

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601617	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/23/2026
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NAME OF PROVIDER OR SUPPLIER NOVA TRANSFORMATIONS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3326 SISKEY PARKWAY, SUITE 300 MATTHEWS, NC 28105
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 1/23/26. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program.</p> <p>This facility has a current census of 17. The 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program has a current census of 8 and the 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program has a current census of 9. The survey sample consisted of audits of 2 current clients in the 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program and 4 current clients in the 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program.</p>	V 000		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by:</p>	V 131	<p>RECEIVED</p> <p>FEB 18 2026</p> <p>DHSR-MH Licensure Sect</p>	

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

TITLE

(X6) DATE

Jessie David Free
C.C.O

2/09/26

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V 131	Continued From page 1 Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hiring 1 of 4 audited staff (#1). The findings are: Review on 1/22/26 of Staff #1's personnel file revealed: -Hire date of 11/1/25. -Title of Behavioral Health Technician. -No documentation of the HCPR check being completed. Interview on 1/22/26 with the Human Resources/Quality Assurance Director revealed: -Was responsible for completing HCPR checks. -Did not complete HCPR checks for staff. -Did not think that staff were medical professionals, therefore it was not required. -Would make sure HCPR checks were completed for all staff going forward.	V 131		
V 267	27G .4402 Sub. Abuse Intensive Outpt- Staff 10A NCAC 27G .4402 STAFF (a) Each SAIOP shall be under the direction of a Licensed Clinical Addictions Specialist or a Certified Clinical Supervisor who is on site a minimum of 50% of the hours the program is in operation. (b) When a SAIOP serves adult clients there shall be at least one direct care staff who meets the requirements of a Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 12 or fewer adult clients. (c) When a SAIOP serves adolescent clients there shall be at least one direct care staff who meets the requirements of a Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 6 or fewer adolescent clients.	V 267		

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V 267	<p>Continued From page 2</p> <p>(d) Each SAIOP shall have at least one direct care staff present in the program who is trained in the following areas:</p> <p>(1) alcohol and other drug withdrawal symptoms; and</p> <p>(2) symptoms of secondary complications due to alcoholism and drug addiction.</p> <p>(e) Each direct care staff shall receive continuing education that includes the following:</p> <p>(1) understanding of the nature of addiction;</p> <p>(2) the withdrawal syndrome;</p> <p>(3) group therapy;</p> <p>(4) family therapy;</p> <p>(5) relapse prevention; and</p> <p>(6) other treatment methodologies.</p> <p>(f) When a SAIOP serves adolescent clients each direct care staff shall receive training that includes the following:</p> <p>(1) adolescent development; and</p> <p>(2) therapeutic techniques for adolescents.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure direct care staff received required training for 2 of 2 audited staff (Group Clinician and Primary Therapist). The findings are:</p> <p> </p> <p>Review on 1/22/26 of the Group Clinician's personnel file revealed: -Hire date of 1/6/25. -Met the requirements of the Qualified</p>	V 267		

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V 267	<p>Continued From page 3</p> <p>Professional.</p> <p>-No documentation of required continuing education.</p> <p>Review on 1/22/26 of the Primary Therapist's personnel file revealed:</p> <p>-Hire date of 8/4/25.</p> <p>-Met criteria for Licensed Clinical Addictions Specialist.</p> <p>-No documentation of required continuing education.</p> <p>Interview on 1/22/26 with the Group Clinician revealed:</p> <p>-Provided group therapy in the SAIOP program.</p> <p>Interview on 1/22/26 with the Primary Therapist revealed:</p> <p>-Provided therapy in the SAIOP program.</p> <p>Interview on 1/22/26 and 1/23/25 with the Human Resources/Quality Assurance Director revealed:</p> <p>-Was responsible for ensuring all staff received continuing education.</p> <p>-All training was contracted out to another agency.</p> <p>-Did not have a training curriculum to address continuing education courses in understanding the nature of addiction, the withdrawal syndrome, group therapy, family therapy, relapse prevention and other treatment methodologies.</p> <p>-Requested assistance in locating the rule requiring continuing education.</p> <p>Interview on 1/22/26 with the Executive Director revealed:</p> <p>-The Human Resources/Quality Assurance Director was responsible for ensuring staff received required training.</p>	V 267		

