>dispensed</i> medications to wilderness guides; ROR maintained extra labels for bottles of medication in the locked medication cabinet and those labels were affixed to medications that went with ROR guides on wilderness hikes; clients did not have access to their own medications; and medications were administered where the clients reside.</p> <p>-ROR updated its written medication administration policy for staff to ensure that it complies with 10A NCAC 27G.0209, and all staff will receive a copy of the policy. As part of this policy, only eligible staff may administer medications, and no staff may dispense medications. ROR has also prepared training materials for staff to address the proper administration of medication.</p> <p>-ROR will no longer repack or relabel medications from their original packaging for wilderness hikes or otherwise. Instead, medications will be sent with guides in their original packaging for wilderness hikes.</p>	<p>Julia Hughes (Compliance Manager), Christopher Haug (Quality Assurance Manager), and Mick Masterson (VP of Operations) will oversee this policy and monitor compliance.</p>	<p>ROR already updated its medication administration policy and prepared staff training materials. All direct care and clinical staff will receive the policy no later than 1/13/22, and all direct care and clinical staff will receive training by 1/31/22. Thereafter, ROR will provide training to all new hires and annual updates to existing staff.</p>	<p>Implementation Date:</p> <p>Projected Completion Date:</p> <p>ROR has already implemented this new policy.</p>

<p>V-239 (Day Tx. Sub. Abuse – Scope)</p>	<p>-For purposes of patient safety and to avoid issues of theft, ROR staff will continue to limit access to and administer client medications when clients are onsite or on wilderness hikes, unless clients have a prescription from a physician ordering self-administration. ROR will add this policy to ROR's written enrollment paperwork, so clients will consent to this policy. ROR believes this is allowable under its Day Treatment and SAIOP licenses, as clients in those programs who participate in treatment for 12-16-hour spans (which many do) would require medication administration regardless of where they reside (in other words, medication administration is not merely a function of clients residing at the Lodge).</p> <p>-ROR has instructed staff that medications are not to be administered in the Lodge where clients reside. In line with ROR's written policy, medications will not be administered in the clients' residence.</p>	<p>Julia Hughes (Compliance Manager), Christopher Haug (Quality Assurance Manager) and Mick Masterson (VP of Operations) will oversee medication policy and monitor compliance; Julia Hughes (Compliance Manager) will oversee enrollment paperwork</p> <p>Christopher Haug (Quality Assurance Manager), Mick Masterson (VP of Operations) and Julia Hughes (Compliance Manager) will oversee this policy and monitor compliance.</p>	<p>ROR will implement the updated enrollment paperwork no later than January 13, 2022.</p> <p>ROR already implemented this policy.</p> <p>Implementation Date:</p> <p>Projected Completion Date:</p>
<p>ROR already updated its enrollment paperwork. ROR prepared staff training materials that will address this issue. All direct care and clinical staff will receive training by 1/31/22. Thereafter, all new hires will receive the training, and existing staff will receive annual training updates.</p>	<p>Christopher Haug (Quality Assurance Manager) and Mick Masterson (VP of Operations) will oversee staff training and monitor compliance; Julia Hughes (Compliance Manager) will oversee enrollment documents.</p>	<p>ROR already updated the enrollment paperwork. ROR prepared staff training materials that will address this issue. All direct care and clinical staff will receive training by 1/31/22. Thereafter, all new hires will receive the training, and existing staff will receive annual training updates.</p>	<p>ROR already updated the enrollment paperwork. ROR prepared staff training materials that will address this issue. All direct care and clinical staff will receive training by 1/31/22. Thereafter, all new hires will receive the training, and existing staff will receive annual training updates.</p>

