

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-246	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/25/2024
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NAME OF PROVIDER OR SUPPLIER WESTERN CAROLINA TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3 DOCTOR'S PARK, SUITE G ASHEVILLE, NC 28801
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 9/25/24. A deficiency was cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.</p> <p>This facility has a current census of 319. The survey sample consisted of audits of 16 current clients.</p>	V 000		
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 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>	V 536		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 536	<p>Continued From page 1</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; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <ol style="list-style-type: none"> (1) Documentation shall include: <ol style="list-style-type: none"> (A) who participated in the training and the outcomes (pass/fail); 	V 536		

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V 536	<p>Continued From page 2</p> <p>(B) when and where they attended; and (C) instructor's name;</p> <p>(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 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</p>	V 536		

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V 536	<p>Continued From page 3</p> <p>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> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 4 of 5 audited staff (Program Director, Director of Nursing, Clinical Supervisor, and Counselor #1) had completed annual training on alternatives to restrictive interventions. The findings are:</p>	V 536		

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V 536	<p>Continued From page 4</p> <p>Review on 9/25/24 of Counselor #1's personnel record revealed: -Date of hire: 2/6/23. -National Crisis Intervention Plus (NCI+) training on alternatives to restrictive interventions expired on 2/5/24. -No documentation of current training in alternatives to restrictive intervention training.</p> <p>Review on 9/25/24 of the Clinical Supervisor's personnel record revealed: -Date of hire: 8/28/23. -NCI+ training on alternatives to restrictive interventions expired on 9/6/24. -No documentation of current training in alternatives to restrictive intervention training.</p> <p>Review on 9/25/24 of the Director of Nursing's personnel record revealed: -Date of hire: 3/20/23. -NCI+ training on alternatives to restrictive interventions expired on 6/21/24. -No documentation of current training in alternatives to restrictive intervention training.</p> <p>Review on 9/25/24 of the Program Director's personnel record revealed: -Date of hire: 5/16/22. -NCI+ training on alternatives to restrictive interventions expired on 6/21/24. -No documentation of current training in alternatives to restrictive intervention training.</p> <p>Interview on 9/25/24 with the Program Director revealed: -He was responsible for scheduling the annual training on alternatives to restrictive interventions for staff and himself. -There was not a system in place to ensure annual training on alternatives to restrictive</p>	V 536	<p>Deficiency Identified: Western Carolina Treatment Center did not complete the required NCI Plus recertification training for staff in May 2024, as has been customary in previous years.</p> <p>Root Cause: The lapse occurred due to a change in leadership in September 2023. The new Program Director inadvertently overlooked the scheduling of NCI Plus recertification training. Compounding the issue, the center was significantly impacted by Hurricane Helene, which caused power and internet outages for nearly two weeks and continues to affect water supply.</p> <p>Corrective Action Plan: Western Carolina Treatment Center will reconnect with the NCI Plus training and will work to reschedule the recertification training. The course is planned for completion by Decemeber 2024.</p> <p>Preventive Measures: *The Program Director will ensure that NCI Plus training is scheduled annually for all personnel, starting with the 2024 recertification. *The Executive Director will provide oversight, ensuring that future scheduling is not overlooked by monitoring the process.</p> <p>Ongoing Monitoring: *The Executive Director will review the Program Director's annual training schedule to ensure compliance. Monitoring of training compliance will also occur during personnel file audits, which will be conducted at least annually but may occur more frequently as needed.</p> <p>Staff Training: All personnel will be recertified in NCI Plus by December 2024, and the scheduling of this training will be added to the annual training calendar moving forward.</p>	

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V 536	<p>Continued From page 5</p> <p>interventions was current.</p> <p>-"Normally, in May the facility does an annual training (training on alternatives to restrictive interventions) with staff."</p> <p>Interview on 9/25/24 with the Executive Director revealed:</p> <p>-The Program Director was responsible for scheduling the annual training on alternatives to restrictive interventions for staff.</p> <p>-"It (annual training on alternatives to restrictive interventions) is supposed to be a calendar item on their (staff) calendar to get scheduled in May."</p> <p>-She would email the alternatives to restrictive interventions trainer and "get it done quickly."</p>	V 536	<p>Responsible Parties:</p> <p>*The Program Director is responsible for scheduling the annual NCI Plus training.</p> <p>*The Executive Director will oversee the scheduling process and verify that it is completed each year.</p> <p>/2024</p> <p>Executive Director</p>	
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