

Appendix 1-B: Plan of Correction Form

APR 02 2018

Plan of Correction

Please complete all requested information and email completed Plan of Correction form to: **Lic. & Cert. Section**

Plans.Of.Correction@dhhs.nc.gov

Provider Name: Innovative Compliance Solutions dba New Hope Group Home Demico V. Graham		Phone: 704-874-1813
Provider Contact Person for follow-up:		Fax: 704-874-1803
Address: 1550-A Union Rd. Gastonia, NC 28054		Email: dvgraham@newhopehome.org
Provider #		
Finding	Corrective Action Steps	Responsible Party
Per 10A NCAC 27E.0107, Innovative Compliance Solutions failed to provide services which addressed each adolescent's functional deficits to ensure safety and de-escalate out of control behaviors affecting 1 of 4 clients.	<p>Innovative Compliance Solutions will employ EBPI (Evidenced Based Protective Interventions) as it's chosen replacement for NCI (North Carolina Interventions). All staff receiving the training must evidence the following:</p> <ul style="list-style-type: none"> • Passing written exam with a minimum score of 80%. The written exam focuses on the de-escalation protocols that have been found to be effective; thus, granted permission by the state of North Carolina to be provided. • Successful implementation of physical techniques per curriculum standards. The physical techniques focus on the safe way to implement therapeutic holds and or, free oneself from a physically aggressive person. <p>Only after satisfying the above requirements (in addition to other agency trainings), will a staff member be allowed to work directly with clients. In addition to EBPI, all staff will be trained on the needs of each particular client and how their respective needs can be attended to using EBPI.</p>	<p>Time Line</p> <p>Implementation Date: 2/26/2018</p> <p>Projected Completion Date: 3/31/2018- Ongoing</p>
Per 10A NCAC 27G.1704, Innovative Compliance Solutions failed to ensure at least two staff were present at all times that clients were in the facility.	<p>Innovative Compliance Solutions makes a monthly schedule that is dispersed to all staff prior to beginning of the next month. All staff are aware of their respective assignments. With this knowledge, Innovative Compliance Solutions has instituted a policy by which all staff are to adhere to. In the event a staff member is going to be late or not able to cover their shift, they are responsible for reporting said information to their immediate supervisor, at the very least, 3 hours prior to the start of their shift. It is then the responsibility of the immediate supervisor to find adequate coverage that meets the standard of 2 staff per shift.</p>	<p>Time Line</p> <p>Implementation Date: 3/1/2018</p> <p>Projected Completion Date: Ongoing</p>
Per 10A NCAC 27E.0107, Innovative Compliance Solutions failed to ensure staff demonstrated competency to meet the needs of	<p>Innovative Compliance Solutions will employ EBPI (Evidenced Based Protective Interventions) as it's chosen replacement for NCI (North Carolina Interventions). All staff receiving the training must</p>	<p>Time Line</p> <p>Implementation Date: 2/26/2018</p>

