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V 000	INITIAL COMMENTS An annual survey was completed on April 11, 2024. Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders and 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups. This facility has a total census of 49. The 3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders has a current census of 49 and .5400 Day Activity for Individuals of All Disability Groups has a current census of 0. The survey sample consisted of audits of 4 current Day Treatment clients.	V 000	RECEIVED APR 2 9 2024 DHSR-MH Licensure Sect	
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records.	V 105	- JSD has applied for the appropriate CLIA Waiver on 4/26/2024 for our level of operation and the type of drug testing we conduct. - Once approved, the Clinical Services Manager will monitor that the drug screens used are appropriate to the approved Waiver - The Clinical Services Manager will monitor the expiration date of the CLIA Waiver and ensure that everything required to renew the Waiver is submitted in a timely fashion. - The Waiver will be reviewed semi-annually to ensure renewal deadlines are met. - In the absence of the Clinical Services Manager the SUD/MH Program Manager will be the secondary point of contact responsible for ensuring compliance.	6/10/2024

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V 105	Continued From page 1 (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	Continued From page 2 This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to develop and implement adoption of standards that ensured operational and programmatic performance meeting applicable standards of practice for the use of Urine Drug Screen (UDS) Testing including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are: Review on 4/10/24 of client #1's record revealed: -Admission date of 9/13/23. -Diagnoses of Opioid Use Disorder and Cocaine Use Disorder. -UDS were completed on 4/8/24, 4/5/24, 4/4/24, 4/3/24, 4/2/24, 4/1/24, 3/28/24, 3/27/24, 3/26/24, 3/25/24, 3/22/24, 3/21/24, 3/20/24, 3/19/24, 3/18/24, 3/15/24, 3/14/24, 3/13/24, 3/12/24, 3/11/24, 3/8/24, 3/7/24, 3/6/24, 3/5/24, 3/4/24, 3/1/24, 2/29/24, 2/28/24, 2/27/24, 2/26/24, 2/23/24, 2/22/24, 2/21/24, 2/20/24, 2/19/24, 2/16/24, 2/15/24, 2/13/24, 2/12/24, 2/9/24, 2/8/24, 2/7/24, 2/6/24, 2/5/24 and 2/2/24. Review on 4/10/24 of client #2's record revealed: -Admission date of 10/28/22. -Diagnoses of Cocaine Use Disorder, Opioid Use Disorder, Methamphetamine Use Disorder and Fentanyl Use Disorder. -UDS were completed on 4/8/24, 4/5/24, 4/4/24, 4/3/24 and 4/2/24.	V 105		

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V 105	Continued From page 3 Review on 4/10/24 of client #3's record revealed: -Admission date of 12/21/23. -Diagnoses of Cocaine Use Disorder, Cannabis Use Disorder and Alcohol Use Disorder. -UDS were completed on 3/5/24 and 2/6/24. Review on 4/10/24 of client #4's record revealed: -Admission date of 1/4/24. -Diagnoses of Cocaine Use Disorder, Opioid Use Disorder and Other Stimulant Use Disorder. -UDS were completed on 3/22/24, 2/22/24 and 2/9/24. Review on 4/10/24 of facility records reviewed there was no CLIA waiver. Interview on 4/10/24 with the Director revealed: -They check UDS at least once a month randomly for clients. -The counselors collected the UDS for clients. -They do an instant cup test and the dip test for the UDS. -She never heard of CLIA waiver for UDS. -She confirmed the facility failed to have a CLIA waiver in order to complete urine drug screens.	V 105		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;	V 108	- JSD has requested Durham County Office of Risk Management to provide CPR and First Aid training classes, on-site, for JSD staff. The first training to be completed by June 10, 2024 - Given the hours of operation and shifting supervisor and staff schedules, all JSD supervisors, certified and licensed staff will be required to attend these trainings and maintain current certification based on the schedule recommended by Red Cross and American Heart Association.	6/10/2024

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V 108	Continued From page 4 (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure three of three audited staff (The Clinical Services Manager, Substance Use Disorder Counselor #1 (SUDC) and SUDC #2) had training in Cardiopulmonary Resuscitation (CPR) and First Aid (FA). The findings are: Reviews on 4/10/24 and 4/11/24 of personnel records revealed: The Clinical Services Manager- -Date of hire was 10/17/19.	V 108	-All new staff will be required to complete training in the first 60 days of employment. - Training certificates will be maintained in personnel files. - The Clinical Services Manager will review training records semi-annually to ensure compliance. - In the absence of the Clinical Services Manager the SUD/MH Program Manager will be the secondary point of contact responsible for ensuring compliance.	

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V 108	Continued From page 5 -No documentation of FA training. SUDC #1- -Date of hire was 12/9/13. -No documentation of CPR and FA training. SUDC #2- -Date of hire was 2/21/22. -No documentation of CPR and FA training. Interview on 4/11/24 with the Clinical Services Manager revealed: -The previous Director said "we didn't have to worry about a survey from the Division of Health Services Regulation." -That was the reason why they didn't have some of the required trainings. -He confirmed he had no current training in FA. Interview on 4/10/24 with the Director revealed: -Most of the staff had no training in CPR and FA. -They didn't know that training was a required for this facility. -She confirmed the Clinical Services Manager had no training in FA. -She confirmed SUDC #1 and SUDC #2 had no documentation of training in CPR and FA.	V 108		
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,	V 536	- The JSD Clinical Services Manager has created and will submit a site-specific Alternatives to Restrictive Interventions Training curriculum to DHHS for approval. - Once approved, JSD's Clinical Services Manager will provide this training to all licensed and certified JSD staff. The Clinical Services Manager will monitor training records to ensure appropriate staff receive this training. The JSD training calendar will include renewal trainings to ensure compliance	6/10/2024

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V 536	Continued From page 6 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 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	V 536		

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V 536	Continued From page 7 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 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	V 536		

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V 536	Continued From page 8 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: (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	V 536		

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V 536	Continued From page 9 as for trainers. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure three of three audited staff (The Clinical Services Manager, Substance Use Disorder Counselor #1 (SUDC) and SUDC #2) had training on the use of alternatives to restrictive interventions. The findings are: Reviews on 4/10/24 and 4/11/24 of personnel records revealed: The Clinical Services Manager- -Date of hire was 10/17/19. -No documentation of training on the use of alternatives to restrictive interventions. SUDC #1- -Date of hire was 12/9/13. -No documentation of training on the use of alternatives to restrictive interventions. SUDC #2- -Date of hire was 2/21/22. -No documentation of training on the use of alternatives to restrictive interventions. Interview on 4/11/24 with the Clinical Services Manager revealed: -The previous Director said "we didn't have to worry about a survey from the Division of Health	V 536		

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V 536	Continued From page 10 Services Regulation." -That was the reason why they didn't have some of the required trainings. -He confirmed he had no training on the use of alternatives to restrictive interventions. Interview on 4/10/24 with the Director revealed: -None of the staff had training in alternatives to the restrictive interventions. -They didn't know that training was required. -She confirmed there was no documentation of training on the use of alternatives to restrictive interventions for the Clinical Services Manager, SUDC #1 and SUDC #2.	V 536		