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V 267	Continued From page 4 -Was not aware continuing education was required. -Would incorporate continuing education to meet the requirements into the training program.	V 267		
V 280	27G .4501 Sub. Abuse Comp. Outpt. Tx.- Scope 10A NCAC 27G .4501 Scope (a) A substance abuse comprehensive outpatient treatment program (SACOT) is one that provides a multi-faceted approach to treatment in an outpatient setting for adults with a primary substance-related diagnosis who require structure and support to achieve and sustain recovery. (b) Treatment support activities may be adapted or specifically designed for persons with physical disabilities, co-occurring disorders including mental illness or developmental disabilities, pregnant women, chronic relapse, and other homogenous groups. (c) SACOT shall have a structured program, which includes the following services: (1) individual counseling; (2) group counseling; (3) family counseling; (4) strategies for relapse prevention to include community and social support systems in treatment; (5) life skills; (6) crisis contingency planning; (7) disease management; (8) service coordination activities; and (9) biochemical assays to identify recent drug use (e.g. urine drug screens). (d) The treatment activities specified in Paragraph (c) of this Rule shall emphasize the following: (1) reduction in use and abuse of	V 280		

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V 280	<p>Continued From page 5</p> <p>substances or continued abstinence; (2) the understanding of addictive disease; (3) development of social support network and necessary lifestyle changes; (4) educational skills; (5) vocational skills leading to work activity by reducing substance abuse as a barrier to employment; (6) social and interpersonal skills; (7) improved family functioning; (8) the negative consequences of substance abuse; and (9) continued commitment to recovery and maintenance program.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to operate within the scope of a substance abuse comprehensive outpatient treatment (SACOT) program. The findings are:</p> <p>Review on 1/22/26 of Client #1's record revealed: -Admission Date of 12/30/25. -Diagnoses of Amphetamine-Type Substance Use Disorder, Severe; Cocaine Use Disorder, Severe; Generalized Anxiety Disorder; Major Depressive Disorder, Recurrent, Moderate; Posttraumatic Stress Disorder.</p> <p>Review on 1/22/26 of Client #2's record revealed: -Admission Date of 1/7/26. -Diagnoses of Opioid Use Disorder, Severe; Alcohol Use Disorder, Severe; Cocaine Use Disorder, Severe; Cannabis Use Disorder, Severe; Major Depressive Disorder, Recurrent Episode Moderate; Bipolar II Disorder.</p> <p>Review on 1/22/26 of Client #5's record revealed:</p>	V 280		

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V 280	<p>Continued From page 6</p> <p>-Admission Date of 12/28/25. -Diagnoses of Other Unknown Substance Use Disorder; Opioid Use Disorder, Severe; Generalized Anxiety Disorder; Unspecified Insomnia Disorder.</p> <p>Review on 1/22/26 of Client #6's record revealed: -Admission Date of 12/28/25 -Diagnoses of Other Unknown Substance Use Disorder; Opioid Use Disorder, Severe; Generalized Anxiety Disorder; Unspecified Insomnia Disorder.</p> <p>Interview on 1/22/26 with Client #1 revealed: -Lived in the Partial Hospitalization (PHP)/Sober Living housing operated by the Licensee's sister company. -"Everybody lives at PHP (PHP/Sober Living) housing that is in PHP (SACOT) to my knowledge." -Staff who worked at the PHP/Sober Living transported clients to the SACOT, worked at the SACOT, and then transported clients back to the PHP/Sober Living. -Received mail at the SACOT not the PHP/Sober Living.</p> <p>Interview on 1/22/26 with Client #2 revealed: -Lived in the PHP/Sober Living housing operated by the Licensee's sister company. -Clients who wanted to receive SACOT services had to live at the PHP/Sober Living house. -During his current and previous admissions to the SACOT program all clients who lived at the PHP/Sober Living house also attended the SACOT program and all clients who attended the SACOT program lived at the PHP/Sober Living house. -Was not given options to live in a sober living house not affiliated with the Licensee's sister</p>	V 280		