<p>the population served by successfully implementing skills to de-escalate dangerous behaviors for 1 out of 4 clients.</p>	<p>evidence the following:</p> <ul style="list-style-type: none"> • Passing written exam with a minimum score of 80%. The written exam focuses on the de-escalation protocols that have been found to be effective; thus, granted permission by the state of North Carolina to be provided. • Successful implementation of physical techniques per curriculum standards. The physical techniques focus on the safe way to implement therapeutic holds and or, free oneself from a physically aggressive person. <p>Only after satisfying the above requirements (in addition to other agency trainings), will a staff member be allowed to work directly with clients. In addition to EBPI, all staff will be trained on the needs of each particular client and how their respective needs can be attended to using EBPI.</p>	<p>Human Resources</p>	<p>Projected Completion Date: 3/31/2018- Ongoing</p>
<p>Per 10A NCAC 27E.0107, Innovative Compliance Solutions failed to ensure staff demonstrated competence in employing procedures for physical restraints for 1 out of 4 clients.</p>	<p>Innovative Compliance Solutions will employ EBPI (Evidenced Based Protective Interventions) as it's chosen replacement for NCI (North Carolina Interventions). All staff receiving the training must evidence the following:</p> <ul style="list-style-type: none"> • Passing written exam with a minimum score of 80%. The written exam focuses on the de-escalation protocols that have been found to be effective; thus, granted permission by the state of North Carolina to be provided. • Successful implementation of physical techniques per curriculum standards. The physical techniques focus on the safe way to implement therapeutic holds and or, free oneself from a physically aggressive person. <p>Only after satisfying the above requirements (in addition to other agency trainings), will a staff member be allowed to work directly with clients. In addition to EBPI, all staff will be trained on the needs of each particular client and how their respective needs can be attended to using EBPI.</p>	<p>Desareta Jones- Owner/ Certified EBPI Trainer</p> <p>Human Resources</p>	<p>Implementation Date: 2/26/2018</p> <p>Projected Completion Date: 3/31/2018- Ongoing</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-176	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/27/2018
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NAME OF PROVIDER OR SUPPLIER NEW HOPE HOME II	STREET ADDRESS, CITY, STATE, ZIP CODE 1102 GROVES STREET KINGS MOUNTAIN, NC 28086
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, follow up and complaint survey was completed on 2/27/18. The complaints were substantiated. (Intake # NC00134533 and NC00135331). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
V 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE</p> <p>(a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility.</p> <p>(b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section.</p> <p>(c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.</p> <p>(d) The children or adolescents served shall require the following:</p> <p>(1) removal from home to a community-based residential setting in order to facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and</p>	V 293		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 293	<p>Continued From page 1</p> <p>structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on record review and and interviews, the facility failed to provide services which addressed each adolescent's functional deficits to ensure safety and deescalate out of control behaviors affecting 1 of 4 clients (Client #2).</p> <p>The findings are:</p> <p>Cross Reference: 10A NCAC 27E.0107 Training on Alternatives to Restrictive Interventions (V536). Based on record review and interviews, the facility failed to ensure 2 of 6 sampled paraprofessional staff (Staff #1, and #2)</p>	V 293		

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V 293	<p>Continued From page 2</p> <p>demonstrated competency to meet the needs of the population served by successfully implementing skills to de-escalate dangerous behaviors for 1 out of 4 clients (Client #2).</p> <p>Cross Reference: 10A NCAC 27E.0108 Training in Seclusion, Physical Restraint and Isolation Time-Out (V537). Based on record review and interviews, the facility failed to ensure 2 out of 6 sampled paraprofessional staff (Staff #3 and #4) demonstrated competence in employing procedures for physical restraints for 1 out of 4 clients (Client #2).</p> <p>Review on 2/27/18 of the Plan of Protection dated 2/27/18 written by the Program Director revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? Per 10A NCAC 27G.1701:</p> <ol style="list-style-type: none"> 1. Facility staff will be trained in a new Restrictive Intervention curriculum (EBPI). All new staff will enter employment in this training. Current staff will be trained in the new curriculum by March 15, 2018. The curriculum will maintain a focus on conflict resolution, crisis management and de-escalation protocol. This curriculum has been approved by the state of North Carolina and has been adopted as the only accepted protocol for Innovative Compliance Solutions. In addition, a quarterly review of physical techniques will be conducted to further enhance staff's knowledge base. 2. A training, De-Escalation Techniques, will be conducted for all staff by [name of Licensed Clinical Social Worker]. This training will be completed for all staff by March 21, 2018. This training should further enhance staff's awareness of maintaining a safe environment for all consumers. 	V 293		

