

January 21, 2022

VIA EMAIL & CERTIFIED MAIL

Benjamin Robinson
Facility Compliance Consultant I
Mental Health Licensure & Certification Section
North Carolina Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Annual Survey & Plan of Correction – Red Oak Recovery, LLC (MHL 011-368)

Dear Mr. Robinson:

On December 30, 2021, you sent a letter to Red Oak Recovery, LLC (“Red Oak”) regarding its Annual and Complaint Survey completed December 21, 2021, along with a Statement of Deficiencies Form. In the letter, you requested that Red Oak develop a Plan of Correction (“POC”) addressing each deficiency and return it to the North Carolina Division of Health Service Regulation (“DHSR”) within ten days of receiving the letter.

Red Oak timely submitted its POC to DHSR on January 7, 2022. Red Oak hereby submits to DHSR an Amended POC that includes this cover letter explaining why Red Oak disagrees with DHSR’s determination. Nonetheless, Red Oak is committed to correcting any deficiencies and working collaboratively with DHSR to ensure clients continue to remain safe, respected, and empowered while receiving the substance abuse treatments Red Oak is licensed to provide.

Summary of DHSR’s Findings

DHSR’s Statement of Deficiencies included several cross-referenced “tags,” which culminated in DHSR issuing a deficiency for “exploitation.” Under the applicable regulation, “exploitation” is defined as:

“[T]he use of a client’s person or property for another’s profit or advantage or breach [sic] of a fiduciary relationship through improper use of a client’s person or property including situations where an individual obtains money, property, or services from a client from undue influence, harrassment, deception, or fraud.” 10A N.C.A.C 27C.0102(b)(9).

DHSR’s cross-referenced tags from the Statement of Deficiency that purportedly support the alleged deficiency can be summarized as follows:

- **Residential vs. Outpatient Issues:** Red Oak is licensed to provide outpatient services, but many clients reside onsite while participating in treatment. Red Oak's enrollment and financial documents indicated that Red Oak charged a residential fee to clients, despite only being licensed to provide outpatient treatment. Interviews with clients and staff indicated that Red Oak may be providing residential services, evidenced by 24-hour supervision of clients; administering medication in the lodge where clients reside; and holding group meetings in the lodge where clients reside. Finally, interviews indicated that accessing Red Oak's services may be contingent upon residing onsite.
- **No Distinction between Treatment Programs:** Interviews with clients and staff indicated that there was no distinction between the different types of treatment Red Oak provides to clients (*e.g.*, day treatment versus intensive outpatient), and staff were not specifically designated for different treatment areas (making it hard to confirm whether Red Oak complied with the requisite staff to client ratios). Additionally, interviews indicated that clients' behaviors outside of the clinical setting (*i.e.*, on wilderness hikes or at the onsite residential area) were recorded and impacted clinical treatment.

Red Oak's Response

Red Oak addresses each of the above-referenced issues in the attached POC and is committed to ensuring that it remains in compliance with DHSR's rules. But as Red Oak explained to DHSR previously, Red Oak disputes the accuracy of several of the findings/tags. Specifically:

- Red Oak confirmed and communicated to DHSR prior to DHSR issuing the deficiency that it has never charged any client a residential fee. The reference to a residential fee in Red Oak's paperwork was a clerical error.
- Red Oak does not provide 24-hour supervision of clients. Some staff reside onsite, like the clients, because the campus is in a very remote area and commuting is difficult. But staff who reside onsite are not paid for and do not provide overnight supervision.
- Red Oak has never communicated to clients that they must reside onsite to participate in the outpatient treatment programs, nor has Red Oak ever practiced such a policy. Rather, residing onsite is a convenience that Red Oak provides to clients as part of the Program Fee (which is separate than Red Oak's Clinical Fee for clinical services).
- Red Oak has never communicated to clients that the facility is a residential treatment center or that clients are in Red Oak's custody. Staff do attempt to intervene when clients want to leave on foot (especially after dark), as the campus is surrounded by private property and is very remote. Red Oak staff attempt to find transportation for clients to a safe place if/when they want to leave.

Red Oak disputes that any of the deficiencies listed above resulted in exploitation of clients. In order to support a finding of exploitation, DHSR would need to demonstrate that Red Oak improperly used a client's person or property or obtained money from that client using undue influence, harrasment, deception, or fraud. For example, a finding of exploitation could result if an outpatient substance abuse provider charged clients or their insurance companies a residential fee despite not providing and not being licensed to provide residential services.

