

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601263</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/06/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JASPER'S HOUSE DAY TREATMENT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2311 VILLAGE LAKE DRIVE CHARLOTTE, NC 28212</b>
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 6/6/18. The complaint was substantiated (Intake #NC138901). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1400 Day Treatment for Children or Adolescents with Emotional or Behavioral Disturbances</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying,</p>	V 108		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 108	<p>Continued From page 1</p> <p>reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure staff completed training to meet the mh/dd/sa needs of the clients for 3 of 3 audited staff (#1, #2 and #3). The findings are:</p> <p>Review on 6/5/18 of client #1's record revealed: -admission date of 1/31/18 with diagnoses of Reactive Attachment Disorder, Attention Deficit Hyperactivity Disorder, Bipolar Disorder and Autism Spectrum Disorder; -support intensity scale evaluation dated 5/10/18 documented client #1 had a history of inappropriate sexualized behaviors and gestures at prior placements, recently exposed himself to some younger children in his foster home neighborhood, attempts to masturbate in public.</p> <p>Review on 6/6/18 of staff personnel records revealed: -staff #1 hired on 12/30/15 with job title of Qualified Professional (QP)/Teacher and there was no documentation of completed training in Autism and no documentation of completed training in Sexually Reactive/Aggressive Youth; -staff #2 hired on 6/1/17 with job title of QP/Teacher and there was no documentation of completed training in Autism and no documentation of completed training in Sexually Reactive/Aggressive Youth; -staff #3 hired on 10/29/17 with job title of QP/Teacher and there was no documentation of</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>completed training in Autism and no documentation of completed training in Sexually Reactive/Aggressive Youth.</p> <p>Interview on 6/6/18 with staff #1 revealed: -can't remember if had training in Sexually Reactive/Aggressive Youth; -had training in Autism in a prior job.</p> <p>Interview on 6/5/18 with staff #2 revealed: -no Sexually Reactive/Aggressive Youth or Autism training in this job; -had training in Sexually Reactive/Aggressive Youth and Autism in prior jobs.</p> <p>Interview on 6/5/18 with staff #3 revealed: -not had training in Sexually Reactive/Aggressive Youth; -not had training in Autism; -have some clients who do make inappropriate sexual comments and gestures at facility.</p> <p>Interview on 6/6/18 with the Program Director and Clinical Director revealed: -all staff are trained in the population needs of the clients during orientation; -do cover Developmental Disabilities and Mental Health during orientation; -will "flesh out" specific topics of Sexually Reactive/Aggressive Youth and Autism for staff in a training.</p>	V 108		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to develop and implement strategies to meet client needs affecting 1 of 3 clients (#1). The findings are:</p> <p>Review on 6/5/18 of client #1's record revealed: -admission date of 1/31/18 with diagnoses of Reactive Attachment Disorder, Attention Deficit Hyperactivity Disorder, Bipolar Disorder and Autism Spectrum Disorder; -support intensity scale evaluation dated 5/10/18 documented client #1 had a history of inappropriate sexualized behaviors and gestures</p>	V 112		

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V 112	<p>Continued From page 4</p> <p>at prior placements, recently exposed himself to some younger children in his foster home neighborhood, attempts to masturbate in public; -treatment plan dated 1/7/18 documented the following day treatment goals: improve ability to communicate, no threats, no self injurious behaviors, no suicidal ideation, express thoughts and feelings in a safe manner, learn and use skills to safely manage anger and other negative feelings, no aggression, no destruction of property, maintain compliance with rules, limits and expectations, follow directions within 2 prompts, accept consequences with no arguing, comply with requests, increase feelings of self worth, learn and practice healthy coping skills, actively participate in therapy, complete homework, practice daily self soothing techniques and relaxation practices; -staff strategies included building trust and rapport with client, assist him in expressing his emotions, encourage him to share his feelings, help him clarify his emotions and gain insight, utilize CBT, recovery model and motivational interviewing, help him develop knowledge, skills and abilities to manage his illness; -crisis plan dated 1/7/18 documented triggers for behaviors included being told no, given limits, feeling no one is listening to him, not understanding what is said to him, feels he is being blamed for something, he will pace, breath heavily, kick doors, punch walls, breaks things, crisis interventions included staff remain calm, talk soothingly to him, offer him time away, take for a walk, give space, allow him to step away, give clear, simple directions, give s stress ball, have him count to 10; -no documented goals/strategies/crisis interventions addressing client #1's sexual behaviors in the treatment plan or crisis plan.</p>	V 112		