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V 293	<p>Continued From page 3</p> <p>3. Management will continue to monitor all activities within homes via video.</p> <p>4. New standards, within the hiring process, will be developed to help have a better understanding of strength and weaknesses of staff through "role play questioning" and "situational ethic exercises" for all applicants.</p> <p>Per 10A NCAC 27G.0204:</p> <p>1. Upon hire, all staff members will go through an "interviewing process" to better determine their level of knowledge in regards to the mental health arena. This information will then be transferred to their supervision plan.</p> <p>2. All monthly supervision documentation (group/individual) will be reported to Compliance Officer by the 5th day of the next month.</p> <p>3. Compliance Officer will conduct quarterly audits of all staff charts. Documentation of audits will be kept by Compliance Officer and reported to Executive Director.</p> <p>Describe your plans to make sure the above happens.</p> <p>Compliance Officer will ensure all of the above is complete via monthly checks and audits. All information will be reported to the Executive Director. In addition, all information gathered via audits will be used for QA/QI projects and furthered strategic planning."</p> <p>Client #2 was an adolescent admitted to the facility with diagnoses of Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, and Attention Deficit Hyperactivity Disorder and had a known history of anger outbursts and physical aggression toward other peers and staff. In one incident, she physically attacked a peer by hitting, kicking and pulling their hair. Staff did not</p>	V 293		
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V 293	Continued From page 4 intervene to protect the peer from being assaulted by Client #2. Staff were observed on video remaining seated while Client #2 assaulted a peer and pulled out her hair. In another incident, staff's inability to engage in approved de-escalation techniques to control behaviors resulted in an inappropriate restraint of placing their hand on top of Client #2's head. The client continued to escalate, throw objects at staff, causing them to be hit and kicked by Client #2. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 293		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.	V 296		

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V 296	<p>Continued From page 5</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure at least two staff were present at all times that clients were in the facility.</p> <p>The findings are:</p> <p>Review on 1/19/18 of Client #1's record revealed:</p>	V 296		

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V 296	<p>Continued From page 6</p> <p>-an admission date of 11/14/17 -diagnoses included Trauma and Stressor Related Disorder, Disruptive Impulse Control and Conduct Disorder, Depression Disorder, and Cannabis Disorder. -she was 16 years old -her Person-Centered Plan dated 11/1/17 included goals to decrease verbal aggression and defiant behaviors.</p> <p>Review on 1/19/18 of Client #2's record revealed: -an admission date of 11/16/17 -diagnoses included Post Traumatic Stress Disorder, Oppositional Defiant Disorder, and Attention Deficit Hyperactivity Disorder. -she was 17 years old -a mental health assessment dated 9/30/17 included physical aggression towards staff and peers, erratic behaviors, self-injurious behaviors, and anger outbursts.</p> <p>Review on 1/19/18 of Client #3's record revealed: -an admission date of 7/27/17 -diagnoses included Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder and Conduct Disorder -she was 16 years old -her Person-Centered Plan dated 7/24/17 included to eliminate elopement behaviors, decrease verbal aggression toward authority figures, and to increase ability to control impulse control.</p> <p>Observation on 2/8/18 from 3:20 p.m. to 4:30 p.m. revealed: -Staff #4 arrived at the facility, there were no clients home at the time -Client #1, #2, and #3 arrived to the facility via the school bus at 3:30 p.m. -Staff #5 arrived at 4:30 p.m.</p>	V 296		

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V 296	<p>Continued From page 7</p> <p>Interview on 2/8/18 with Client ##1 revealed: -there were numerous times there was only 1 staff person while they were at the facility. -on 2/4/18 Staff #1 did not show up for her shift and Staff #4 was by herself until approximately 8:00 p.m.</p> <p>Interview on 2/8/18 with Staff #4 revealed: -weekend shifts were from 8:00 a.m. to 8:00 p.m. -Staff #5 had a second job and he was usually late, "but not this late." -she was aware of the staffing requirements and there was always two staff present.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 296		
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</p>	V 536		

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V 536	<p>Continued From page 8</p> <p>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; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace 	V 536		
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V 536	<p>Continued From page 9</p> <p>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> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience</p>	V 536		