<p>-ROR informed staff that no clinical treatment/services may take place in the Lodge or any other unlicensed location. ROR's staff training will also reiterate this point. Staff will keep clients informed of this policy.</p> <p>-ROR revised its enrollment and financial documents to remove any reference to a residential level of treatment, which was a clerical error. ROR confirmed that is has never charged a private-pay client or an insurance carrier a residential-level treatment fee.</p> <p>-ROR developed staff training materials to make clear that clients are free to leave at will. For safety reasons (as ROR is located in a remote area and surrounded by private property), clients wishing to leave will be encouraged to allow ROR staff to arrange for transportation to a safe and/or public place and staff will be directed to assist however possible.</p> <p>- ROR will require staff to document clinical and non-clinical progress notes in separate sections of the Electronic Medical Record ("EMR") software, in order to avoid documented client behaviors outside of the clinical setting impacting clients' treatment in the clinical setting. Staff will receive training on using the EMR appropriately.</p> <p>-ROR is implementing a new policy/procedure to more clearly designate clients between Day Treatment and SAIOP. ROR will designate clients between the two programs based on their clinical needs/history and will assign them to a practitioner designated to serve that program (which will be described further in the section responding to Tag V-240). To the extent clients transition from Day Treatment to SAIOP (which is often required by clients' insurance carriers), clients will be assigned to a designated SAIOP case manager but will also be allowed to maintain their original therapist. ROR believes this is the best approach to ensure continuity of clinical care for clients who transition between programs, while also meeting the requirements of the governing regulation.</p>	<p>Christopher Haug (Quality Assurance Manager) and Mick Masterson (VP of Operations) will oversee training and will monitor compliance.</p> <p>Julia Hughes (Compliance Manager)</p> <p>Christopher Haug (Quality Assurance Manager) and Mick Masterson (VP of Operations) will oversee this policy and training.</p> <p>Christopher Haug (Quality Assurance Manager), Mick Masterson (VP of Operations), and Julia Hughes (Compliance Manager) will oversee this training and monitor compliance.</p> <p>Julia Hughes (Compliance Manager), Christopher Haug (Quality Assurance Manager), and Mick Masterson (VP of Operations) will oversee implementation of this policy/procedure and will monitor compliance.</p>	<p>ROR already communicated this to staff and clients. These communications will be ongoing.</p> <p>This has already been completed.</p> <p>ROR developed staff training on this issue. All direct care and clinical staff will receive the training 1/31/22. Thereafter, all new hires will receive the training, and existing staff will receive annual training.</p> <p>ROR will train staff on segregating clinical and non-clinical progress notes in the EMR update its policies by January 31, 2022.</p> <p>ROR has already begun implementation of this policy in practice and will complete implementation no later than 1/13/22.</p>
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<p>-ROR will revise the enrollment paperwork for clients to make clear that clients who no longer wish to participate in clinical treatment/services may continue participating in ROR's non-clinical programs (e.g., equine therapy, wilderness hikes) and staying at the Lodge while doing so. To the extent clients wish to withdraw from all ROR programming, they will be discharged at that point and no longer allowed to reside at the Lodge.</p>	<p>Julia Hughes (Compliance Manager) will oversee revising the documents, and along with Christopher Haug (Quality Assurance Manager) and Mick Masterson (VP of Operations), will monitor compliance.</p>	<p>ROR will update the enrollment documents to address this particular issue no later than 1/13/22.</p>
<p>V-240 (Day Tx. Sub. Abuse – Staff)</p>	<p>Tag V-240 notes that ROR failed to identify staff to fulfill the role of one full-time equivalent certified alcoholism, drug abuse, or substance abuse counselor ("LCAS") for every 16 or fewer clients. Specifically, Tag V-240 cites that ROR therapists were not specifically assigned to specific programs and no specific staff were designated to meet the minimum LCAS requirement, although there were numerous staff who could meet the requirement; and, clients do not switch therapists when they move between programs and all clients receive the same clinical services regardless of designation.</p>	<p>Implementation Date: Projected Completion Date:</p>
<p>-ROR has now created a tiered staff system:</p> <ul style="list-style-type: none"> ① ROR has one clinical director who oversees both the Day Treatment and SAJOP programs. The clinical director is an LCAS. ② ROR has designated one LCAS for each program on a permanent basis, ③ ROR will assign additional LCAS and QPs to meet the regulatory requirements on a daily basis, based on the number of clients in each program at a given time. <p>ROR will maintain a daily staff log reflecting the staffing assignments by program.</p>	<p>Christopher Haug (Quality Assurance Manager), Mick Masterson (VP of Operations), and Julia Hughes (Compliance Manager) will oversee this policy and monitor compliance.</p>	<p>ROR has already implemented this system and will maintain the daily staff log on an ongoing basis.</p>
