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YORKE COTTAGE	6750 SAINT PETERS LANE, SUITE 100 MATTHEWS, NC 28105

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V 000	INITIAL COMMENTS A complaint survey was completed on April 5, 2018. The complaint was unsubstantiated (intake #NC00137011). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G.1900 Psychiatric Residential Treatment Facility.	V 000		
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	V 537		

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methods to determine passing or failing the course.
(e) Formal refresher training must be completed by each service provider periodically (minimum annually).
(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.
(g) Acceptable training programs shall include, but are not limited to, presentation of:
(1) refresher information on alternatives to the use of restrictive interventions;
(2) guidelines on when to intervene (understanding imminent danger to self and others);
(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);
(4) strategies for the safe implementation of restrictive interventions;
(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;
(6) prohibited procedures;
(7) debriefing strategies, including their importance and purpose; and
(8) documentation methods/procedures.
(h) Service providers shall maintain documentation of initial and refresher training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the outcomes (pass/fail);
(B) when and where they attended; and

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V 537	Continued From page 2 (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (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. (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. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (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.	V 537		

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V 537	Continued From page 3 (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10) Trainers shall teach a program on the use of restrictive interventions at least once annually. (11) Trainers shall complete a refresher instructor training at least every two years. (k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcome (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (l) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times, the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews, interviews, and observation the facility failed to ensure paraprofessional staff (Staff #1) demonstrated competence in utilization of physical restraint	V 537		

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V 537	Continued From page 4 techniques effecting 1 of 6 clients, (Client #6). The findings are: Review on 3/28/18 of Client #6's record revealed: -age 9; -admission date of 9/14/17; -diagnoses of Attention Deficit Hyperactivity Disorder - Combined/Moderate, Post Traumatic Stress Disorder; Oppositional Defiant Disorder, Encopresis, Enuresis; -presenting problems per admission assessment dated 8/3/17 of self injurious behaviors, impulsitivity, verbal and physical aggression, property destruction, history of sexual abuse by biological father and brother, past suicide attempt; -goals on treatment plan dated 8/28/17 of: 1. decrease verbal and physical aggression; 2. utilize effective coping skills; 3. increase control of impulses. Review on 3/28/18 of Staff #1's record revealed: -date of hire 11/6/17 as a Mentor; -job description signed 11/23/17; -supervision plan dated 11/9/17; -signed TCI Protocol dated 10/26/17; -completion of training on alternative to restrictive intervention and seclusion, physical restraint and isolation time out on 1/25/18. Observation on 4/2/2018 at 12:30 pm of facility surveillance video time stamp 5:40 pm revealed: -Client #6 came of out of his room into the common area at approximately 5:40 pm at which time he picked up a laundry basket and threw it across the room; -Staff #1 came out of Client #6's room, walked towards Client #6, reached out with his right hand and grabbed the back of Client #6's shirt in the	V 537		

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upper back area immediately below the neck;
-Staff #1 continued to hold the back of Client #6's shirt as they walked back to Client #6's room.

Review on 3/28/18 of incident report dated 3/20/18 completed by the nurse revealed:
-nurse observed slight redness on both sides of Client #6's neck;
-Client #6 told staff that Staff #1 had put his hands on him by grabbing his shirt and putting his hands around his (Client #6's neck);
-Client #6 stated this happened in his room.

Review on 3/28/18 of local Department of Social Services (DSS) Child Protective Services Protection Plan signed by facility supervisor on 3/22/18 revealed:
-Staff #6 was not able to work in Yorke Cottage until the local DSS investigation was completed;
-Staff #6 was not to be alone with Client #6 until the local DSS was completed.

Review on 3/28/18 of facility's Performance and Quality Improvement (PQI) Department Internal Investigation dated 3/22/18 revealed:
-internal investigation initiated on 3/20/18 which included:
1. suspension without pay of Staff #1 pending investigation results;
2. interview of Staff #1, Staff #2, Client #1, #5, and #6 ;
3. completion of incident report and notification of local DSS.