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V 536	<p>Continued From page 10</p> <p>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> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 2 of 6 sampled paraprofessional staff (Staff #1, and #2)</p>	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-176	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/27/2018
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NAME OF PROVIDER OR SUPPLIER NEW HOPE HOME II	STREET ADDRESS, CITY, STATE, ZIP CODE 1102 GROVES STREET KINGS MOUNTAIN, NC 28086
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V 536	<p>Continued From page 11</p> <p>demonstrated competency to meet the needs of the population served by successfully implementing skills to de-escalate dangerous behaviors for 1 out of 4 clients (Client #2).</p> <p>The findings are:</p> <p>Review on 1/26/18 of Client #2's record revealed: -Admission date: 11/16/17 -Age: 17 -Diagnoses: Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, and Attention Deficit Hyperactivity Disorder.</p> <p>Review on 1/26/18 of Client #2's Mental Health Assessment dated 9/30/17 revealed: -physically aggressive behavior towards other residents and staff; -anger outbursts, self-injurious behaviors, and erratic outbursts.</p> <p>Review on 2/19/18 of Client #2's Person-Centered Plan with a latest revision date of 12/12/17 revealed: -"Update 11/10/17: [Client #2] was at [another level III facility] from 10/28/17 to 11/8/17 ...She showed consistent disrespect, anger outbursts, and threatening behavior to both staff and other residents ..." -"Characteristics/Observation/Justification for this goal: [Client #2] will learn to identify triggers, situations, thoughts, and feelings that cause her to become frustrated or angry ..." -"Date goal was reviewed ...12/12/17 ...Since transition to New Hope [Client #2] has transitioned well and shows signs of assimilating to her new environment. [Client #2] exhibits signs of inability to regulate her emotions AEB [As Evidenced By] exhibiting extreme temper tantrums."</p>	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-176	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/27/2018
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NAME OF PROVIDER OR SUPPLIER NEW HOPE HOME II	STREET ADDRESS, CITY, STATE, ZIP CODE 1102 GROVES STREET KINGS MOUNTAIN, NC 28086
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V 536	<p>Continued From page 12</p> <p>Review on 2/15/18 of a video recording at the local high school Client #2 attended revealed:</p> <ul style="list-style-type: none"> -A date of 1/22/18 at 1:21 p.m. -The video in its entirety was 3 minutes and 22 seconds and had no audio capability. -The view was of the facility van parked in the school parking lot. The front of the van was facing the camera. -Staff #1, Staff #2, Client #2 and Client #3 were seen walking in the parking lot to the facility van. -Staff #2 got into the driver's seat and put on her seat belt. -Staff #1, Client #2, and Client #3 walked around the back of the van to the passenger side. -Staff #1 opened the back sliding door of the van and got in the very back seat of the van. -Once Client #2 and Client #3 got closer to the van they were seen walking at a fast pace as if racing to the front seat. -Client #3 was able to get in the front seat and Client #2 was standing outside of the van as if talking to Client #3. -Client #2 and Client #3 then began to struggle, pushing and pulling each other, while Client #3 continued to sit in the front passenger seat. -Client #3 pushed Client #2 back and shut the passenger door and was seen pushing her hand down as if locking the door. -Client #2 then went into the opened sliding door of the van and was seen in between the driver and front passenger seats grabbing at Client #3. -Client #3's head was seen going back, as if her hair was being pulled. -As the struggle continued, Client #3 was seen going in the back of the van between the driver seat and the passenger seat. -Client #2 and Client #3 were now in the middle of the van, behind the driver and passenger seats. -Client #3 was seen getting out of the van while 	V 536		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-176	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/27/2018
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NAME OF PROVIDER OR SUPPLIER NEW HOPE HOME II	STREET ADDRESS, CITY, STATE, ZIP CODE 1102 GROVES STREET KINGS MOUNTAIN, NC 28086
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V 536	<p>Continued From page 13</p> <p>struggling with her arms to hold Client #2 back. -Client #2's legs could be seen kicking outside of the sliding door and striking Client #3. -Staff #1 was not seen again after she climbed into the back of the van. -Staff #2 continued to sit in the driver's seat during the struggle and at one point was seen looking out of the driver's side window with her head/chin resting on her hand. -Client #3 appeared to have gotten herself loose of Client #2's grip and walked around the back of the van toward the school. -Staff #2 then unbuckled her seat belt and got out of the van. She walked toward the school with Client #3. -At no time during the video was Client #2 talking on or holding a cell phone.</p> <p>Review on 2/15/18 of Client #3's statement she wrote for the school staff dated 1/24/18 revealed: -"so we came to pick her [Client #2] up & she got mad because I was sitting in the front, so she tried to pull me out & I pushed her off me & closed & locked the door, & she got in the back & grabbed my hair, & I turned around & she hit me, so I hit her back then we started fighting & she wouldn't let go of my hair, so I finally sat down to make her let go. I told the staff that if they didn't get her off of me that I was going to get arrested, but nobody stopped it. So I was walking around, the car to get away & calm down then I went into the school to get some water."</p> <p>Review on 2/15/18 of Client #2's statement she wrote for the school staff dated 1/24/18 revealed: -"They were both in the front seat and [Client #3] tried to push me out the front seat. She started hitting me and I pulled her hair. Q. Where were the adults? One was in the back and the other was in the front seat and halfway through the fight</p>	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-176	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/27/2018