<p>-ROR will address differentiating clients' treatment providers between the two programs as follows:</p> <ul style="list-style-type: none"> ① Most (if not all) clients begin in the Day Treatment program, at which time they are assigned a therapist. For purposes of continuity of care, unless clinically warranted, ROR will not switch a clients' primary therapist if/when they transition to SAJOP (which often occurs at the behest of clients' insurance companies and is not a clinical decision). ② However, when clients transition to SAJOP, they will be assigned to the SAJOP case manager (who is a Certified Alcohol and Drug Counselor ("CADC")) permanently assigned to the SAJOP program). The SAJOP case manager will provide different services than the primary therapist, focusing on transitioning clients out of IOP and back into the community. The SAJOP case Manager, 	<p>Christopher Haug (Quality Assurance Manager), Mick Masterson (VP of Operations), and Julia Hughes (Compliance Manager) will oversee this policy and monitor compliance.</p>	<p>ROR will implement this practice no later than January 13, 2022.</p>

<p>V-266 (Sub. Abuse Intensive Outpt – Scope)</p>	<p>CADC meets requirements for QP.</p>		
<p>Tag V-266 notes that ROR failed to operate within the scope of SAIOP by not providing services in an outpatient setting. Specifically, Tag V-266 cited that ROR clinical services/treatment occurred where the clients live; clients were not allowed to leave campus freely; behaviors outside of clinical programming hours were documented in progress notes that impacted clinical treatment; there was no distinction between Day Treatment and SAIOP programs; and clients do not switch therapists when transitioning between programs.</p> <p>-ROR informed staff that no clinical treatment/services may take place in the Lodge or any other unlicensed location. ROR's staff training will also reiterate this point. Staff will keep clients informed of this policy.</p> <p>-ROR developed staff training materials to make clear that clients are free to leave at will. For safety reasons (as ROR is located in a remote area and surrounded by private property), clients wishing to leave will be encouraged to allow ROR staff to arrange for transportation to a safe and/or public place and staff will be directed to assist however possible.</p> <p>- ROR will update it require staff to document clinical and non-clinical progress notes in separate sections of the Electronic Medical Record ("EMR") software, in order to avoid documented client behaviors outside of the clinical setting impacting clients' treatment in the clinical setting. Staff will receive training on using the EMR appropriately.</p>	<p>Christopher Haug (Quality Assurance Manager) and Mick Masterson (VP of Operations) will oversee training and, along with Julia Hughes (Compliance Manager), will monitor compliance.</p> <p>Christopher Haug (Quality Assurance Manager) and Mick Masterson (VP of Operations) will oversee this policy and training.</p> <p>Christopher Haug (Quality Assurance Manager) and Mick Masterson (VP of Operations) and Julia Hughes (Compliance Manager) will oversee this policy and monitor compliance.</p> <p>Julia Hughes (Compliance</p>	<p>ROR already communicated this to staff and clients. These communications will be ongoing.</p> <p>ROR developed staff training on this issue. All direct care and clinical staff will receive the training by 1/31/22. Thereafter, all new hires will receive the training, and existing staff will receive annual training updates.</p> <p>ROR will train staff on segregating clinical and non-clinical progress notes in the EMR update its policies by January 31, 2022.</p> <p>ROR has already begun</p>	

<p>designate clients between Day Treatment and SAIOP. ROR will designate clients between the two programs based on their clinical needs/history and will assign them to a practitioner designated to serve that program (described further in the section responding to Tag V-240). To the extent clients transition from Day Treatment to SAIOP (which is often required by clients' insurance carriers), clients will be assigned to a designated SAIOP case manager but will also be allowed to maintain their original therapist. ROR believes this is the best approach to ensure continuity of clinical care for clients who transition between programs, while also meeting the requirements of the governing regulation.</p> <p>-ROR will address differentiating clients' treatment providers between the two programs as follows:</p> <ul style="list-style-type: none"> ① Most (if not all) clients begin in the Day Treatment program, at which time they are assigned a therapist. For purposes of continuity of care, unless clinically warranted, ROR will not switch a clients' primary therapist if/when they transition to SAIOP (which often occurs at the behest of clients' insurance companies and is not a clinical decision). ② However, when clients transition to SAIOP, they will be assigned to the SAIOP case manager (who is a CADC permanently assigned to the SAIOP program). The SAIOP case manager will provide different services than the primary therapist, focusing on transitioning clients out of IOP and back into the community. The SAIOP case Manager, CADC meets requirements for QP. 	<p>Manager), Christopher Haug (Quality Assurance Manager), and Mick Masterson (VP of Operations) will oversee implementation of this policy/procedure and will monitor compliance.</p> <p>Christopher Haug (Quality Assurance Manager), Mick Masterson (VP of Operations), and Julia Hughes (Compliance Manager) will oversee this policy and monitor compliance.</p>	<p>implementation of this policy in practice and will complete implementation no later than 1/13/22.</p> <p>ROR will implement this practice no later than January 13, 2022.</p>
