

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/14/2018
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NAME OF PROVIDER OR SUPPLIER THE BETHANY HOUSE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 240 EAST VERMONT AVENUE SOUTHERN PINES, NC 28387
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on June 14, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse.</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, reporting, investigating and controlling infectious and communicable diseases of personnel and</p>	V 108		

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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>clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain verification three of three audited staff (Director, Staff #1 and Staff #2) was trained in cardiopulmonary resuscitation (CPR) and trained in the Heimlich maneuver or other first aid techniques. The finding is:</p> <p>Review on 06/14/18 of staff #1's personnel record revealed: - Hire date: 05/07/13. -CPR and First Aid Training Certificate that expired 01/20/18. No evidence of current training in CPR or First Aid.</p> <p>Review on 06/14/18 of staff #2's personnel record revealed: -Hire date: 01/12/18. -No evidence of current training in CPR or First Aid.</p> <p>Review on 06/14/18 of the Directors personnel record revealed: -Hire date: 02/07/05. -CPR and First Aid Training Certificate that expired 01/19/18. No evidence of current training in CPR or First Aid.</p> <p>During interview on 06/14/18 staff #2 revealed: -She had not had any training in CPR/First Aid but the Director had scheduled for her to attend training in July.</p> <p>During interview on 06/14/18 the Director</p>	V 108		

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V 108	Continued From page 2 revealed: -She had just taken on the role of Director. -She had not been able to locate the personnel files since the old Director left until the day of the survey. -She had training scheduled for July for all the staff to attend.	V 108		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation	V 118		

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V 118	<p>Continued From page 3</p> <p>with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to administer medication as ordered by a physician and failed to keep the MAR current for one of three audited clients (#5). The findings are:</p> <p>Review on 06/14/18 of Client #5's record revealed: - 24 year old female. -Admission date of 04/09/18. -Diagnoses of Substance Abuse Disorder.</p> <p>Review on 06/14/18 of the signed Physician order dated 02/16/18 revealed: -Olanzapine 15mg One at bedtime. -May self administer her medication.</p> <p>Review on 06/14/18 of client #5's May and June 2018 MAR revealed: -Olanzapine 15mg- Initials from May 1-June 13 were transcribed to indicate the medication had been given daily.</p> <p>During interview on 06/14/18 client #5 revealed: -She was not taking any medication. -She use to take Zyprexa (Olanzapine) daily but she had stopped taking over a month ago. -She did not feel like she needed the medication any longer.</p> <p>Observation on 06/14/18 of Client #5's medications on hand revealed: - Olanzapine 15mg one tablet by mouth at</p>	V 118		

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V 118	Continued From page 4 bedtime, dispensed 04/04/18. Interview on 06/14/18 the Director stated she was not aware client #5 was not taking her medication. She was unsure why the staff were putting initials on the MAR if she was not taking the medication. She would have client #5 obtain a discontinue order from her physician if she is not going to take the medication.	V 118		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with	V 290		

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V 290	<p>Continued From page 5</p> <p>developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure clients were assessed capable of being in the community without supervision affected two of three audited clients (#3 and #4). The findings are:</p> <p>Review on 06/14/18 of client #3's record revealed: -Admission date of 04/26/18. -Diagnoses of Substance Abuse Disorder and Depression. -No assessment for unsupervised time in the community.</p> <p>Review on 06/14/18 of client #4's record revealed: -Admission date of 03/02/18.</p>	V 290		

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V 290	<p>Continued From page 6</p> <ul style="list-style-type: none"> -Diagnoses of Substance Abuse Disorder. -No assessment for unsupervised time in the community. <p>During interview on 06/14/18 client #3 revealed:</p> <ul style="list-style-type: none"> -She worked at a restaurant in town. -All clients living in the facility had unsupervised time in the community after 7 days after admission. <p>During interview on 06/14/18 client #4 revealed:</p> <ul style="list-style-type: none"> -She worked at local clothing store. -She had unsupervised time. -She had to sign out and write where she was going and the time and when she returned to the facility she had to sign back in with time. -All the clients could be unsupervised after the first 7 days in the home. <p>During interview on 06/14/18 the Director revealed:</p> <ul style="list-style-type: none"> -All the clients can have unsupervised time in the community. -Each client had to sign out and sign in when leaving and returning to the community. -To live in the facility each client had to search for employment and get employment. -The physician assessed each client to be in the facility unsupervised and she would have the physician include in the community. 	V 290		
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</p>	V 536		

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V 536	<p>Continued From page 7</p> <p>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 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 	V 536		

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V 536	<p>Continued From page 8</p> <p>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 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>	V 536		

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V 536	<p>Continued From page 9</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 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</p>	V 536		

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V 536	<p>Continued From page 10</p> <p>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 record review and interview, the facility failed to ensure all staff successfully completed training and annual refresher training in alternatives to restrictive interventions affecting 3 of 3 staff (Staff #1, Staff #2 and Director). The findings are:</p> <p>Review on 06/14/18 of staff #1's personnel record revealed: -Hire date 05/07/13. -North Carolina Interventions Certificate that expired 03/2018. No evidence of current training in Alternatives to Restrictive Interventions.</p> <p>Review on 06/14/18 of staff #2's personnel record revealed: -Hire date of 01/12/18. -No evidence of current training in Alternatives to Restrictive Interventions.</p> <p>Review on 06/14/18 of the Director's personnel record revealed: -Hire date of 03/07/05. -North Carolina Interventions Certificate that expired 03/2018. No evidence of current training in Alternatives to Restrictive Interventions.</p> <p>During interview on 06/14/18 the Director</p>	V 536		

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V 536	Continued From page 11 revealed: -She had just taken on the role of Director. -She had not been able to locate the personnel files since the old Director left until the day of the survey. -She had training scheduled for July for all the staff to attend.	V 536		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to maintain the water temperature between 100-116 degrees Fahrenheit. The findings are: Observation on 06/14/18 at approximately 11:00am revealed the following: - The hot water temperature at the kitchen sink was 120 degrees Fahrenheit. - The hot water temperature in the two upstairs hallway bathrooms was 128 and 130 degrees Fahrenheit. Interview on 06/14/18 the Director stated she would have someone follow up on the hot water temperature at the facility that afternoon.	V 752		