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V 536	<p>Continued From page 14</p> <p>she got out. She just stood by the van. [Client #3] got out after a little while for a second then she got back in ..."</p> <p>Interview on 2/8/18 with Client #3 revealed:</p> <ul style="list-style-type: none"> -All her stuff was already in the front seat of the van so she was going to sit there. -Client #2 wanted the front seat - she pushed Client #2 back and locked the van door. -Client #2 got in the back of the van, between the driver and passenger seats, and started pulling her hair. -Client #3 showed the surveyor a baggie full of her hair that she kept from the altercation. -Staff #2 was in the driver's seat, and Staff #1 was in the back of the van, in the third row seat. -She tried to hit Client #3 and they ended up in the middle of the inside of the van. -She was able to get Client #2's hand out of her hair and walked away from the van. -Staff #2 got out of the van after Client #3 had broken loose and she and Staff #2 went inside the school to get water. -Staff #1 never got out of the van during the incident. <p>Interview on 2/8/18 with Client #2 revealed:</p> <ul style="list-style-type: none"> -She did not remember the van incident with Client #3. -"That was forever ago." <p>Interview on 2/8/18 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -She and Staff #2 were picking up Client #2 from school and they had Client #3 with them. -Client #2 was verbally aggressive toward Client #3 saying, "I'm going to ride up front; get out, get out." -Client #2 was physically and verbally aggressive and pulled Client #3 out of the van by her hair. -She attempted to get Client #2's hands out of 	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-176	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/27/2018
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V 536	<p>Continued From page 15</p> <p>Client #3's hair but could not pry her fingers loose.</p> <p>-Client #2 was kicking and she could not subject herself to this and risk getting kicked due to her having diabetes.</p> <p>-Staff #1 got out of the van and got control of Client #2's feet, and she had Client #2's hands.</p> <p>-After the Program Director watched the video at the school she said she did not understand why they could not get better control of Client #2.</p> <p>-Client #2 was kicking with boots and she would always "act up" in the van.</p> <p>-She was older and was "not trying to restrain anyone."</p> <p>-She watched the clients and made sure they did not hurt themselves or anyone else.</p> <p>Interview on 2/14/18 with Staff #2 revealed:</p> <p>-On 1/22/18 they pulled up to the school and Client #2 was coming out of the school and was already cussing.</p> <p>-She got into the driver seat but did not start the van.</p> <p>-Client #3 got in the front passenger seat.</p> <p>-Client #2 started grabbing Client #3 by the arm and her hair.</p> <p>-She got out of the van and started yelling "please stop."</p> <p>-Client #3 could not get her hair loose.</p> <p>-She walked around to the passenger side of the van.</p> <p>-She asked Client #2 to not kick her and pushed Client #2's leg back toward her.</p> <p>-Staff #1 was in the very back of the van and had the Program Director on the phone.</p> <p>-Client #2 was now in the middle of the van on her back kicking.</p> <p>-Client #3 was out of the passenger seat and leaning into the van through the side door that was opened.</p>	V 536		
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V 536	<p>Continued From page 16</p> <ul style="list-style-type: none"> -Eventually Client #2 and Client #3 let go of each other. -Staff #1 stayed in the back of the van during the altercation. <p>Review on 1/19/18 of Staff #1's employee file revealed:</p> <ul style="list-style-type: none"> -a hire date of 3/28/16 -North Carolina Interventions (NCI) training 4/30/17 <p>Review on 2/14/18 of Staff #2's employee file revealed:</p> <ul style="list-style-type: none"> -a hire date of 8/1/17 -NCI training 7/14/17 <p>Interview on 2/15/18 with the Program Director revealed:</p> <ul style="list-style-type: none"> -She watched the school video dated 1/22/18 of the altercation in the facility van. -The school staff said to her the facility staff did not do anything; she explained they cannot just put their hands on a client. -It was a facility rule for one staff to always sit in the back of the van. -She believed Staff #2, while in the driver's seat, was verbally telling the clients to stop playing around. -Her understanding was Staff #1 was trying to get Client #2 and Client #3 apart. -She felt if Staff #2 would have gone to the back of the van to try and break the clients up, this would have escalated the situation. -She had another staff member on the way to help, as well as staff on the phone with Client #2 to help calm her down. -She felt Staff #1 and Staff #2 did the best they could to verbally de-escalate the situation. -She processed with staff afterwards; Staff #2 was verbally de-escalating and stayed right there 	V 536		