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V 112	<p>Continued From page 5</p> <p>Interview on 6/5/18 with staff #3 revealed: -works in client #1's classroom; -client #1 does make inappropriate sexual comments at times; -redirect him when he does; -monitor him when he goes to the bathroom; -bathrooms have only one toilet so only one client in bathroom at a time; -not observed client #1 act out sexually at the facility or try to expose himself.</p> <p>Review on 6/6/28 of facility incident reports from 3/1/18-6/6/18 revealed no documented incidents of client #1 acting out sexually at the facility.</p> <p>Interview on 6/6/18 with the Program Manager revealed: -do not complete treatment plan; -have treatment plan meetings once a month on clients; -no goals addressing client #1's sexual behaviors; -have not observed or been made aware client #1 has acted out sexually since coming to the facility; -staff do monitor him very closely; -will ensure strategies put in place to address client #1's sexual behaviors.</p>	V 112		
V 115	<p>27G .0208 Client Services</p> <p>10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that: (1) space and supervision is provided to ensure the safety and welfare of the clients; (2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and (3) clients participate in planning or determining activities.</p>	V 115		

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V 115	<p>Continued From page 6</p> <p>(h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year, unless otherwise specified in the rule.</p> <p>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.</p> <p>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.</p> <p>(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide supervision to ensure safety. The findings are:</p> <p>Observations on 6/5/18 at 10:45am revealed: -clients leaving high school classroom, shutting door to classroom and walking around in commons area; -no staff standing at high school classroom door watching clients; -clients sitting on bench in commons area with no staff in commons area; -clients returning to high school classroom, opening door and closing door with no staff supervision.</p> <p>Observations on 6/6/18 at 11:30am revealed: -clients coming in and out of high school</p>	V 115		

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V 115	<p>Continued From page 7</p> <p>classroom to commons area; -clients closing classroom door when coming out of classroom; -no staff monitoring clients coming in and out of classroom.</p> <p>Interview on 6/5/18 with client #1 revealed: -she is in the high school classroom; -sometimes teachers step out of the room and there are no staff in room with clients; -last Friday (6/1/18) the teacher stepped out of the room, there were about 8-9 clients in the classroom and no staff.</p> <p>Interview on 6/6/18 with the Program Director revealed: -address the supervision issue constantly with the staff; -will address issue again and ensure staff watching clients going in and out of classroom to bathroom and other areas.</p>	V 115		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail,</p>	V 367		



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V 367	<p>Continued From page 8</p> <p>in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</li> </ol> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure all level II incidents were reported to the LME responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Interview on 6/5/18 with client #1 revealed he had been restrained recently.</p>	V 367		

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V 367	<p>Continued From page 10</p> <p>Interview on 6/5/18 with client #2 revealed she observed client #1 being restrained recently.</p> <p>Interview on 6/5/18 with client #3 revealed he observed client #1 being restrained recently.</p> <p>Interview on 6/5/18 with client #4 revealed she had been restrained recently.</p> <p>Interview on 6/6/18 with staff #1 revealed he restrained client #4 recently and he did complete an incident report.</p> <p>Interview on 6/5/18 with staff #2 revealed: -had done a therapeutic walk recently with a client to the quiet room; -held client's back of arm and wrist and escorted to quiet room; -not performed any restrictive interventions (RIs) on any clients recently.</p> <p>Interview on 6/5/18 with staff #3 revealed did a restraint on a client in last 3 months.</p> <p>Review on 6/6/18 of facility incident reports from 3/1/18-6/6/18 revealed: -internal documentation completed on a RI by staff #1 on client #4 dated 4/27/18; -internal documentation completed on a RI by staff #3 on client #1 dated 4/18/18; -internal documentation completed on a RI by staff #3 on a non-audited client dated 5/23/18; -no documentation completed on any therapeutic escorts.</p> <p>Review on 6/6/18 of the Incident Response Improvement System (IRIS) revealed no completed incidents entered in IRIS for any of the above listed RIs or therapeutic escorts.</p>	V 367		

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V 367	Continued From page 11  Interview on 6/6/18 with the Program Director revealed: -not sure why RIs are not in IRIS; -have been some RIS; -internal incident reports are completed and sent to the office to the Quality Assurance/Quality Improvement staff; -will discuss and address with Administration.	V 367		
V 503	27D .0103 Client Rights - Search And Seizure Policy  10A NCAC 27D .0103 SEARCH AND SEIZURE POLICY (a) Each client shall be free from unwarranted invasion of privacy. (b) The governing body shall develop and implement policy that specifies the conditions under which searches of the client or his living area may occur, and if permitted, the procedures for seizure of the client's belongings, or property in the possession of the client. (c) Every search or seizure shall be documented. Documentation shall include: (1) scope of search; (2) reason for search; (3) procedures followed in the search; (4) a description of any property seized; and (5) an account of the disposition of seized property.  This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure every search or seizure was documented and included the scope of search, reason for search, procedures followed in the search, a description of any property seized	V 503		

