STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL049-101	A. BUILDING: _____ B. WING _____	R 06/24/2022

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MCLEOD ADDICTIVE DISEASE CENTER	636 SIGNAL HILL DRIVE. EXT. STATESVILLE, NC 28625

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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 6/24/2022. The complaint was substantiated (intake #NC189518). Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .3600 Outpatient Opioid Treatment; and 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program. This facility is licensed for 0 and has a census of 185. The survey sample consisted of audits of 9 current clients, and 1 former client.	V 000		
V 511	27D .0303 Client Rights - Informed Consent 10A NCAC 27D .0303 INFORMED CONSENT (a) Each client, or legally responsible person, shall be informed, in a manner that the client or legally responsible person can understand, about: (1) the alleged benefits, potential risks, and possible alternative methods of treatment/habilitation; and (2) the length of time for which the consent is valid and the procedures that are to be followed if he chooses to withdraw consent. The length of time for a consent for the planned use of a restrictive intervention shall not exceed six months. (b) A consent required in accordance with G.S. 122C-57(f) or for planned interventions specified by the rules in Subchapter 27E, Section .0100, shall be obtained in writing. Other procedures requiring written consent shall include, but are not limited to, the prescription or administration of the following drugs:	V 511		

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V 511	Continued From page 1 (1) Antabuse; and (2) Depo-Provera when used for non-FDA approved uses. (c) Each voluntary client or legally responsible person has the right to consent or refuse treatment/habilitation in accordance with G.S. 122C-57(d). A voluntary client's refusal of consent shall not be used as the sole grounds for termination or threat of termination of service unless the procedure is the only viable treatment/habilitation option available at the facility. (d) Documentation of informed consent shall be placed in the client's record. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure documentation of informed consent to treatment was placed in the client's record affecting 1 of 1 former client (FC #10). The findings are: Reviews on 6/23/2022 and 6/24/2022 of FC #10's record revealed: - Admission date: 4/25/2022 - Discharge date: 5/19/2022 - Diagnosis: Opioid Use Disorder. - Documentation of treatment at a sister facility prior to transfer of services to the facility's location on 4/25/2022. - A treatment plan from the sister facility signed by FC #10 on 11/22/2021. - A "Consent for Treatment and Liability Waiver" form dated 5/13/2022 with a "Patient Signature" that did not match FC #10's signature on the 11/22/2021 treatment plan. - Staff #1's signature was present as the "Witness	V 511		

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V 511	Continued From page 2	V 511		

Signature" on the 5/13/2022 consent form.

Review on 6/23/2022 of Staff #1's employee record revealed:
- Hire date: 5/23/2022 as a Front Office Coordinator.
- She had worked as a temporary employee through an employment agency prior to her official hire date.

An interview attempt with FC #10 via telephone was made on 6/23/2022. No response to the call was received from FC #10 by the time of exit.

Interview on 6/24/2022 with Staff #1 revealed:
- She had worked as a temporary employee at the facility through an employment agency since November 2021.
- She was hired by the facility and began work as a permanent staff in May 2022.
- She had completed on-line trainings and had peer-to-peer training with the former front desk staff whose position she was taking.
- Her job duties included entering new clients into the facility's electronic record system and obtaining clients' signatures on consent forms.
- When FC #10 was transferring to the facility from the sister facility, there had been some issues with paperwork missing and computer problems.
- FC #10 had demanded that the facility "do things the way he wanted" and presented as "a little brash."
- Because of FC #10's demeanor with facility staff and the problems she was having with the computer system, she had been trying to "get him (FC #10) in and out" of the office on 5/13/2022.
- She signed FC #10's name on the consent for treatment form.
- She had been a temp staff on the date she

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V 511	Continued From page 3 signed the form. - On her first official date of hire, the Director of Human Resources (DHR) and the Program Manager (PM) had addressed the falsification of FC #10's signature on the consent to treatment form, that FC #10 could choose "to take this further," and that additional repercussions would follow. - She was currently on probationary status as an employee at the facility. Interview on 6/24/2022 with the PM revealed: - Other than the one incident involving Staff #1 signing FC #10's name of the consent to treatment form, there had not been any concerns with her performance. Interview on 6/24/2022 with the DHR revealed: - Staff #1 had been a temp staff that was hired on as a permanent staff. - Temp staff received orientation and on-site training for the positions they filled. - At the time that Staff #1 signed FC #10's consent to treatment form, she had been a temp staff. - There were also computer issues and new electronic procedures being implemented at the time of the incident. - Staff #1 acknowledged that she had signed FC #10's name on the consent to treatment form. - Disciplinary action was taken and policies were reviewed with Staff #1. - Facility management staff made sure Staff #1 did not have any additional questions about her role or the electronic system and equipment used to obtain clients' signatures.	V 511		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.	V 536		

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V 536	Continued From page 4 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 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;	V 536		

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V 536	Continued From page 5 (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 (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.	V 536		

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V 536	Continued From page 6 (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 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.	V 536		

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V 536	Continued From page 7 (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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff completed training on alternatives to restrictive interventions prior to providing services affecting 2 of 5 audited staff (Staff #2 & the Registered Nurse (RN)).The findings are: Review on 6/23/2022 of Staff #2's employee record revealed: - Hire date: 4/4/2022 - Documentation that training in CPI (the curriculum used by the facility for training on alternatives to restrictive interventions) was not completed until 4/13/2022. Review on 6/23/2022 of the RN's employee record revealed: - Hire date: 2/21/2022 - Documentation that training in CPI was not completed until 6/22/2022.	V 536		

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V 536	Continued From page 8 Interview on 6/24/2022 with Staff #1 revealed: - Her training in CPI was late because there had been a lot of computer problems when she first started. - CPI was a computer-based training. Interview on 6/23/2022 with the RN revealed: - When she first started working, there had been problems with getting her access to the computer system. - The Human Resources Department was responsible for coordinating her trainings. - She had not completed the CPI training prior to working with clients. Interview on 6/23/2022 with the Compliance Coordinator revealed: - She did not have any information about why Staff #1's CPI training was late. - The RN's CPI training was completed when Human Resources staff were pulling her record for review and could not find documentation that she had it.	V 536		