

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL068-165</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/20/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HILLSBOROUGH COMPREHENSIVE TREATME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>129 MAYO STREET</b> <b>HILLSBOROUGH, NC 27278</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on May 20, 2026. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.</p> <p>This facility has a current census of 269. The survey sample consisted of audits of 10 current clients, 2 former clients and 1 deceased client.</p>	V 000		
V 113	<p><b>27G .0206 Client Records</b></p> <p>10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek</p>	V 113		

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

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V 113	<p>Continued From page 1</p> <p>emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain required documentation in the client records affecting 10 of 10 audited current clients (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10) and 2 of 2 audited former clients (FC #11, FC #12) and 1 of 1 audited deceased client (DC #13). The findings are:</p> <p>Review on 5/19/26 of Client #1's record revealed: -Admission date of 4/14/26 -Diagnosis of Opioid Used Disorder. -There was no signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician.</p> <p>Review on 5/19/26 of Client #2's record revealed:</p>	V 113		
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V 113	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-Admission date of 1/6/26.</li> <li>-Diagnosis of Opioid Used Disorder.</li> <li>-There was no signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician.</li> </ul> <p>Review on 5/19/26 of Client #3's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 11/7/25.</li> <li>-Diagnosis of Opioid Used Disorder.</li> <li>-There was no signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician.</li> </ul> <p>Review on 5/19/26 of Client #4's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 2/16/26.</li> <li>-Diagnosis of Opioid Used Disorder.</li> <li>-There was no signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician.</li> </ul> <p>Review on 5/19/26 of Client #5's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 11/21/25.</li> <li>-Diagnosis of Opioid Used Disorder.</li> <li>-There was no signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician.</li> </ul> <p>Review on 5/20/26 of Client #6's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 4/28/25.</li> <li>-Diagnosis of Opioid Used Disorder.</li> <li>-There was no signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician.</li> </ul> <p>Review on 5/20/26 of Client #7's record revealed:</p>	V 113		

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V 113	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-Admission date of 3/14/24.</li> <li>-Diagnosis of Opioid Used Disorder.</li> <li>-There was no signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician.</li> </ul> <p>Review on 5/20/26 of Client #8's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 4/15/25.</li> <li>-Diagnosis of Opioid Used Disorder.</li> <li>-There was no signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician.</li> </ul> <p>Review on 5/20/26 of Client #9's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 11/20/23.</li> <li>-Diagnosis of Opioid Used Disorder.</li> <li>-There was no signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician.</li> </ul> <p>Review on 5/20/26 of Client #10's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 2/12/26.</li> <li>-Diagnosis of Opioid Used Disorder.</li> <li>-There was no signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician.</li> </ul> <p>Review on 5/20/26 of Former Client #11's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 5/3/24.</li> <li>-Discharge date of 3/26/26.</li> <li>-Diagnosis of Opioid Used Disorder.</li> <li>-There was no signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or</li> </ul>	V 113		

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V 113	<p>Continued From page 4</p> <p>physician.</p> <p>Review on 5/20/26 of Former Client #12's record revealed: -Admission date of 6/9/25. -Discharge date of 4/22/26. -Diagnosis of Opioid Used Disorder. -There was no signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician.</p> <p>Review on 5/20/26 of Deceased Client #13's record revealed: -Admission date of 7/11/17. -Discharge date of 5/11/26. -Diagnosis of Opioid Used Disorder. -There was no signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician.</p> <p>Interview on 5/19/26 with the Clinical Manager revealed: -She believed the form "Release of Information (ROI)" was the document facility used to indicate permission to seek emergency care from a hospital or physician. -She was not aware the intake package from facility did not include a document specifically stating permission to seek emergency care from a hospital or physician. -She reviewed intake package from sister facility in Raleigh and noticed they did have a specific document related to consent for emergency services. -She would copy document from sister facility in Raleigh and would have staff implement it at this location.</p>	V 113		