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V 536	Continued From page 17 and did not drive away until it was over and everyone was calmer. This deficiency is cross referenced into 10A NCAC 27G.1701 Scope (V293) for a Type A1 and must be corrected within 23 days.	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (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	V 537		

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V 537	<p>Continued From page 18</p> <p>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 plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <p>(1) refresher information on alternatives to the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</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>	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-176	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/27/2018
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V 537	<p>Continued From page 19</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification 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 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) 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>(5) 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 (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in</p>	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-176	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 02/27/2018
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V 537	<p>Continued From page 20</p> <p>CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) 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 outcome (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>(l) 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>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 2 out of 6 sampled paraprofessional staff (Staff #3 and #4) demonstrated competence in employing procedures for physical restraints for 1 out of 4</p>	V 537		

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V 537	<p>Continued From page 21</p> <p>clients (Client #2).</p> <p>The findings are:</p> <p>Review on 1/26/18 of Client #2's record revealed: -Admission date: 11/16/17 -Age: 17 -Diagnoses: Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, and Attention Deficit Hyperactivity Disorder.</p> <p>Review on 1/26/18 of Client #2's Mental Health Assessment dated 9/30/17 revealed: -physically aggressive behavior towards other residents and staff; -anger outbursts, self-injurious behaviors, and erratic outbursts.</p> <p>Review on 2/19/18 of Client #2's Person-Centered Plan with a latest revision date of 12/12/17 revealed: -"Update 11/10/17: [Client #2] was at [another level III facility] from 10/28/17 to 11/8/17 ...She showed consistent disrespect, anger outbursts, and threatening behavior to both staff and other residents ... " -"Characteristics/Observation/Justification for this goal: [Client #2] will learn to identify triggers, situations, thoughts, and feelings that cause her to become frustrated or angry ..." -"Date goal was reviewed ...12/12/17 ...Since transition to New Hope [Client #2] has transitioned well and shows signs of assimilating to her new environment. [Client #2] exhibits signs of inability to regulate her emotions AEB [As Evidenced By] exhibiting extreme temper tantrums." Interview on 2/15/18 with a local Police officer revealed: -He had personally responded to two calls at the</p>	V 537		