Review on 3/28/18 of conclusions and recommendations from Performance and Quality Improvement (PQI) Department Internal Investigation dated 3/22/18 revealed:
-no evidence found during internal investigation that Staff #1 put his hands around Client #6's

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neck;
-witnesses did not report observation of Staff #1 putting his hands around Client #6's neck;
-there was evidence that Staff #1 grabbed Client #6's shirt in effort to provide redirection;
-recommended the following:
1. the Vice President of Residential Services review, train, and coach Psychiatric Residential Treatment Facility (PRTF) supervisors and the nurse manager on the organization's policy of Reporting Abuse and Neglect as well as the PRTF Client Right's Manual;
2. supervisors then review, train, and coach PRTF staff on the organization's policy of Reporting Abuse and Neglect, as well as review the Client Right's Manual;
3. supervisors review Therapeutic Communication Intervention (TCI) principals and ways to effectively de-escalate clients with staff;
4. Staff #1 receive training on appropriate de-escalation and re-direction techniques prior to return to work, use of the surveillance video to coach Staff #1 on appropriate versus inappropriate ways to redirect clients;
5. implementation of the local DSS Plan of Protection pending the outcome of their investigation.

Interview on 4/2/18 with Client #6 revealed:
-Client #6 had been cleaning his room;
-Staff #1 was in Client #6's room providing supervision of the cleaning;
-Staff #2 was working with other residents as they were cleaning their rooms;
-Staff #1 did not work in Yorke Cottage anymore;
-Client #6 described Staff #1 "put his hands on me, I don't remember where, turned my head" and pointed towards the back of his neck;
-stated "it did not hurt" and there were no bruises or scratches;

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V 537	Continued From page 7 -Client #6 told the nurse about the incident later that evening; -stated he did not like Staff #1 putting his "hands on me;" -stated he felt safe residing at the facility. Interview on 4/2/18 with Client #5 revealed: -stated he had seen Client #4 throw the laundry basket; -had not seen Client #6 throw the laundry basket; -had seen Staff #1 lift up the front of Client #6's shirt. Interview on 4/2/18 with Client #4 revealed: -Staff #1 did not work at the facility any longer; -felt safe living at the facility. Interview on 3/28/18 with Staff #1 revealed: -had been on shift on 3/20/18; -the clients were completing deep room cleaning; -Client #6 did not want to clean his room and had received numerous prompts to focus on the task from Staff #1; -Client #6 had been in an altercation with a peer on the previous day and had a black eye; -Client #6 ran out of his room to the common area where he picked up a laundry basket and threw it across the room; -Staff #1 walked out of Client #6's room to Client #6, grabbed the back of Client #6's shirt and walked Client #6 back to his room; -Client #6 was cooperative during the walk back to his room; -Client #6 completed cleaning his room without further incident; -Client #6 verbalized no complaint of injury; -Staff #1 worked the remainder of his shift; -Staff #1 was placed on suspension without pay on 3/21/18 pending the outcome of the investigation the following day;	V 537		

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-had received re-training in the Abuse, Neglect and Exploitation Policy, Reporting Abuse and Neglect, training on alternative to restrictive interventions and seclusion, physical restraint, and isolation time out, and had reviewed the surveillance video and written a document of his inappropriate response to Client #6 which he reviewed with his supervisor;
-had returned to work on 3/27/18 in another cottage;
-was not certain if he would return to work in Yorke Cottage pending the outcome of the local DSS investigation.

Interview on 4/2/18 with Staff #2 revealed:
-was on 2nd shift on 3/20/18;
-was assisting other clients with cleaning their rooms while Staff #1 assisted Client #6;
-did not see Client #6 throw the laundry basket or Staff #1 grab Client #6's shirt.

Interview on 3/28/18 with the Program Supervisor revealed:
-was not at the facility when the incident occurred;
-became aware of incident through an email sent by the nurse;
-had observed the surveillance video;
-Client #6 was upset due to an altercation with a peer (Client #5) earlier in the day which led to Client #6 leaving his room, going into the common area, picking up the laundry basket and throwing it at Client #5;
-Staff #1 was standing at Client #6's door, he then walked over to Client #6 and grabbed his shirt;
-he Program Supervisor) completed the recommended re-trainings with Staff #1 (which included Review of TCI, Reporting Procedures for Abuse and Neglect, Policy on Abuse and Neglect with discussion of examples, Understanding Client Behaviors, and client specific information

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V 537	Continued From page 9 for facility clients) and also for all facility staff. Attempted interview on 3/28/18, 4/2,3/18 with the nurse via telephone unsuccessful due to no return call to voice mail message left which included surveyor contact information. Interview on 4/2/18 with local DSS Child Protective Services Social Worker revealed: -had reviewed the surveillance video and saw no evidence of intent of physical abuse; -the facility had implemented the DSS Plan of Protection. Interview on 4/5/18 with the facility Quality Management Specialist revealed: -recommended staff trainings would be completed; -the DSS Plan of Protection would be followed pending the outcome of their investigation.	V 537		