

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20190063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/25/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE WILMINGTON TREATMENT CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2520 TROY DRIVE WILMINGTON, NC 28401
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on April 25, 2024. The complaint was unsubstantiated (intake #NC00215938). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3100 NonHospital Medical Detoxification for Individuals who are Substance Abusers, 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program.</p> <p>This facility is licensed for 78 (Residential Treatment/Rehabilitation and Nonhospital Medical Detoxification) and currently has a census of 61. The facility has a current census of 103 Substance Abuse Comprehensive Outpatient Treatment clients. The survey sample consisted of audits of 6 current clients.</p>	V 000	<p style="text-align: center;">RECEIVED MAY 09 2024 DHSR-MH Licensure Sect</p>	
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(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</p>	V 536	<p>Measures to Correct:</p> <ul style="list-style-type: none"> • Complete personnel file audit to ensure all current files are in compliance <p>Measures to Prevent from Occurring Again:</p> <ul style="list-style-type: none"> • Compliance reports will be generated on a routine basis • The reports will be posted in all employee break rooms • The reports will be emailed to all staff • Managers will have direct communication with their staff regarding upcoming compliance needs and plan attendance in upcoming training classes <p>Who will Monitor</p> <ul style="list-style-type: none"> • Human Resources <p>How Often will Monitor</p> <ul style="list-style-type: none"> • Monthly 	<p>May 31, 2024</p> <p>May 31, 2024 and ongoing</p> <p>May 31, 2024 and ongoing</p> <p>May 31, 2024 and ongoing</p>

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
CEO

(X6) DATE
May 6, 2024

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20190063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/25/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE WILMINGTON TREATMENT CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2520 TROY DRIVE WILMINGTON, NC 28401
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

V 536	<p>Continued From page 1</p> <p>property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(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.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(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.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (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; 	V 536		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20190063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/25/2024
--	---	---	--

NAME OF PROVIDER OR SUPPLIER THE WILMINGTON TREATMENT CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2520 TROY DRIVE WILMINGTON, NC 28401
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 536	<p>Continued From page 2</p> <p>and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(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.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(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.</p> <p>(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.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20190063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/25/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE WILMINGTON TREATMENT CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2520 TROY DRIVE WILMINGTON, NC 28401
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

V 536	<p>Continued From page 3</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(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.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p>	V 536		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20190063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/25/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE WILMINGTON TREATMENT CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2520 TROY DRIVE WILMINGTON, NC 28401
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

V 536	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure one of five audited staff (Registered Nurse (RN) #2) received annual training updates in alternatives to restrictive interventions. The findings are:</p> <p>Review on 4/25/24 of RN #2's personnel record revealed: -Hire Date: 9/7/21. -Non-Violent Crisis Intervention (NCI) expired 9/9/23. -No current training in alternatives to restrictive interventions.</p> <p>Interview on 4/25/24 RN #2 stated: -She worked at the facility for 2 years. -She recently transitioned back to full time after working as needed. -She was not currently trained in alternatives to restrictive interventions.</p> <p>Interview on 4/25/24 the Human Resources Director stated: -RN #2 did not have a current training in alternatives to restrictive interventions. -RN #2 was scheduled to complete the next upcoming training.</p>	V 536		
-------	---	-------	--	--