<p>V-267 (Sub. Abuse Intensive Outpt – Staff)</p>	<p>Tag V-267 notes that ROR failed to identify at least one QP for every 12 or fewer adult clients. Specifically, Tag V-267 cited that therapists were not assigned to a particular program and no staff were identified as the regulatorily-required QP for the SAIOP program.</p> <p>-ROR has now created a tiered staff system:</p> <ul style="list-style-type: none"> ① ROR has one clinical director who oversees both the Day Treatment and SAIOP programs. The clinical director is an LCAS. ② ROR has designated one LCAS for each program on a permanent basis. ③ ROR will assign additional LCAS and QPs to meet the regulatory requirements on a daily basis, based on the number of clients in each program at a given time. <p>ROR will maintain a daily staff log reflecting the staffing assignments by program.</p>	<p>ROR has already implemented this system and will maintain the daily staff log on an ongoing basis.</p> <p>Christopher Haug (Quality Assurance Manager), Mick Masterson (VP of Operations), and Julia Hughes (Compliance Manager) will oversee this policy and monitor compliance.</p>

<p>V-268 (Sub. Abuse Intensive Outpt – Operations)</p>	<p>Tag V-268 notes that ROR failed to operate in a setting separate from clients' residence. Specifically, Tag V-268 cited that clients' daily IOP programming schedule ran outside of clinical programming hours and reflected non-clinical activities; clinical services occurred where the clients reside; and staff provided "line of sight management and medication management" 24/7.</p> <p>-ROR will amend the format for clients' daily schedule to differentiate between ROR's clinical programming and ROR's non-clinical activities (including equine therapy, wilderness hikes, 12-step programs, and activities related to maintaining the clients' lodgings).</p> <p>-ROR informed staff that no clinical treatment/services may take place in the Lodge or any other unlicensed location. ROR's staff training will also reiterate this point. Staff will keep clients informed of this policy.</p> <p>-ROR staff do not provide 24-hour supervision. They are paid hourly for services provided between the hours of 7am – 11pm. Staff are afforded the option to stay onsite for the same reason that clients are allowed to stay at the Lodge (safety and convenience, as ROR is in a very remote location). But staff are not expected to supervise clients overnight, and do not do so to ROR's knowledge. ROR will provide staff training to ensure there is no confusion about when/how clients are to be supervised and will update clients' enrollment documents to ensure they are aware that ROR does not provide 24 hour supervision (as it is a Day treatment/SAIOP facility).</p> <p>-ROR has instructed staff that medications are not to be administered in the Lodge where clients reside. In line with ROR's written policy, medications will not be administered in clients' residences.</p>	<p>Christopher Haug (Quality Assurance Manager), Mick Masterson (VP of Operations) and Julia Hughes (Compliance Manager) will oversee this change and monitor compliance.</p> <p>Christopher Haug (Quality Assurance Manager), and Mick Masterson (VP of Operations) will oversee training and, along with Julia Hughes (Compliance Manager), will monitor compliance.</p> <p>Christopher Haug (Quality Assurance Manager) and Mick Masterson (VP of Operations) will oversee staff trainings; Julia Hughes (Compliance Manager) will oversee enrollment documents.</p> <p>Christopher Haug (Quality Assurance Manager), Mick Masterson (VP of Operations), and Julia Hughes (Compliance Manager) will oversee this policy and monitor</p>	<p>ROR will implement this policy no later than January 13, 2022.</p> <p>ROR already communicated this to staff and clients. These communications will be ongoing.</p> <p>ROR will update documents provided to clients no later than January 13, 2022. ROR prepared staff training materials that will touch on this issue. All direct care and clinical staff will receive the training by 1/31/22. Thereafter, ROR will provide training to all new hires and annual updates to existing staff.</p> <p>ROR already implemented this policy.</p>
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John A. Kelly
11-07-22