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V 113	<p>Continued From page 5</p> <p>Interview on 5/20/26 with the Clinical Director revealed:</p> <ul style="list-style-type: none"> <li>-He believed the form "Release of Information (ROI)" was the document facility used to indicate permission to seek emergency care from a hospital or physician.</li> <li>-He was not aware facility was not completing a document related to granting permission to seek emergency care from a hospital or physician.</li> <li>-The Clinical Manager had started the process to implement the new document related to consent for emergency services.</li> <li>-All clients at the facility would have the document related to permission to seek emergency care from a hospital or physician signed and placed in their record.</li> <li>-He acknowledged the facility failed to maintain completed records for clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, Former Clients #11 and #12 and Deceased Client #13.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 113		
V 238	<p>27G .3604 (E-K) Outpt. Opioid - Operations</p> <p>10A NCAC 27G .3604 OUTPATIENT OPIOID TREATMENT - OPERATIONS.</p> <p>(e) The State Authority shall base program approval on the following criteria:</p> <ol style="list-style-type: none"> <li>(1) compliance with all state and federal law and regulations;</li> <li>(2) compliance with all applicable standards of practice;</li> <li>(3) program structure for successful service delivery; and</li> <li>(4) impact on the delivery of opioid treatment services in the applicable population.</li> </ol> <p>(f) Take-Home Eligibility. Any client in</p>	V 238		

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V 238	<p>Continued From page 6</p> <p>comprehensive maintenance treatment who requests unsupervised or take-home use of methadone or other medications approved for treatment of opioid addiction must meet the specified requirements for time in continuous treatment. The client must also meet all the requirements for continuous program compliance and must demonstrate such compliance during the specified time periods immediately preceding any level increase. In addition, during the first year of continuous treatment a patient must attend a minimum of two counseling sessions per month. After the first year and in all subsequent years of continuous treatment a patient must attend a minimum of one counseling session per month.</p> <p>(1) Levels of Eligibility are subject to the following conditions:</p> <p>(A) Level 1. During the first 90 days of continuous treatment, the take-home supply is limited to a single dose each week and the client shall ingest all other doses under supervision at the clinic;</p> <p>(B) Level 2. After a minimum of 90 days of continuous program compliance, a client may be granted for a maximum of three take-home doses and shall ingest all other doses under supervision at the clinic each week;</p> <p>(C) Level 3. After 180 days of continuous treatment and a minimum of 90 days of continuous program compliance at level 2, a client may be granted for a maximum of four take-home doses and shall ingest all other doses under supervision at the clinic each week;</p> <p>(D) Level 4. After 270 days of continuous treatment and a minimum of 90 days of continuous program compliance at level 3, a client may be granted for a maximum of five take-home doses and shall ingest all other doses</p>	V 238		

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V 238	<p>Continued From page 7</p> <p>under supervision at the clinic each week;</p> <p>(E) Level 5. After 364 days of continuous treatment and a minimum of 180 days of continuous program compliance, a client may be granted for a maximum of six take-home doses and shall ingest at least one dose under supervision at the clinic each week;</p> <p>(F) Level 6. After two years of continuous treatment and a minimum of one year of continuous program compliance at level 5, a client may be granted for a maximum of 13 take-home doses and shall ingest at least one dose under supervision at the clinic every 14 days; and</p> <p>(G) Level 7. After four years of continuous treatment and a minimum of three years of continuous program compliance, a client may be granted for a maximum of 30 take-home doses and shall ingest at least one dose under supervision at the clinic every month.</p> <p>(2) Criteria for Reducing, Losing and Reinstatement of Take-Home Eligibility:</p> <p>(A) A client's take-home eligibility is reduced or suspended for evidence of recent drug abuse. A client who tests positive on two drug screens within a 90-day period shall have an immediate reduction of eligibility by one level of eligibility;</p> <p>(B) A client who tests positive on three drug screens within the same 90-day period shall have all take-home eligibility suspended; and</p> <p>(C) The reinstatement of take-home eligibility shall be determined by each Outpatient Opioid Treatment Program.</p> <p>(3) Exceptions to Take-Home Eligibility:</p> <p>(A) A client in the first two years of continuous treatment who is unable to conform to the applicable mandatory schedule because of exceptional circumstances such as illness, personal or family crisis, travel or other hardship</p>	V 238		