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V 280	<p>Continued From page 7</p> <p>company. -Received mail at the SACOT not the PHP/Sober Living. -The Behavior Technicians worked at the PHP/Sober Living house and worked at the SACOT. -There was one bill for PHP/Sober Living and SACOT.</p> <p>Interview on 1/22/26 with Client #5 revealed: -Lived in the PHP/Sober Living housing operated by the Licensee's sister company. -Was not allowed to receive SACOT services without living in the PHP/Sober Living. -Received mail at the SACOT not the PHP/Sober Living. -PHP/Sober Living staff who work day shift also work at the SACOT, night shift staff usually only work at the PHP/Sober Living. -Paid one "lump sum payment" to cover both the SACOT and PHP/Sober Living.</p> <p>Interview on 1/22/26 with Client #6 revealed: -Lived in the PHP/Sober Living housing operated by the Licensee's sister company. -Staff #1 worked at both the PHP house and in the SACOT program. -"I could have done IOP (Individual Outpatient), but I wanted to do inpatient so I wasn't tempted to drink."</p> <p>Interview on 1/22/26 with Staff #1 revealed: -Typically worked 1st shift, 8am to 4pm, but had worked other shifts at the PHP/Sober Living house. -Started his workday at the PHP/Sober Living house. -Transported clients to the SACOT program. -Was peer support for the clients.</p>	V 280		

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V 280	Continued From page 8 -Sometimes assisted with groups. -Took clients to medical appointments. -Opened and checked mail/packages for clients at the SACOT. -Transported clients to the PHP/Sober Living facility. -Clients who lived at the PHP/Sober Living facility had to attend the SACOT. Interview on 1/22/26 with the Primary Therapist revealed: -Provided group and individual therapy. -Did not know any thing about "the residential program" (PHP/Sober Living). Interview on 1/22/26 with the Clinical Director revealed: -Was responsible for clinical oversight of the SACOT and the Substance Abuse Intensive Outpatient Program (SAIOP). -The clients in the SACOT were "strongly encouraged" to live in the PHP/Sober Living home. Interview on 1/22/26 with the Executive Director revealed: -The only difference between the SACOT and SAIOP was that SAIOP clients lived at home and the SACOT clients lived in a Sober Living program. -The living situation for the SACOT clients was up to them. They were allowed to participate in other Sober Living programs if they chose. -The staff who worked at the PHP/Sober Living house were employed by Nova Transformations LLC.	V 280		
V 281	27G .4502 Sub. Abuse Comp. Outpt. Tx. - Staff	V 281		

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V 281	<p>Continued From page 9</p> <p>10A NCAC 27G .4502 STAFF</p> <p>(a) The SACOT shall be under the direction of a Licensed Clinical Addictions Specialist or a Certified Clinical Supervisor who is on site a minimum of 90% of the hours the program is in operation.</p> <p>(b) For each SACOT there shall be at least one direct care staff who meets the requirements of a Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 10 or fewer clients.</p> <p>(c) Each SACOT shall have at least one direct care staff present in the program who is trained in the following areas:</p> <ol style="list-style-type: none"> (1) alcohol and other drug withdrawal symptoms; and (2) symptoms of secondary complications due to alcoholism and drug addiction. <p>(d) Each direct care staff shall receive continuing education that includes the following:</p> <ol style="list-style-type: none"> (1) understanding of the nature of addiction; (2) the withdrawal syndrome; (3) group therapy; (4) family therapy; (5) relapse prevention; and (6) other treatment methodologies. <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure direct care staff received required training for 3 of 3 audited staff (Staff #1, Primary Therapist, Clinical Director). The findings are:</p>	V 281		

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V 281	<p>Continued From page 10</p> <p>Review on 1/22/26 of Staff #1's personnel file revealed: -Hire date of 11/1/25. -Title of Behavioral Health Technician. -No documentation of required continuing education.</p> <p>Review on 1/22/26 of the Primary Therapist's personnel file revealed: -Hire date of 8/4/25. -Met criteria for Licensed Clinical Addictions Specialist (LCAS). -No documentation of required continuing education.</p> <p>Review on 1/22/26 of the Clinical Director's personnel file revealed: -Hire date of 1/6/25. -Met criteria for LCAS. -No documentation of required continuing education.</p> <p>Interview on 1/22/26 with Staff #1 revealed: -Provided transportation to and from the SACOT program. -Provided peer support. -Took clients to the gym. -Sometimes assisted with group therapy.</p> <p>Interview on 1/22/26 with the Primary Therapist revealed: -Provided group and individual therapy.</p> <p>Interview on 1/22/26 with the Clinical Director revealed: -Provided clinical oversight for the facility. -Provided therapy.</p> <p>Interview on 1/22/26 and 1/23/26 with the Human Resources/Quality Assurance Director revealed:</p>	V 281		

