

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-179</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/27/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WAKE FOREST HEALTH SCIENCES SA PROGI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>791 JONESTOWN RD, SUITES 122, 124, 125 &amp; 217 WINSTON SALEM, NC 27103</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>.</p> <p>An Annual and Complaint Survey was completed on April 27, 2022. The complaint was unsubstantiated (intake #NC00187437). Deficiencies were cited.</p> <p>This facility is licensed for the following service category:</p> <p>- 10A NCAC 27G .4400: SAIOP: Substance Abuse Intensive Outpatient Program</p> <p>This facility currently has a census of 11 clients. The survey sample consisted of audits of 2 current clients and 3 former clients.</p>	V 000		
V 268	<p>27G .4403 Sub. Abuse Intensive Outpt - Operations</p> <p>10A NCAC 27G .4403 OPERATIONS</p> <p>(a) A SAIOP shall operate in a setting separate from the client's residence.</p> <p>(b) Each SAIOP shall operate at least three hours per day, at least three days per week with a maximum of two days between offered services.</p> <p>(c) A SAIOP shall provide services a maximum of 19 hours for each client.</p> <p>(d) Each SAIOP shall provide services a minimum of nine hours per week for each client.</p> <p>(e) Group counseling shall be provided each day program services are offered.</p> <p>(f) Each SAIOP shall develop and implement written policies to carry out crisis response for their clients on a face to face and telephonic</p>	V 268		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 268	<p>Continued From page 1</p> <p>basis 24 hours a day, seven days a week, which shall include at a minimum the capacity for face to face emergency response within two hours. (g) Before discharge, the program shall complete a discharge plan and refer each client who has completed services to the level of treatment or rehabilitation as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to operate at least three hours per day, with a maximum of two days between offered services. The findings are:</p> <p>Review on 4-26-22, of the "Intensive Outpatient Treatment Program Patient Handbook" revealed: - page 2 has the "Weekly Treatment Schedule" - "Monday, 5:30 pm - 8:30 pm" - "Tuesday, 5:30 pm - 7:30 pm" - "Wednesday, 5:30 pm - 7:30 pm" - "Thursday, 5:30 pm - 7:30 pm" - no scheduled program activities on Fridays, Saturdays or Sundays</p> <p>Interview on 4-26-22 with the Program Director revealed: - "We operate from 5:30 to 8:30 on Monday evenings, then 5:30 to 7:30 on Tuesday, Wednesdays and Thursdays" - "Nothing on Fridays. We 've always operated this way" - this schedule is the one the program has</p>	V 268		

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V 268	Continued From page 2  followed for years - the schedule is included in the information sent to the division each year, "when we renew our license, and nobody has ever brought that up"	V 268		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.  10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training 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	V 536		

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V 536	<p>Continued From page 3</p> <p>Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p>	V 536		

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V 536	<p>Continued From page 4</p> <p>(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.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(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.</p> <p>(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.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(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.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p>	V 536		

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V 536	<p>Continued From page 5</p> <p>(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.</p> <p>This Rule is not met as evidenced by:                      Based on interview and record review, the facility failed to ensure that prior to providing services to people with disabilities; employees, students or volunteers successfully completed competency-based training (approved by the Division of Mental Health/Developmental Disabilities/Substance Abuse Services, with a refresher completed annually), 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, for 3 (the Program Director, Counselor and Medical Director) of 3 staff surveyed.</p>	V 536		

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V 536	<p>Continued From page 6</p> <p>The findings are:</p> <p>Review on 4-26-22 of the Program Director ' s personnel training file revealed: - no certificate indicating completion of training on Alternatives to Restrictive Interventions</p> <p>Review on 4-26-22 of the Counselor ' s personnel training file revealed: - no certificate indicating completion of training on Alternatives to Restrictive Interventions</p> <p>Review on 4-26-22 of the Medical Director ' s personnel training file revealed: - no certificate indicating completion of training on Alternatives to Restrictive Interventions</p> <p>Interview on 4-26-22 with the Program Director revealed: - all his staff were board licensed - all his staff were required to complete recurrent training to maintain their licenses - none of his staff had completed training to maintain their licenses that covered Alternatives to Restrictive Interventions - "I haven ' t had anything like that, except maybe "Workplace Violence ..." it isn ' t required here - the agency had not offered annual training on Alternatives to Restrictive Interventions - this could be addressed and fixed either through the agency ' s Human Resources department or individually in conjunction with licensure trainings</p>	V 536		

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V 536	Continued From page 7  - documentation/certificates for completed trainings would be made available	V 536		