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V 000	INITIAL COMMENTS An annual and complaint survey was completed on 8/31/22. The complaint was substantiated (Intake #NC00191228). Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .3600 Outpatient Opioid Treatment, 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program. This facility has a current census of 150. The survey sample consisted of audits of 6 current clients and 1 former client.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the	V 112		

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V 112	Continued From page 1 provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to develop and implement treatment goals for one of six current clients and one of one former clients audited (#1). The findings are: Review on 8/30/22 of Client #1's record revealed: - Admitted: 2004 - Diagnoses: Opioid dependence, uncomplicated and Adjustment disorder with anxiety - No treatment plan. Interview on 8/30/22 Counselor #4 reported: - He did a treatment plan back in February 2022. - He had the treatment plan but could not locate the signature page. - If it's not in the computer, then "I don't know" Counselor #4 did not provide a copy of the treatment plan that he completed in February 2022. Observation on 8/30/22 at 11:30am revealed: - The Director looked in the computer system and was unable to locate client #1's treatment	V 112	The staff are aware of the necessity of a treatment plan. In this case, the treatment plan was misplaced prior to being uploaded into the electronic medical record. Generally, the treatment plan and signature page are uploaded into the EMR upon review and signing. To prevent this from happening in the future, treatment plans will be uploaded on the day of signature. Effective October 1, 2022, the therapist and or supervisor will conduct a monthly review of records to ensure all required paperwork is included in the record. Within the next 6 months, the organization's EMR will be set up to complete treatment plans electronically and therapist will no longer need to upload the documents.	

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V 112	Continued From page 2 plan. Interview on 8/30/22 the Director reported: - She would make sure that Counselor #4 completed client #1's treatment plan. Further interview on 8/31/22 Counselor #4 reported: - He met with client #1 today, 8/31/22, and completed a treatment plan.	V 112		
V 238	27G .3604 (E-K) Outpt. Opiod - Operations 10A NCAC 27G .3604 OUTPATIENT OPIOD TREATMENT. OPERATIONS. (e) The State Authority shall base program approval on the following criteria: (1) compliance with all state and federal law and regulations; (2) compliance with all applicable standards of practice; (3) program structure for successful service delivery; and (4) impact on the delivery of opioid treatment services in the applicable population. (f) Take-Home Eligibility. Any client in comprehensive maintenance treatment who requests unsupervised or take-home use of methadone or other medications approved for treatment of opioid addiction must meet the specified requirements for time in continuous treatment. The client must also meet all the requirements for continuous program compliance and must demonstrate such compliance during the specified time periods immediately preceding any level increase. In addition, during the first year of continuous treatment a patient must attend a minimum of two counseling sessions per month. After the first year and in all subsequent	V 238		

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years of continuous treatment a patient must attend a minimum of one counseling session per month.
(1) Levels of Eligibility are subject to the following conditions:
(A) Level 1. During the first 90 days of continuous treatment, the take-home supply is limited to a single dose each week and the client shall ingest all other doses under supervision at the clinic;
(B) Level 2. After a minimum of 90 days of continuous program compliance, a client may be granted for a maximum of three take-home doses and shall ingest all other doses under supervision at the clinic each week;
(C) Level 3. After 180 days of continuous treatment and a minimum of 90 days of continuous program compliance at level 2, a client may be granted for a maximum of four take-home doses and shall ingest all other doses under supervision at the clinic each week;
(D) Level 4. After 270 days of continuous treatment and a minimum of 90 days of continuous program compliance at level 3, a client may be granted for a maximum of five take-home doses and shall ingest all other doses under supervision at the clinic each week;
(E) Level 5. After 364 days of continuous treatment and a minimum of 180 days of continuous program compliance, a client may be granted for a maximum of six take-home doses and shall ingest at least one dose under supervision at the clinic each week;
(F) Level 6. After two years of continuous treatment and a minimum of one year of continuous program compliance at level 5, a client may be granted for a maximum of 13 take-home doses and shall ingest at least one dose under supervision at the clinic every 14

