Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING MHL029-136 05/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 MURPHY DRIVE LEXINGTON TREATMENT ASSOCIATES LEXINGTON, NC 27295 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint survey was completed on 5/9/2022. The complaints were unsubstantiated (intake **DHSR** - Mental Health #NC188328 & NC188330). Deficiencies were cited. MAY 2 0 2022 This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment. Lic. & Cert. Section This facility is licensed for 0 and has a census of 501. The survey sample consisted of audits of 2 current clients. V 131 G.S. 131E-256 (D2) HCPR - Prior Employment V 131 Verification HCPR check to be completed before hire for all 6/1/2022 personnel at the same time as employee G.S. §131E-256 HEALTH CARE PERSONNEL preemployment background check by the REGISTRY program manager with the assistance of the HR generalist and executive director. (d2) Before hiring health care personnel into a Quarterly employee chart reviews will be health care facility or service, every employer at a conducted by the executive director. 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:

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE KOTTE HOUSE TITLE EXECUTIVE DIRECTOR

MHL029-136 B. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 MURPHY DRIVE LEXINGTON, NC 27295 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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.			MUI 020 126			1	The second second
LEXINGTON TREATMENT ASSOCIATES (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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.	NAME OF P	PROVIDER OR SUPPLIER		ATE, ZIP CODE] 05/	09/2022	
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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. (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE V 131 (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE COMPLETED TAG V 131	LEXINGT	ON TREATMENT ASSOC	IATES				
- Hire date: 10/15/2020 as a Certified Alcohol and Drug Counselor (CADC) Documentation that the HCPR was not accessed until 10/27/2020.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETE
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 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		- Hire date: 10/15/202 Drug Counselor (CAE - Documentation that accessed until 10/27/2 Reviews on 5/6/2022 employee record reve - Hire date: 5/13/2019 - She also was creder - Documentation that accessed until 5/29/20 Interview on 5/6/2022 - HCPR checks were person that monitors is the Licensee agency's Carolina She thought the offsthe HCPR within three employees. 27E .0107 Client Right Int. 10A NCAC 27E .0107 ALTERNATIVES TO FINTERVENTIONS (a) Facilities shall impractices that emphas to restrictive interventif (b) Prior to providing disabilities, staff includemployees, students of demonstrate compete completing training in other strategies for crewhich the likelihood of	20 as a Certified Alcohol and DC). the HCPR was not 2020. and 5/9/2022 of the PD's ealed: as the Program Director. Intialed as a CADC. the HCPR was not 2019. with the PD revealed: completed by an off-site background checks for all of a clinics located in North asite person tried to access a days of hiring new ats - Training on Alt to Rest. TRAINING ON RESTRICTIVE Delement policies and asize the use of alternatives ions. services to people with ding service providers, or volunteers, shall noce by successfully communication skills and eating an environment in fimminent danger of abuse		in the month of May 2022, moving forward current staff will complete refresher coulevery January. New hire staff will conting receive NCI upon hire before meeting with persons served. Program Director and Professional Development coordinator with monitor completion of NCI yearly and up	ard rse nue to rith	5/9/2022

Division of Health Service Regulation

G2V011

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ MHL029-136 B. WING 05/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 MURPHY DRIVE LEXINGTON TREATMENT ASSOCIATES LEXINGTON, NC 27295 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 536 Continued From page 2 V 536 (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: knowledge and understanding of the (1) people being served; (2)recognizing and interpreting human behavior; (3)recognizing the effect of internal and external stressors that may affect people with disabilities; strategies for building positive (4)relationships with persons with disabilities; 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

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL029-136	B. WING		С	
NAME OF F	PROVIDER OR SUPPLIER	No. 20 (1997)		TATE TO CODE	05/09/2022	_
THANKE OF T	NOVIDEN ON SOFFEIER	310 MURP		TATE, ZIP CODE		
LEXINGT	ON TREATMENT ASSOCI	ATES	N, NC 27295	5		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
	(9) positive behameans for people with activities which directly behaviors which are u (h) Service providers documentation of initia at least three years. (1) Documentati (A) who participa outcomes (pass/fail); (B) when and wi (C) instructor's r (2) The Division review/request this dod (i) Instructor Qualificat Requirements: (1) Trainers shall by scoring 100% on teaimed at preventing, reneed for restrictive inte (2) Trainers shall by scoring a passing guinstructor training progrimstructor training progrimstructor training progrimstructor training scompetency-based, incobjectives, measurable observation of behavion measurable methods to failing the course. (4) The content of service provider plans to approved by the Division to Subparagraph (i)(5) Acceptable in shall include but are no (A) understanding (B) methods for the course;	avioral supports (providing disabilities to choose y oppose or replace nsafe). shall maintain all and refresher training for on shall include: sted in the training and the there they attended; and name; of MH/DD/SAS may cumentation at any time. It demonstrate competence sting in a training program aducing and eliminating the serventions. I demonstrate competence rade on testing in an anam. Shall be stude measurable learning testing (written and by r) on those objectives and of determine passing or of the instructor training the color of MH/DD/SAS pursuant	V 536			

	T OF DEFICIENCIES OF CORRECTION			(X2) MULTIPLE CONSTRUCTION		
			A. BUILDING: _		COMPLETED	
		MHL029-136	B. WING		C 05/09/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE		
LEXINGTO	ON TREATMENT ASSOCI	ATES	PHY DRIVE ON, NC 27295			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETE	
	(6) Trainers shateaching a training progreducing and elimination interventions at least of review by the coach. (7) Trainers shate aimed at preventing, reneed for restrictive interventions at least of review by the coach. (7) Trainers shate aimed at preventing, reneed for restrictive interventions and the second intervention of restrictive interventions of the second intervention of initial training for at least three (1) Documer (A) who participate outcomes (pass/fail); (B) when and where (C) instructor's in (C) The Division request and review this (k) Qualifications of Coaches shate course which is being (3) Coaches shate course which is being (3) Coaches shate competence by complete train-the-trainer instruction.	on procedures. Il have coached experience ogram aimed at preventing, ng the need for restrictive one time, with positive Il teach a training program educing and eliminating the erventions at least once Il complete a refresher ast every two years. hall maintain I and refresher instructor se years. hatton shall include: ted in the training and the enere attended; and ame. of MH/DD/SAS may adocumentation any time. Seaches: Il meet all preparation ser. Il teach at least three times ng coached. Il demonstrate stion of coaching or	V 536			

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DENTIFICATION NUMBER: A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		С
		MHL029-136	B. WING		05/09/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRI				FATE, ZIP CODE	
LEXINGT	ON TREATMENT ASSOCI	ATES	HY DRIVE DN, NC 27295		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 536	Continued From page	5	V 536		
	facility failed to ensure on alternatives to rest completed at least and audited staff (Counsel	ews and interviews, the e formal refresher training rictive interventions was			
	Abuse Counselor Documentation that trestrictive interventions	aled: as a Licensed Substance raining on alternatives to			
	Drug Counselor Documentation that to restrictive interventions				
	employee record revea - Hire date: 5/30/2019 - Documentation that to restrictive interventions	500-500 Vigas 50			
- 1	Interview on 5/5/2022 v - She thought that all o date.	with C1 revealed: f her trainings were up to			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C MHL029-136 05/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 MURPHY DRIVE LEXINGTON TREATMENT ASSOCIATES LEXINGTON, NC 27295 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 536 Continued From page 6 V 536 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.