Further, a finding of exploitation could result if an outpatient substance abuse provider's clients were coerced into paying additional fees to reside onsite as a means to accessing outpatient treatment programs. Neither of those scenarios occurred with Red Oak and DHSR makes no such allegation.

Instead, DHSR's survey indicated that Red Oak could do a better job of ensuring clients understand the scope of available services (*i.e.* non-residential day treatment and intensive outpatient) and assigning staff to particular service lines to more clearly meet the staffing requirements for each treatment program. The survey also indicated that Red Oak needed to take additional steps to ensure sufficient separation of the onsite lodgings from the clinical treatment facility. These deficiencies, while important areas for improvement that Red Oak recognizes and takes seriously, do not rise to the level of client exploitation.

Conclusion

Red Oak urges DHSR to reconsider the severity of the cited deficiency and corresponding administrative penalty, which Red Oak argues are not supported by the tags cited in the Statement of Deficiencies and in light of the responses Red Oak provided to the surveyor's findings. That said, Red Oak prepared the attached Amended POC in good faith and will continue to collaborate with DHSR to maintain compliance with the applicable statute, regulations, and rules. Red Oak has always considered client safety, rights, and autonomy of paramount importance.

Please let me know if you have any questions or would like to discuss.

Thank you,

A handwritten signature in black ink, appearing to read "Mike Rickman", written over a light blue horizontal line.

Mike Rickman, CEO

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
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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 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on December 21, 2021. The complaints were unsubstantiated (Intake #NC00179071 and #NC00183222). Deficiencies were cited.</p> <p>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.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p>	V 105		

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

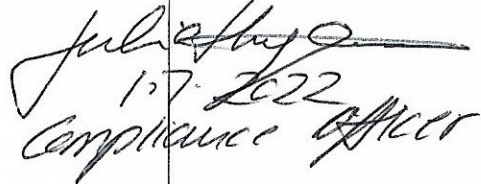
Appendix 1-B: Plan of Correction Form

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 Red Oak Recovery, LLC 108 Executive Park, Asheville, NC 28801)	Fax:	
Person for follow-up:		Email:	juliah@redoakrecovery.com
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)	<p>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").</p> <p>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:</p>	 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 the 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 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>-ROR will implement policies and procedures to ensure sufficient identification and separation of staff providing and clients participating in Day Treatment versus SAIOP. 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>V-116 (Medication Requirements)</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 repackage 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>Julia Hughes (Compliance Manager), Christopher Haug (Quality Assurance Manager) and Mick Masterson (VP of Operations) will oversee this policy and monitor compliance.</p>	<p>Implementation Date:</p> <p>Projected Completion Date:</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>ROR has already implemented this new policy.</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>V-239 (Day Tx. Sub. Abuse – Scope)</p>	<p>Tag V-239 notes that ROR failed to operate within the scope of a day treatment facility. Specifically, Tag V-239 cites client feedback indicating the program was “inpatient” and it felt like clients were required to reside onsite in order to participate in treatment; group sessions occurred in the Lodge; ROR's paperwork indicated that there was a residential level of care available for an increased fee; clients were not allowed to leave campus at will; clients' behaviors outside of clinical service hours were recorded in progress notes that impacted clinical treatment; clients were not segregated between Day Treatment and SAIOP; and clients who refused to participate in clinical treatment were discharged and unable to live at the Lodge.</p> <p>-ROR has updated its enrollment paperwork to explicitly confirm that it is not a residential treatment facility and does not provide residential services, and that clients are not required to reside in the Lodge while receiving treatment. Staff will be trained on ensuring that clients understand the nature of the clinical programs (Day Treatment or SAIOP) and the non-clinical programs (including equine therapy, wilderness hikes, and the option to reside in the Lodge outside of clinical hours).</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>Implementation Date:</p> <hr/> <p>Projected Completion Date:</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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	CADC meets requirements for QP.		
<p>V-266 (Sub. Abuse Intensive Outpt – Scope)</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>-ROR is implementing a new policy/procedure to more clearly</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>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>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 training; 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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J. H. Ashley
01-07-22