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V 281	<p>Continued From page 11</p> <ul style="list-style-type: none"> -Was responsible for ensuring all staff received required training. -All training was contracted out to another agency. -Did not have a training curriculum to address continuing education courses in understanding the nature of addiction, the withdrawal syndrome, group therapy, family therapy, relapse prevention and other treatment methodologies. -Requested assistance in locating the rule requiring continuing education. <p>Interview on 1/22/26 with the Executive Director revealed:</p> <ul style="list-style-type: none"> -The Human Resources/Quality Assurance Director was responsible for ensuring staff received required training. -Was not aware continuing education was required. -Would incorporate continuing education to meet the requirements into the training program. 	V 281		



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Plan of Corrections:

10A NCAC 27G .0202 – Personnel Requirements

(a) The facility shall ensure that all employees meet the applicable qualification, training, and background verification requirements prior to providing services.

Application to V131:

HCPR verification is a required pre-employment background verification for applicable personnel.

Failure to document HCPR prior to hire constitutes noncompliance with personnel qualification standards.

10A NCAC 27G .0203 – Personnel Records

(a) A personnel record shall be maintained for each employee and shall include documentation of credentials, verification checks, and other information required by rule.

Application to V131:

HCPR verification must be maintained in the personnel file (electronic or hard copy).

Missing documentation in the personnel file is a direct violation of recordkeeping requirements.

Supporting Regulatory Authority

10A NCAC 27G .0204 – Training and Competency

(b) Each facility shall ensure that staff are trained and monitored to ensure compliance with policies and procedures related to their job functions.

Application to V131:

Onboarding and HR staff must be trained on pre-hire verification requirements.

Failure to consistently document HCPR checks indicates a need for retraining and process clarification.

10A NCAC 27G .0209 – Personnel Monitoring and Supervision



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(a) The facility shall implement monitoring systems to ensure ongoing compliance with personnel requirements.

Application to V131:

Quarterly QA/QI audits of personnel files meet the monitoring requirement.

Annual HCPR re-verification demonstrates ongoing compliance oversight, not one-time correction

Finding/Issue: The root cause was identified as a gap in the onboarding workflow and compliance verification process. While HCPR checks were being completed in practice, documentation was not consistently uploaded into the personnel record prior to the employee start date. Additionally, the onboarding checklist did not clearly designate HCPR verification as a mandatory pre-hire condition, resulting in inconsistent documentation oversight.

Corrective Action Implemented:

- The Onboarding SOP for entering an employee into our HRIS now reflects “Check HCPR prior to employee setup”
- Policy for Hiring reflects “Prior to official onboarding, HCPR check must be completed. Offer remains contingent upon results of HCPR”
- On 02/04/2026, the Chief Compliance Officer completed HCPR checks for all current employees.
- Verification results were uploaded into each employee’s personnel record within the facility’s HR record system.
- Any employee identified with a missing prior verification was reviewed immediately to confirm eligibility for continued employment.
- The facility reaffirmed that no employee may begin work without documented HCPR clearance
- The facility confirmed the requirement that HCPR access must be completed prior to employment and documented accordingly.

Systemic Prevention Measures:

- HCPR verification has been formally added to Nova Transformations’ Onboarding and Pre-Employment Compliance Checklist as a required pre-hire step, to be completed and documented before the employee start date.



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- The facility updated its personnel file policy to clearly state HCPR verification requirements, documentation standards, and retention expectations.
- Annual HCPR re-verification has been implemented for all employees, scheduled on each employee's hire anniversary date, with documentation maintained in the personnel file within the HR system.
- Hiring managers and administrative staff involved in onboarding received compliance retraining on pre-hire verification requirements and documentation procedures

Monitoring Plan:

- The Chief Compliance Officer is responsible for completing and verifying HCPR checks prior to start date for all new hires.
- The QA/QI Committee will conduct quarterly audits of a sample of personnel files to confirm:
 - HCPR verification was completed prior to hire
 - Annual re-verifications are completed and documented
 - Audit findings will be reviewed during QA/QI meetings and documented in QA/QI minutes.
 - Any identified deficiencies will be corrected within 5 business days, with retraining or corrective action implemented as appropriate to prevent recurrence

V267 / V281 – Failure to Ensure Direct Care Staff Received Required Training/Continuing Education

Finding/Issue: The absence of a centralized, standardized system for tracking required trainings and continuing education across staff roles and licensure phases, combined with limited differentiation between required in-service trainings, program-specific training, and license-governed CEUs, resulted in inconsistent documentation practices. In addition, reliance on external consultants engaged to support initial licensure preparation and start-up activities, whose scope of work did not include detailed guidance on ongoing training requirements, CEU expectations, or documentation standards post-licensure—contributed to gaps in ongoing compliance. Finally, the lack of formal supervisory sign-off and QA/QI oversight mechanisms limited the organization's ability to verify that required training and CEU expectations were being met and documented consistently following licensure approval.