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V 238	<p>Continued From page 8</p> <p>may be permitted a temporarily reduced schedule by the State authority, provided she or he is also found to be responsible in handling opioid drugs. Except in instances involving a client with a verifiable physical disability, there is a maximum of 13 take-home doses allowable in any two-week period during the first two years of continuous treatment.</p> <p>(B) A client who is unable to conform to the applicable mandatory schedule because of a verifiable physical disability may be permitted additional take-home eligibility by the State authority. Clients who are granted additional take-home eligibility due to a verifiable physical disability may be granted up to a maximum 30-day supply of take-home medication and shall make monthly clinic visits.</p> <p>(4) Take-Home Dosages For Holidays: Take-home dosages of methadone or other medications approved for the treatment of opioid addiction shall be authorized by the facility physician on an individual client basis according to the following:</p> <p>(A) An additional one-day supply of methadone or other medications approved for the treatment of opioid addiction may be dispensed to each eligible client (regardless of time in treatment) for each state holiday.</p> <p>(B) No more than a three-day supply of methadone or other medications approved for the treatment of opioid addiction may be dispensed to any eligible client because of holidays. This restriction shall not apply to clients who are receiving take-home medications at Level 4 or above.</p> <p>(g) Withdrawal From Medications For Use In Opioid Treatment. The risks and benefits of withdrawal from methadone or other medications approved for use in opioid treatment shall be</p>	V 238		

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V 238	<p>Continued From page 9</p> <p>discussed with each client at the initiation of treatment and annually thereafter.</p> <p>(h) Random Testing. Random testing for alcohol and other drugs shall be conducted on each active opioid treatment client with a minimum of one random drug test each month of continuous treatment. Additionally, in two out of each three-month period of a client's continuous treatment episode, at least one random drug test will be observed by program staff. Drug testing is to include at least the following: opioids, methadone, cocaine, barbiturates, amphetamines, THC, benzodiazepines and alcohol. Alcohol testing results can be gathered by either urinalysis, breathalyzer or other alternate scientifically valid method.</p> <p>(i) Client Discharge Restrictions. No client shall be discharged from the facility while physically dependent upon methadone or other medications approved for use in opioid treatment unless the client is provided the opportunity to detoxify from the drug.</p> <p>(j) Dual Enrollment Prevention. All licensed outpatient opioid addiction treatment facilities which dispense Methadone, Levo-Alpha-Acetyl-Methadol (LAAM) or any other pharmacological agent approved by the Food and Drug Administration for the treatment of opioid addiction subsequent to November 1, 1998, are required to participate in a computerized Central Registry or ensure that clients are not dually enrolled by means of direct contact or a list exchange with all opioid treatment programs within at least a 75-mile radius of the admitting program. Programs are also required to participate in a computerized Capacity Management and Waiting List Management System as established by the North Carolina State Authority for Opioid Treatment.</p>	V 238		

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V 238	<p>Continued From page 10</p> <p>(k) Diversion Control Plan. Outpatient Addiction Opioid Treatment Programs in North Carolina are required to establish and maintain a diversion control plan as part of program operations and shall document the plan in their policies and procedures. A diversion control plan shall include the following elements:</p> <ol style="list-style-type: none"> <li>(1) dual enrollment prevention measures that consist of client consents, and either program contacts, participation in the central registry or list exchanges;</li> <li>(2) call-in's for bottle checks, bottle returns or solid dosage form call-in's;</li> <li>(3) call-in's for drug testing;</li> <li>(4) drug testing results that include a review of the levels of methadone or other medications approved for the treatment of opioid addiction;</li> <li>(5) client attendance minimums; and</li> <li>(6) procedures to ensure that clients properly ingest medication.</li> </ol> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure after the first year and in all subsequent years of continuous treatment a client attended at least one counseling session per month affecting 4 of 10 audited current clients (#2, #5, #8 and #10); failed to ensure counseling sessions were completed after a positive Urine Drug Screen (UDS) affecting 2 of 10 audited current clients (#8 and #10) and failed to ensure dual enrollment was completed affecting 1 of 10 audited current clients (#8). The findings are:</p> <p>Review on 5/19/26 of Client #2's record revealed: -Admission date of 1/6/26. -Diagnosis of Opioid Use Disorder, Severe.</p>	V 238		
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V 238	<p>Continued From page 11</p> <p>-There were no counseling sessions for the month of March 2026.</p> <p>Review on 5/19/26 of Client #5 revealed: -Admission date of 11/21/25. -Diagnosis of Opioid Use Disorder, Severe. -There were no counseling sessions for the months of March and April 2026.</p> <p>Review on 5/20/26 of Client #8's record revealed: -Admission date of 4/15/25. -Diagnosis of Opioid Use Disorder. -UDS completed on 1/30/26 tested positive for Fentanyl. -UDS completed on 3/27/26 tested positive for Cocaine and Fentanyl. -There were no counseling sessions completed by Client #8's Counselor to address the positive UDS results from 1/30/26 and 3/27/26 until 5/4/26. -Facility staff failed to ensure counseling sessions were completed after a positive urine drug screen. -There was no documentation the dual enrollment was completed.</p> <p>Review on 5/20/26 of Client #10's record revealed: -Admission date of 10/23/25. -Diagnoses of Opioid Use Disorder. -Last counseling session was on 2/11/26. -There were no counseling sessions for the months of March and April 2026. -UDS completed on 2/12/26, 3/13/26, 4/9/26 and 5/6/26 positive for Tetrahydrocannabinol (THC). -There were no counseling sessions completed by Client #10's Counselor to address the positive UDS results. -Facility staff failed to ensure counseling sessions were completed after a positive urine drug</p>	V 238		