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NAME OF PROVIDER OR SUPPLIER NEW HOPE HOME II	STREET ADDRESS, CITY, STATE, ZIP CODE 1102 GROVES STREET KINGS MOUNTAIN, NC 28086
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(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 537	<p>Continued From page 22</p> <p>facility since December 2017.</p> <ul style="list-style-type: none"> -The most recent call was Saturday, 2/10/18 at approximately 4:00 p.m. -Client #2 was assaulting staff, and one of the staff passed out. -Client #2 was throwing items such as a plunger, and a trash can at staff. -They received a second call that same night as Client #2 was assaulting another staff member. -When he walked into the kitchen of the facility he saw Client #2 on the floor with Staff #4 leaning over her and holding her by the wrist. -Client #2 was resisting and "spinning in a semi-circle" motion as Staff #4 continued to hold her by the wrist. -He asked Staff #4, "Why not just let her go?" -Client #2 had a red mark on her neck and she told him, "They [staff] did it." <p>Review on 2/15/18 of the facility video footage from 2/10/18 at 4:00 p.m. revealed:</p> <ul style="list-style-type: none"> -The view from the camera included the facility kitchen, dining room, and hallway that led to the client bedrooms. There was no audio. -Staff #3, Staff #4 and Client #1 were cleaning and mopping the kitchen. -Client #2's head was seen poking out of her bedroom doorway, at the end of the hall, as she threw various objects down the hallway. -Client #2 came out of her bedroom and walked about three-quarters down the hallway toward the kitchen. -Staff #3 and Staff #4 walked toward Client #2 and they talked in the hallway for a short time. -It appeared Client #2 struck Staff #4. -Staff #4 lunged at Client #2 and they both fell to the floor. -Staff #3 walked toward them and was bending over Staff #4 and Client #2 and then she fell to the floor. 	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-176	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/27/2018
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NAME OF PROVIDER OR SUPPLIER NEW HOPE HOME II	STREET ADDRESS, CITY, STATE, ZIP CODE 1102 GROVES STREET KINGS MOUNTAIN, NC 28086
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V 537	<p>Continued From page 23</p> <ul style="list-style-type: none"> -Staff #3, Staff #4 and Client #2 were all on the floor. -Staff #3 and Staff #4 remained on the hallway floor attempting to grab Client #2 as she kicked at them. -They continued to struggle with one another on the floor until they were at the very end of the hallway. -Staff #3, Staff #4 and Client #2 then went to an empty bedroom at the end of the hall and was out of sight from the camera. -Approximately three minutes later Staff #3 and Staff #4 came out of the empty bedroom and back into the kitchen. -Staff #3 continued to clean and mop the kitchen. -Staff #4 grabbed a kitchen chair and sat down next to the kitchen counter. -Client #2 was seen coming into the kitchen and stood in front of Staff #4 who was still sitting in the kitchen chair. -Client #2 appeared to hit Staff #4 on the head -Staff #4 lunged out of the kitchen chair toward Client #2 -Client #2 fell backwards on the floor -Client #2 got up and went to Staff #3 who had a mop in her hand. -Client #2 grabbed the mop handle trying to get it from Staff #3 -Staff #3 continued to hold the mop handle with one hand and put her other hand on top of Client #2's head -Staff #3 and Client #2 continued to struggle and Client #1 came over to assist -Staff #3 redirected Client #1 and Client #2 eventually let go of the handle. <p>Interview on 2/19/18 with Staff #3 revealed:</p> <ul style="list-style-type: none"> -Client #2 was upset and started yelling so they sent her to her room -Client #2 started to throw things down the 	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-176	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/27/2018
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NAME OF PROVIDER OR SUPPLIER NEW HOPE HOME II	STREET ADDRESS, CITY, STATE, ZIP CODE 1102 GROVES STREET KINGS MOUNTAIN, NC 28086
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V 537	<p>Continued From page 24</p> <p>hallway and continued to escalate.</p> <ul style="list-style-type: none"> -She and Staff #4 attempted to restrain Client #2 while in the hallway -They fell to the floor and she attempted to hold her legs and Client #2 fought and kicked and they could not keep her safe so they had to release her. -She had to put her hand near Client #2's forearm as she was stepping down to release the client to keep her safe. -At some point during the attempted restraint she may have touched Client #2's head or face. -A therapeutic hold was to be used as a last resort. -When a client was hitting her she was trained to keep them at arm's length away and attempt to step out of their personal space and call for a partner. <p>Interview on 2/19/18 with Staff #4 revealed:</p> <ul style="list-style-type: none"> -Client #2 went into her room, locked herself in, and raised her window. -She was able to get in the room and Client #2 started hitting and kicking her. -She asked Staff #3 to help her and they attempted to verbally de-escalate the client. -She and Staff #3 attempted a therapeutic hold while in the client's bedroom but Client #2 started pulling their hair, scratching and kicking Staff #3 and they let go. -Client #2 was throwing chairs, a plunger, and a trash can. -She put her arms in front of herself to block Client #2 from hitting her -She denied pushing or hitting Client #2. <p>Review on 2/23/18 of Staff #3's employee file revealed:</p> <ul style="list-style-type: none"> -a hire date of 1/20/16 -NCI training 1/5/18 	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-176	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/27/2018
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V 537	<p>Continued From page 25</p> <p>Review on 2/26/18 of Staff #4's employee file revealed: -a hire date of 11/1/17 -NCI training 11/3/17</p> <p>Review on 1/19/18 of topics of group trainings provided to paraprofessionals revealed: -11/7/17 - Techniques to address challenging behavior -10/4/17- Reasons for challenging behavior; Avoid confronting; and Obtain understanding of population -12/1/17- Identify circumstances that contribute to challenging behavior; Avoid confrontations - it is staffs responsibility -1/5/18 - Cultural awareness/intervention</p> <p>Interview on 2/15/18 with the Program Director revealed: -Therapeutic holds were used as a last resort where staff would either have the client's arms crossed in front of themselves, or arms would be held to the side. -If staff could not do a therapeutic hold she would expect staff to block or push the client away and do a "posturing" stance or escape/run. -Client #2 would grab the staff and there was no technique to get away from someone. -"Honestly, what could they [staff] have done differently?"</p> <p>This deficiency is cross referenced into 10A NCAC 27G.1701 Scope (V293) for a Type A1 and must be corrected within 23 days.</p>	V 537		