Corrective Action Implemented:

- Nova Transformations reviewed all applicable licensure and program requirements and updated internal training and personnel policies to clearly define required training and continuing education expectations by role.
- A standardized Training and CEU Compliance Checklist was developed to document completion of required topic areas, including at minimum:
 - Understanding the nature of addiction
 - Withdrawal syndrome (including alcohol/other drug withdrawal symptoms and secondary complications)
 - Group therapy
 - Family therapy
 - Relapse prevention
 - Other treatment methodologies (as applicable)
- All training must be completed prior to the 30th day of work.
- Current staff training records were reviewed to identify gaps, and staff were scheduled to complete any missing required training
- Recertification of all the training above will be completed annually within 30 days of the hire date anniversary.

Systemic Prevention Measures (Sustaining Compliance):

- The Training and CEU Compliance Checklist has been incorporated into the onboarding process for all direct care and clinical staff.
- Required onboarding training must be completed and documented within established onboarding timeframes(30 days) prior to independent service provision.
- Ongoing Compliance:
 - Licensed clinical staff will verify completion of required topic areas through approved CEUs and training certificates reviewed during clinical supervision.
- All direct care staff are required to complete required training annually based on their hire anniversary date.
- Documentation is maintained in the employee's personnel training file within the HR system
- Nova Transformations is coordinating with its third-party training provider and qualified clinical/medical professionals to ensure the annual training curriculum aligns with licensure requirements, scope of services, and staff competency needs.

Supervision & Accountability:

- The Certified Clinical Supervisor will review and sign off on the Training and CEU Compliance Checklist during supervision for licensed and clinical staff.



- The Chief Compliance Officer maintains oversight of annual training completion and documentation for all staff.
- Staff who do not meet required training standards within established timeframes may be restricted from direct care duties or placed on leave until compliance is achieved
- Supervisors who do not hold the compliance standard in place will be placed on a Performance Improvement Plan in accordance with company policy which may result in further disciplinary action.

Monitoring Plan (Who/How Often): The QA/QI Committee will audit training records quarterly to verify:

- Required topic areas are completed
- Trainings and CEUs are from appropriate and approved sources
- Documentation is current and maintained based on hire anniversary dates

Any deficiencies will result in a documented corrective action plan, follow-up training, and re-audit to ensure sustained compliance.

V280 – Facility Operated Outside the Scope of SACOT

Finding/Issue: The survey identified concerns that certain operational practices created the appearance of SACOT functioning in conjunction with affiliated housing, including staff overlap, transportation practices, and client understanding of housing requirements. This was determined to be outside the intended scope of an outpatient SACOT model. Upon review of the operating procedures, the facility identified a potential risk that clients could perceive services as being rendered in connection with housing. In addition, the facility did not maintain a clear separation related to transportation and staffing for Luminary Living. Nova Transformations did not have sufficient safeguards in place to ensure a clear and consistent separation between each entity.

Corrective Action Implemented:

- Nova Transformations confirmed that treatment services were provided only at the licensed outpatient location at 3326 Siskey Parkway, Suite 300, Matthews, NC 28105.
- The partnership between Nova Transformations and Luminary Living was formally dissolved effective January 30, 2026.
- Luminary Living confirmed closure of:



NOVA
TRANSFORMATIONS

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MATTHEWS, NC 28105
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704-961-9322

- o 13530 Four Oaks Lane on January 19, 2026
- o 10436 Connell Road on January 30, 2026
- The residences are listed for sale and are not housing Nova clients or any residents.
- Supporting documentation, including dissolution notices and proof of listing/closure, will be included with the Plan of Correction submission.

Monitoring Plan:

- The Chief Compliance Officer will conduct periodic reviews of operational practices, client materials, and staff assignments to ensure continued separation of outpatient services from any housing arrangements.
- QA/QI Committee reviews will include verification that services remain within the licensed scope of SACOT, with findings documented in QA/QI minutes.