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V 238	<p>Continued From page 12</p> <p>screen.</p> <p>Interview on 5/19/26 with the Counselor revealed: -He met with clients about once or twice a month. -"Counseling sessions depend on how long the client has been coming." -"Sessions are mainly focused on UDS results." -He did not know how often he was to meet with each clients. -He did not know how often UDS screenings were conducted on each client. -He reviewed goals with clients to see where the client was in regards to the goal and if new ones needed to be identified.</p> <p>Interview on 5/19/26 with the Clinical Manager revealed: -Agency had been dealing with a lot of staff turn-over lately. -"We have been heavily understaffed for the few months." -"Once a new staff is hired, it takes about a month for the new counselor to start taking new clients due to all the trainings that needs to be completed." -"After the counselor is trained, we slowly start transitioning clients into their caseload, which may cause clients to miss their monthly counseling sessions." -For clients that came in once a month, it was hard to get a hold of them when they came in. "Because they are in and out!" -She acknowledged some of the monthly counseling sessions for the clients may had been missed.</p> <p>Interviews on 5/19/26 and 5/20/26 with the Clinical Director revealed: -5/19/26: -When clients came in to dose and if there</p>	V 238		

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V 238	<p>Continued From page 13</p> <p>was a flag on their record, it should appear once they sign in at the front kiosk to dose.</p> <p>-Some of the reasons on why there would be a flag on a client would be if they needed to see their counselor.</p> <p>-5/20/26:</p> <p>-"Due to staff turn-overs, some of the required monthly counseling sessions may had been missed for some of the clients."</p> <p>-He acknowledged Clients #2, #5, #8 and #10 did not meet with their counselor for monthly counseling sessions.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 238		
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,</p>	V 536		

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V 536	<p>Continued From page 14</p> <p>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"> <li>(1) knowledge and understanding of the people being served;</li> <li>(2) recognizing and interpreting human behavior;</li> <li>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</li> <li>(4) strategies for building positive relationships with persons with disabilities;</li> <li>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</li> <li>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</li> <li>(7) skills in assessing individual risk for escalating behavior;</li> <li>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</li> <li>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</li> </ol> <p>(h) Service providers shall maintain</p>	V 536		

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V 536	<p>Continued From page 15</p> <p>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> <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</p>	V 536		

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V 536	<p>Continued From page 16</p> <p>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> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure 3 of 5 audited staff (the</p>	V 536		

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V 536	<p>Continued From page 17</p> <p>Medical Assistant, the Medication Administration Nurse Licensed Practical Nurse [LPN] and the Counselor) had training on the use of alternatives to restrictive interventions. The findings are:</p> <p>Review on 5/19/26 of the Medical Assistant's personnel record revealed: -Hire date of 2/27/29 (former agency) and 3/2024 (current agency). -She was hired as a Medical Assistant. -No current documentation of training on the use of alternatives to restrictive interventions.</p> <p>Review on 5/19/26 of the Medication Administration LPN's personnel record revealed: -Hire date of 4/27/26. -She was hired as a Medication Administration LPN. -No documentation of training on the use of alternatives to restrictive interventions.</p> <p>Review on 5/19/26 of the Counselor's personnel record revealed: -Hire date of 4/30/25 -He was hired as a Counselor. -No current documentation of training on the use of alternatives to restrictive interventions.</p> <p>Interview on 5/19/26 with the Clinical Director revealed: -The agency used Safety Care as their training curriculum on the use of alternatives to restrictive interventions. -He was not aware that some of the trainings had expired. -The medication Administration LPN had just started working and was still completing trainings. -He had scheduled all the staff that were needing to complete Safety Care for the first week of June, 2026.</p>	V 536		

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V 536	<p>Continued From page 18</p> <p>-He acknowledged there was no current documentation of training on the use of alternatives to restrictive interventions for the Medical Assistant, the Medication Administration LPN and the Counselor.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 536		