

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-436</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/14/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ASHEVILLE DETOX CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>25 CHOCTAW STREET</b> <b>ASHEVILLE, NC 28801</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 11/14/25. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3100 Non-hospital Medical Detoxification-Individuals who are Substance Abusers. 10A NCAC 27G .3400 Residential Treatment-Individuals with Substance Abuse Disorders.</p> <p>This facility is licensed for 10 in the 3100 program with a current census of 10 and licensed for 6 in the 3400 program with a current census of 0. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 219	<p>27G .3102 Nonhospital Med. Detox. - Staff</p> <p>10A NCAC 27G .3102 STAFF</p> <p>(a) A minimum of one direct care staff member shall be on duty at all times for every nine or fewer clients.</p> <p>(b) The treatment of each client shall be under the supervision of a physician.</p> <p>(c) The services of a certified alcoholism counselor, a certified drug abuse counselor or a certified substance abuse counselor shall be available to each client.</p> <p>(d) Each facility shall have at least one staff member on duty at all times trained in the following areas:</p> <p>(1) substance abuse withdrawal symptoms, including delirium tremens; and</p> <p>(2) symptoms of secondary complications to substance abuse.</p> <p>(e) Each direct care staff member shall receive continuing education to include understanding of</p>	V 219		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 219	<p>Continued From page 1</p> <p>the nature of addiction, the withdrawal syndrome, group therapy, family therapy and other treatment methodologies.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure 1 of 3 audited staff (Nurse #1) received continuing education to include understanding of the nature of addiction, the withdrawal syndrome, group therapy, family therapy and other treatment methodologies. The findings are:</p> <p>Review on 11/14/25 of Nurse #1's record revealed: -Date of hire: 7/11/22. -Job Title: Nursing Manager/Licensed Practical Nurse. -There was no documentation of continuing education in annual required trainings since 9/22/23.</p> <p>Interview on 11/14/25 with Nurse #1 revealed: -Was up to date with training requirements.</p> <p>Interview on 11/14/25 with the Program Director revealed: -Had been some turn over in administration for the past year. -Had included these specific trainings to onboarding for new staff. -Annual trainings were usually completed with our supervising clinician. -Will make sure these trainings are included in on going annual trainings.</p>	V 219		

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V 536	Continued From page 2	V 536		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p><b>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</b></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> <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> <p>(1) knowledge and understanding of the people being served;</p>	V 536		

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V 536	<p>Continued From page 3</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; 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</p>	V 536		

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V 536	<p>Continued From page 4</p> <p>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> <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>	V 536		

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V 536	<p>Continued From page 5</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>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 3 audited staff (Staff #1, Counselor #1) received initial training in alternatives to restrictive interventions prior to the provision of services. The findings are:</p> <p>Review on 11/13/25 of Staff #1's record revealed: -Date of hire: 10/7/24. -Job Title: Behavioral Health Technician. -There was no documentation of training in alternatives to restrictive intervention (North Carolina Interventions Plus (NCI+) training). -There was no documentation of training in seclusion, physical restraint and isolation time-out (North Carolina Interventions Plus (NCI+) training).</p> <p>Review on 11/13/25 of Staff #1's record revealed:</p>	V 536		

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V 536	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>-Date of hire: 11/3/25.</li> <li>-Job Title: Behavioral Health Technician (BHT).</li> <li>-There was no documentation of training in alternatives to restrictive intervention (North Carolina Interventions Plus (NCI+) training).</li> </ul> <p>Review on 11/13/25 of Counselor #1's record revealed:</p> <ul style="list-style-type: none"> <li>-Date of hire: 6/25/25.</li> <li>-Job Title: BHT Clinical Intern.</li> <li>-There was no documentation of training in alternatives to restrictive intervention (North Carolina Interventions Plus (NCI+) training).</li> </ul> <p>Interview on 11/13/25 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-Had just been employed at the facility for 2 weeks.</li> <li>-Did not recall having NCI training.</li> </ul> <p>Interview on 11/13/25 with Counselor #1 revealed:</p> <ul style="list-style-type: none"> <li>-Had not had NCI training.</li> <li>-Was now licensed and could complete an attestation.</li> </ul> <p>Interview on 11/13/25 with the Program Director revealed:</p> <ul style="list-style-type: none"> <li>-Had already discussed adding NCI to onboard for new employees.</li> <li>-Was not aware that licensed clinical staff could complete an attestation in lieu of the NCI training.</li> <li>-NCI training scheduled for 12/11/25.</li> <li>-Had administrative turnover this past year and was tightening up all training requirements.</li> </ul>	V 536		