

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-777	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/09/2018
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NAME OF PROVIDER OR SUPPLIER TANGLE DRIVE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 602 TANGLE DRIVE JAMESTOWN, NC 27282
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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
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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 4/9/18. The complaint was substantiated (intake # NC 00136076). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	DHSR - Mental Health JUN 07 2018 Lic. & Cert. Section NCI training is scheduled to take place June 9, 2018 Training will cover alternatives to restrictive interventions, seclusion, physical restraints, and isolation time outs. Training certificates and sign in sheets will be made available as evidence of staff attendance. Certificates will be placed	6/11/18
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (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. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (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. (e) Formal refresher training must be completed by each service provider periodically (minimum	V 536		

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

TITLE

(X6) DATE

STATE FORM

6899

NRHK11

If continuation sheet 1 of 11

[Handwritten Signature]

Home Supervisor

4/13/18

PTO

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V 536	<p>Continued From page 1</p> <p>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 behaviors which are unsafe). <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <ol style="list-style-type: none"> (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; 	V 536	<p><i>in staff's records.</i></p> <p><i>The QP is responsible for setting up the training and ensuring staff attendance.</i></p>	
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V 536	<p>Continued From page 2</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 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</p>	V 536	See page 142	
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V 536	<p>Continued From page 3</p> <p>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 interview, the facility failed to ensure staff completed annual refresher training in alternatives to restrictive interventions affecting 3 of 3 audited staff (#1, #2 and the Owner/Director). The findings are:</p> <p>Review on 4/5/18 of staff #1's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 2/12/13 - Staff #1's training in alternatives to restrictive interventions expired on 4/1/18 - No documentation staff #1 had completed her annual refresher training in alternatives to 	V 536	See pages 142	
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V 536	<p>Continued From page 4</p> <p>restrictive interventions</p> <p>Review on 4/5/18 of staff #2's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 11/1/12 - Staff #2's training in alternatives to restrictive interventions expired on 3/31/18 - No documentation staff #2 had completed her annual refresher training in alternatives to restrictive interventions <p>Review on 4/6/18 of the Owner/Director's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 12/30/06 - The Owner/Director's training in alternatives to restrictive intervention expired on 12/31/17 - No documentation the Owner/Director had completed her annual refresher training in alternatives to restrictive interventions <p>Interview on 4/5/18 with the facility's Qualified Professional revealed:</p> <ul style="list-style-type: none"> - She believed staff #1, #2 and the Owner/Director had completed their annual training during a recent class; however, the certificates had yet to be mailed to the agency which oversaw facility operations - She would check with staff at the agency to determine the status of the certificates <p>Interview on 4/6/18 with agency personnel revealed:</p> <ul style="list-style-type: none"> - Although she could not provide the certificates for the staff; she would get the roster for the class and provide it to the surveyor by 4/9/18. <p>Interview on 4/9/18 with agency personnel revealed:</p> <ul style="list-style-type: none"> - She could not provide the roster as the staff had not received their annual refresher training in 	V 536	See pages 1 & 2	
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V 536	Continued From page 5 alternatives to restrictive interventions as she had believed - Staff #1, #2 and the Owner/Director were enrolled in a class scheduled for 4/14/18 to update their training.	V 536	<i>See pages 14A</i>	
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 course.	V 537		

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V 537	Continued From page 6 (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 (C) instructor's name. (2) The Division of MH/DD/SAS may	V 537	<i>See pages 14D</i>	

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V 537	<p>Continued From page 7</p> <p>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 CPR.</p>	V 537	See page 147	
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V 537	<p>Continued From page 8</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> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff completed annual refresher training in seclusion, physical restraint and isolation time-out affecting 3 of 3 audited staff (#1, #2 and the Owner/Director). The findings are:</p>	V 537	<p><i>See page 14</i></p>	
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V 537	<p>Continued From page 9</p> <p>Review on 4/5/18 of staff #1's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 2/12/13 - Staff #1's training in seclusion, physical restraint and isolation time-out expired on 4/1/18 - No documentation staff #1 had completed her annual refresher training in seclusion, physical restraint and isolation time-out <p>Review on 4/5/18 of staff #2's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 11/1/12 - Staff #2's training in seclusion, physical restraint and isolation time-out expired on 3/31/18 - No documentation staff #2 had completed her annual refresher training in seclusion, physical restraint and isolation time-out <p>Review on 4/6/18 of the Owner/Director's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 12/30/06 - The Owner/Director's training in seclusion, physical restraint and isolation time-out expired on 12/31/17 - No documentation the Owner/Director had completed her annual refresher training in seclusion, physical restraint and isolation time-out <p>Interview on 4/5/18 with the facility's Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - She believed staff #1, #2 and the Owner/Director had completed their annual training during a recent class; however, the certificates had yet to be mailed to the agency which oversaw facility operations - She would check with staff at the agency to determine the status of the certificates <p>Interview on 4/6/18 with agency personnel revealed:</p> <ul style="list-style-type: none"> - Although she could not provide the 	V 537	See pages 142	

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V 537	Continued From page 10 certificates for the staff; she would get the class roster and provide it to the surveyor by 4/9/18. Interview on 4/9/18 with agency personnel revealed: - She could not provide the roster as the staff had not received their annual refresher training in seclusion, physical restraint and isolation time-out as she had believed - Staff #1, #2 and the Owner/Director were enrolled in a class scheduled for 4/14/18 to update their training.	V 537	<i>See page's 142</i>		