STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL029-136	A. BUILDING: _____ B. WING _____	C 05/09/2022

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LEXINGTON TREATMENT ASSOCIATES	310 MURPHY DRIVE LEXINGTON, NC 27295

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V 000	INITIAL COMMENTS A complaint survey was completed on 5/9/2022. The complaints were unsubstantiated (intake #NC188328 & NC188330). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment. This facility is licensed for 0 and has a census of 501. The survey sample consisted of audits of 2 current clients.	V 000		
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 record reviews and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hire affecting 2 of 4 audited staff (Counselor #2 (C2) & the Program Director (PD)). The findings are: Reviews on 5/6/2022 and 5/9/2022 of C2's employee record revealed:	V 131		

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V 131	Continued From page 1 - Hire date: 10/15/2020 as a Certified Alcohol and Drug Counselor (CADC). - Documentation that the HCPR was not accessed until 10/27/2020. Reviews on 5/6/2022 and 5/9/2022 of the PD's employee record revealed: - Hire date: 5/13/2019 as the Program Director. - She also was credentialed as a CADC. - Documentation that the HCPR was not accessed until 5/29/2019. Interview on 5/6/2022 with the PD revealed: - HCPR checks were completed by an off-site person that monitors background checks for all of the Licensee agency's clinics located in North Carolina. - She thought the off-site person tried to access the HCPR within three days of hiring new employees.	V 131		
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.	V 536		

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V 536	Continued From page 2 (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 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	V 536		

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V 536	Continued From page 3 (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. (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	V 536		

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V 536	Continued From page 4	V 536		

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.

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V 536	Continued From page 5 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure formal refresher training on alternatives to restrictive interventions was completed at least annually affecting 3 of 4 audited staff (Counselor #1 (C1), Counselor #2 (C2) & the Licensed Practical Nurse (LPN)). The findings are: Reviews on 5/6/2022 and 5/9/2022 of C1's employee record revealed: - Hire date: 4/5/2021 as a Licensed Substance Abuse Counselor. - Documentation that training on alternatives to restrictive interventions expired on 1/7/2022. - Formal refresher training was not completed until 5/4/2022. Reviews on 5/6/2022 and 5/9/2022 of C2's employee record revealed: - Hire date: 10/15/2020 as a Certified Alcohol and Drug Counselor. - Documentation that training on alternatives to restrictive interventions expired on 10/26/2021. - Formal refresher training was not completed until 5/2/2022. Reviews on 5/6/2022 and 5/9/2022 of the LPN's employee record revealed: - Hire date: 5/30/2019 as an LPN. - Documentation that training on alternatives to restrictive interventions expired on 4/12/2022. - Formal refresher training was not completed until 5/2/2022. Interview on 5/5/2022 with C1 revealed: - She thought that all of her trainings were up to date.	V 536		

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V 536	Continued From page 6 Interview on 5/6/2022 with C2 revealed: - She thought that all of her trainings were up to date. -The Program Director (PD) kept track of when trainings were due. - Facility staff were only required to complete training on alternatives to restrictive interventions because the facility did not use physical restraint, isolation time out or seclusion. Interview on 5/6/2022 with the PD revealed; - She had a spreadsheet that listed the due dates for facility staff training. - She usually checked the spreadsheet monthly but must have not checked it in time to have C1, C2 and the LPN complete refresher training on alternatives to restrictive interventions before their prior training expired. - C1, C2 and the LPN had now completed refresher training.	V 536		