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

March 14, 2018

Desareta Jones, Program Director
Innovative Compliance Solutions, LLC
P.O. Box 38154
Charlotte, NC 28278

Re: Annual, Follow-up and Complaint Survey completed February 27, 2018
New Hope Home II, 1102 Groves Street, Kings Mountain, NC 28086
MHL #023-176
E-mail Address: djones@newhopehome.org
Intake #'s NC00134533 and NC00135331

Dear Ms. Jones:

Thank you for the cooperation and courtesy extended during the Annual, Follow-up and Complaint survey completed February 27, 2018. The complaints were substantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Type A1 rule violation is cited for 10A NCAC 27G .1701 Scope (V293) cross referenced with 10A NCAC 27E.0107 Training on Alternatives to Restrictive Interventions (V536) and 10A NCAC 27E.0108 Training in Seclusion, Physical Restraint and Isolation Time-Out (V537).
- Re-cited standard level deficiencies.

Time Frames for Compliance

- Type A1 violations and all cross referenced citations must be **corrected** within 23 days from the exit date of the survey, which is March 22, 2018. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A1 violations by the 23rd day from the date of the survey may result in the assessment of an administrative penalty of \$500.00 (Five Hundred) against Innovative Compliance Solutions, LLC for each day the deficiency remains out of compliance.
- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is March 29, 2018.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

WWW.NCDHHS.GOV

TEL 919-855-3795 • FAX 919-715-8078

LOCATION: 1800 UMSTEAD DRIVE • WILLIAMS BUILDING • RALEIGH, NC 27603

MAILING ADDRESS: 2718 MAIL SERVICE CENTER • RALEIGH, NC 27699-2718

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Ms. C. Lisa Niemas-Holmes, Team Leader, at 828-686-0750.

Sincerely,



Sally Thayer, MSW
Facility Survey Consultant I
Mental Health Licensure & Certification Section

Cc: Brian Ingraham, Director, Vaya Health LME/MCO
Patty Wilson, Quality Management Director, Vaya Health LME/MCO
File

