

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL094-006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/17/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WASHINGTON COUNTY GROUP HOME #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>108 HAMPTON DRIVE PLYMOUTH, NC 27962</b>
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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 Survey was completed on May 17, 2018. A deficiency was cited.  
  
This facility is licensed for the following service category: 10A NCAC. 5600C Supervised Living for Developmentally Disabled Adults.

V 000

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 annually).  
(f) Content of the training that the service

V 536

**DHSR - Mental Health**  
  
**JUN 07 2018**  
  
**Lic. & Cert. Section**

Division of Health Service Regulation

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

*[Signature]*  
TITLE Director

(X6) DATE  
5/31/18

Division of Health Service Regulation

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V 536	<p>Continued From page 1</p> <p>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 documentation of initial and refresher training for at least three years.</p> <ol style="list-style-type: none"> <li>(1) Documentation shall include:               <ol style="list-style-type: none"> <li>(A) who participated in the training and the outcomes (pass/fail);</li> <li>(B) when and where they attended; and</li> <li>(C) instructor's name;</li> </ol> </li> <li>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</li> </ol>	V 536		
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V 536	<p>Continued From page 2</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 instructor training at least every two years.</p> <p>(j) Service providers shall maintain</p>	V 536		
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V 536	<p>Continued From page 3</p> <p>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>This Rule is not met as evidenced by: Based on record review and interview the facility failed to 1 of 3 audited staff (#1) was re-certified in Alternative to Restrictive Interventions. The findings are:</p> <p>Review on 5/17/18 of staff #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Hire Date: 3/17/10</li> <li>- Restrictive Interventions completed on 4/11/17 with expiration date of 4/11/18 (No evidence of an updated training in Restrictive Interventions)</li> </ul> <p>Interview on 5/17/18 with the Licensee revealed:</p> <ul style="list-style-type: none"> <li>- Staff #1 had not been re-certified in</li> </ul>	V 536		
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V 536	Continued From page 4 Alternatives to Restrictive Interventions - They weren't aware staff #1's training had expired	V 536	<p><b>Staff #1 is scheduled for alternative to restriction on 6/11/18.</b></p> <p><b>A schedule for required training shall be developed. If a staff person misses the schedule time. a permission must be obtained from the supervisor which shall serves as a notification of a missed training and a need for a substitute training.</b></p> <p><b>Staff, supervisor, and Trainers are responsible.</b></p>	6/11/18

ROANOKE DEVELOPMENTAL CENTER, INC.  
PO BOX 967 – 607 ADAMS STREET  
PLYMOUTH, NORTH CAROLINA 27962  
TELEPHONE: 252 793-5077  
FAX: 252 793-9144

May 31, 2018

DHSR - Mental Health

JUN 07 2018

Lic. & Cert. Section

Ms. Danalouise Reeves  
Administrative Specialist 1  
Mental Health Licensure & Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

Re: Annual Survey completed May 17, 2018  
Washington County Group Home #3  
108 Hampton Drive  
Plymouth, NC27962  
MHL #094-006

Dear Ms. Reeves:

Enclosed you will find the plan of correction for the cited deficiencies during the Annual Survey of 5/17/18..

Thank you for your input to enhance our quality of service. If you have any questions please give me a call.

Sincerely,

  
Zebedee Taylor  
Director