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V 503	<p>Continued From page 12</p> <p>and an account of the disposition of seized property. The findings are:</p> <p>Review on 6/6/18 of the facility's Policy and Procedure titled "Search and Seizure" revealed the following documented; staff "will completed a log/report of the items seized and sent to the QA/QI (Quality Assurance/Quality Improvement) Department."</p> <p>Interview on 6/5/18 with clients #1, #2, #3 and #4 revealed: -searched when enter facility; -staff use metal wand detector; -have them take off their shoes and shake out; -bookbags and pocketbooks searched; -now done daily.</p> <p>Interviews on 6/5/18 and 6/6/18 with staff #1, #2 and #3 revealed: -search clients daily when enter facility; -Program Director (PD) uses metal wand detector; -take off shoes and check; -search bookbags and pocketbooks; -did not used to search daily, only randomly; -had some contraband brought in by clients so now search daily.</p> <p>Facility Search and Seizure documentation was requested from the PD on 6/5/18 and 6/6/18 but never produced.</p> <p>Interview on 6/6/18 with the PD revealed: -doing daily searches to stop contraband from entering facility; -all legal guardians are aware; -part of their program and policies and procedures; -will ensure all searches are documented;</p>	V 503		

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V 503	Continued From page 13  -going to develop a log for documentation of search and seizures.	V 503		
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 provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the	V 536		

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

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



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V 536	<p>Continued From page 16</p> <p>outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) 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. (l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure staff completed formal refresher training in Alternatives to Restrictive Interventions at least annually for 1 of 3 staff (#1). The findings are:</p> <p>Review on 6/6/18 of staff #1's personnel charts revealed: -hired on 12/30/15 with job title of Qualified Professional (QP)/Teacher; -documentation of completed training in North Carolina Interventions (NCI) Core Plus dated 1/16/17 with an expiration date of 1/31/18; -no documentation of annual completed training in North Carolina Interventions (NCI) Core Plus present in the record.</p> <p>Interview on 6/6/18 with staff #1 revealed he had</p>	V 536		

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V 536	Continued From page 17  completed training in NCI.  Interview on 6/6/18 with the Program Director and Clinical Director revealed: -staff #1 had current NCI Core Plus training; -will provide requested documentation.  Requested documentation was never produced.	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	V 537		

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V 537	<p>Continued From page 18</p> <p>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 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>	V 537		

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V 537	<p>Continued From page 19</p> <p>(B) when and where they attended; and (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 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; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (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</p>	V 537		

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V 537	<p>Continued From page 20</p> <p>Rule.</p> <p>(8) Trainers shall be currently trained in 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> </p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure staff completed formal refresher training in SECLUSION, PHYSICAL</p>	V 537		

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V 537	<p>Continued From page 21</p> <p>RESTRAINT AND ISOLATION TIME-OUT at least annually for 1 of 3 staff (#1). The findings are:</p> <p>Review on 6/6/18 of staff #1's personnel charts revealed: -hired on 12/30/15 with job title of Qualified Professional (QP)/Teacher; -documentation of completed training in North Carolina Interventions (NCI) Core Plus dated 1/16/17 with an expiration date of 1/31/18; -no documentation of annual completed training in North Carolina Interventions (NCI) Core Plus present in the record.</p> <p>Interview on 6/6/18 with staff #1 revealed: -had completed training in NCI in past; -has performed a restraint on client #4 recently.</p> <p>Review on 6/6/18 of facility incident reports from 3/1/18-6/6/18 revealed internal documentation completed on a RI by staff #1 on client #4 dated 4/27/18;</p> <p>Interview on 6/6/18 with the Program Director and Clinical Director revealed: -staff #1 had current NCI Core Plus training; -will provide requested documentation by end of day.</p> <p>Requested documentation was never produced.</p>	V 537		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive</p>	V 736		

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V 736	<p>Continued From page 22</p> <p>odor.</p> <p>This Rule is not met as evidenced by: Based on observations, records review and interviews, the facility was not maintained in clean, attractive and orderly manner. The findings are:</p> <p>Review on 6/5/18 of facility's 2018 license information revealed the facility relocated to their current site on 5/1/18.</p> <p>Observations on 6/5/18 at 3:25pm revealed: -dirty, stained carpet throughout the facility; -dirty, stained, marked walls throughout the facility; -torn, scratched furniture throughout the facility; -two large holes near the floor on the wall opposite the toilet in the client bathroom off the back hall; -a small hole in the wall beside the sink in the client bathroom off the back hall; -dirty, stained sink in the client bathroom off the back hall; -stained linoleum floor in the client bathroom off the back hall; -broken door frame in the front office on the left.</p> <p>Interview on 6/6/18 with the Program Manager and the Clinical Director revealed: -the carpet was "pristine" when they moved into the new location on 5/1/18; -the large holes in the bathroom wall have been fixed; -will address the identified issues with the facility.</p>	V 736		