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V 238	Continued From page 4 days; and (G) Level 7. After four years of continuous treatment and a minimum of three years of continuous program compliance, a client may be granted for a maximum of 30 take-home doses and shall ingest at least one dose under supervision at the clinic every month. (2) Criteria for Reducing, Losing and Reinstatement of Take-Home Eligibility: (A) A client's take-home eligibility is reduced or suspended for evidence of recent drug abuse. A client who tests positive on two drug screens within a 90-day period shall have an immediate reduction of eligibility by one level of eligibility; (B) A client who tests positive on three drug screens within the same 90-day period shall have all take-home eligibility suspended; and (C) The reinstatement of take-home eligibility shall be determined by each Outpatient Opioid Treatment Program. (3) Exceptions to Take-Home Eligibility: (A) A client in the first two years of continuous treatment who is unable to conform to the applicable mandatory schedule because of exceptional circumstances such as illness, personal or family crisis, travel or other hardship may be permitted a temporarily reduced schedule by the State authority, provided she or he is also found to be responsible in handling opioid drugs. Except in instances involving a client with a verifiable physical disability, there is a maximum of 13 take-home doses allowable in any two-week period during the first two years of continuous treatment. (B) A client who is unable to conform to the applicable mandatory schedule because of a verifiable physical disability may be permitted additional take-home eligibility by the State authority. Clients who are granted additional	V 238		

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take-home eligibility due to a verifiable physical disability may be granted up to a maximum 30-day supply of take-home medication and shall make monthly clinic visits.
(4) Take-Home Dosages For Holidays: Take-home dosages of methadone or other medications approved for the treatment of opioid addiction shall be authorized by the facility physician on an individual client basis according to the following:
(A) An additional one-day supply of methadone or other medications approved for the treatment of opioid addiction may be dispensed to each eligible client (regardless of time in treatment) for each state holiday.
(B) No more than a three-day supply of methadone or other medications approved for the treatment of opioid addiction may be dispensed to any eligible client because of holidays. This restriction shall not apply to clients who are receiving take-home medications at Level 4 or above.
(g) Withdrawal From Medications For Use In Opioid Treatment. The risks and benefits of withdrawal from methadone or other medications approved for use in opioid treatment shall be discussed with each client at the initiation of treatment and annually thereafter.
(h) Random Testing. Random testing for alcohol and other drugs shall be conducted on each active opioid treatment client with a minimum of one random drug test each month of continuous treatment. Additionally, in two out of each three-month period of a client's continuous treatment episode, at least one random drug test will be observed by program staff. Drug testing is to include at least the following: opioids, methadone, cocaine, barbiturates, amphetamines, THC, benzodiazepines and

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alcohol. Alcohol testing results can be gathered by either urinalysis, breathalyzer or other alternate scientifically valid method.
(i) Client Discharge Restrictions. No client shall be discharged from the facility while physically dependent upon methadone or other medications approved for use in opioid treatment unless the client is provided the opportunity to detoxify from the drug.
(j) Dual Enrollment Prevention. All licensed outpatient opioid addiction treatment facilities which dispense Methadone, Levo-Alpha-Acetyl-Methadol (LAAM) or any other pharmacological agent approved by the Food and Drug Administration for the treatment of opioid addiction subsequent to November 1, 1998, are required to participate in a computerized Central Registry or ensure that clients are not dually enrolled by means of direct contact or a list exchange with all opioid treatment programs within at least a 75-mile radius of the admitting program. Programs are also required to participate in a computerized Capacity Management and Waiting List Management System as established by the North Carolina State Authority for Opioid Treatment.
(k) Diversion Control Plan. Outpatient Addiction Opioid Treatment Programs in North Carolina are required to establish and maintain a diversion control plan as part of program operations and shall document the plan in their policies and procedures. A diversion control plan shall include the following elements:
(1) dual enrollment prevention measures that consist of client consents, and either program contacts, participation in the central registry or list exchanges;
(2) call-in's for bottle checks, bottle returns or solid dosage form call-in's;

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V 238	Continued From page 7 (3) call-in's for drug testing; (4) drug testing results that include a review of the levels of methadone or other medications approved for the treatment of opioid addiction; (5) client attendance minimums; and (6) procedures to ensure that clients properly ingest medication. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of one audited former clients (FC#2) received a monthly counseling session The findings are: Review on 8/30/22 of FC #2's record revealed: -Date of admission: 2/8/17 -Date of Discharge: 5/12/22 -Diagnoses: Opioid Dependency, Post Traumatic Stress Disorder, Cocaine Dependency and Anxiety Disorder. Review on 8/30/22 of FC #2's counseling notes revealed no counseling from 1/12/22 until time of discharge on 5/12/22. Review on 8/30/22 of FC #2's physician notes revealed: -2/16/22-"pt (patient) placed on a 2 mg (milligram) a day taper due to her continued positive drug screens" -3/2/22- "Today's drug screens show positive for	V 238	The clinical team is aware of the requirement of monthly counseling and as a rule, are compliant with the requirement. Of the records reviewed one indicated treatment was not provided on at least a monthly basis. In this case, the patient was recommended for a specific treatment regimen, but she did not follow through. There are practices in place to combat missed therapy appointments, such as asking the dosing nurse to hold the patient's dose, or the therapist removing the patient from the dosing line for an impromptu therapy session. Unfortunately, the therapist did not exercise either of these options or he did not document as such and as a result, disciplinary action has been administered. The therapist and/or program supervisor will conduct a monthly review to ensure program guidelines are being adhered.	

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benzo(benzodiazepine) and Opioid. Will give her a one week trial with an increase in methadone over that and come to treatment team next week for possible termination of services."
-4/6/22- "Continued to test positive for benzo and opiates."
-4/19/22- Team meeting, "Placed on administrative taper of 5 mg per day until she is off the program or transferred."
-5/12/22-"Discharged for non compliance."

Interview on 8/30/22 the Physician stated:
-Had several appointments with FC #2 during the months from 1/1/22-5/12/22.
-Aware she had multiple missed appointments with the counselor during that time.
-She would schedule appointments with the counselor and then not show.
-Not aware FC #2 did not see a counselor for therapy during that time.
-They staffed FC #2's case at which she was invited to attend, which she did not.
-They determined she needed to go to a higher level of care.
-FC #2 continued to be non compliant with the program due to positive drug screens with benzodiazepine and other illegal substances.
-Did an administrative taper for several months before discharge.

Interview on 8/31/22 Counselor #4 stated:
-Had been working with FC #2 for a while and she began to relapse earlier in the year.
-Had scheduled multiple counseling sessions with her at which she did not show.
-FC #2 would cancel or "no show" on multiple appointments.
-She did come in daily to dose and he would catch her in the hallway to discuss her positive drug screens and inform her she needed to come

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V 238	Continued From page 9 in for appointments. -Staffed her case and referred her to a higher level of care. -Never documented any of those times he spoke with her in the hallway. -FC #2 was discharged on 5/12/22 for continued non compliance. -Now will place a hold on dosing when a client is "no show" or canceling appointments. -"I didn't like to place clients on hold, because I felt it was punitive." -Looking at ways to better catch the clients and keep documentation of those contacts. Interview on 8/31/22 the Director stated: -Was not aware FC #2 had not seen a counselor during the months of 1/1/22-5/12/22 until the audit for SOTA -The physician had met with her several times during that period. -They had staffed her case due to her continued non compliant and positive drug screens and she did not participate even though she had been invited. -Had spoken with counselors since finding out about FC #2 never seeing the counselor and not having documentation of his contacts with her. -Was told FC #2 was scheduled for multiple appointments that she miss. -Now if clients miss their scheduled appointments or do not show, they will place a hold on their dose until the meet with the counselor that day and then they can dose. -Try to work with clients as she is aware they struggle with coming in and staying for therapy.	V 238		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.	V 536		

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V 536	Continued From page 10 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; (3) recognizing the effect of internal and	V 536		

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V 536	Continued From page 11 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. (3) The training shall be	V 536		

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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.
(k) Qualifications of Coaches:

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V 536	Continued From page 13 (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. (I) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide a formal refresher training in alternatives to restrictive interventions annually for one of four audited staff (Counselor #3). The findings are: Review on 8/30/22 of Counselor #3's record revealed: - Date of hire: 6/28/21 - Title: Counselor - Mindset training expired 6/29/22 Interview on 8/30/22 the Director reported: - There was a Mindset training on 9/20/22 and Counselor #3 was in that training. - The trainers preferred to do the training as a group and that's why Counselor #3 hadn't had the refresher training yet. Interview on 8/31/22 Counselor #3 reported: - Been employed since June 2021 - He received Mindset training when he first	V 536	This employee was scheduled to attend Mindset training September 20, 2022. The 9/20/22 date was set to place all OTP staff on the same update schedule to support the convenience of having staff on the same renewal schedule. At the time, all other clinic staff was up to date on their training in alternative to restrictive interventions. This employee is no longer employed by the organization. In the future, staff will receive training before the expiration date.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL074-146	A. BUILDING: _____ B. WING _____	08/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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V 536	Continued From page 14 started in June 2021. - He was scheduled to take the next training on 9/20/22. - He had spoken with his supervisor, the Director, about his expired training because he didn't realize it was a "yearly thing" - "Ignorance on my part" - All of their trainings are on the computer and the system let him know that the next training class was in September. - He didn't know if he could take it individually when it first expired.	V 536		