

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL019-041</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/19/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAROLINA HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>176 LASSITER HOMESTEAD ROAD DURHAM, NC 27713</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on June 19, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness and 10A NCAC 27G. 1100 Partial Hospitalization For Individuals Who Are Acutely Mentally Ill.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></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		

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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>reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff had training in Cardiopulmonary Resuscitation and First Aid for four of nine audited staff (staff #1, staff #2, staff #3 and staff #4). The findings are:</p> <p>a. Review on 6/19/18 of the facility's personnel files revealed: -Staff #1 had a hire date of 11/8/17. -Staff #1 was hired as a Resident Patient Assistant. -There was no documentation of training in First Aid for staff #1.</p> <p>b. Review on 6/19/18 of the facility's personnel files revealed: -Staff #2 had a hire date of 4/2/18. -Staff #2 was hired as a Resident Patient Assistant. -There was no documentation of training in Cardiopulmonary Resuscitation and First Aid for staff #2.</p> <p>c. Review on 6/19/18 of the facility's personnel files revealed: -Staff #3 had a hire date of 12/26/17. -Staff #3 was hired as a Resident Patient Assistant. -There was no documentation of training in First Aid for staff #3.</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>d. Review on 6/19/18 of the facility's personnel files revealed:                      -Staff #4 had a hire date of 5/5/11.                      -Staff #4 was hired as a Resident Assistant.                      -Staff #4 had a copy of a First Aid card that expired on 8/27/17.                      -There was no documentation of current training in First Aid for staff #4.</p> <p>Interview on 6/19/18 with the Human Resources Manager revealed:                      -The last instructor who trained staff in Cardiopulmonary Resuscitation and First Aid did separate training's.                      -The instructor did not do the Cardiopulmonary Resuscitation and First Aid at the same time.                      -Direct care staff were responsible for doing the majority of outings in the community with the clients.                      -A staff may occasionally work alone in the community with a client.                      -She confirmed the staff listed above did not have training in Cardiopulmonary Resuscitation and/or First Aid.</p> <p>Interview with the Director on 6/19/18 confirmed:                      -The facility failed to ensure the staff listed above had training in Cardiopulmonary Resuscitation and First Aid.</p>	V 108		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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.</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to keep the MAR current affecting one of three clients (#1). The findings are:</p> <p>Review on 6/15/18 of client #1's record revealed: -Admission date of 4/30/18. -Diagnoses of Anorexia-Nervosa-Restricting Type, Major Depressive Disorder, Generalized Anxiety Disorder, Osteopenia, Amenorrhea, Hypophosphatemia, Sialadentitis-parotid and submandibular glands, Cervical Dysplasia,</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>Anemia, Precancerous Polyps and Irritable Bowel Syndrome.</p> <p>-Physician's order dated 5/3/18 for Flaxseed Oil 1000 mg, one tablet two times daily; Probiotic, one capsule daily; Multivitamin with iron, one tablet daily; Vitamin D 3 2000 units, one tablet daily and Caltrate 500 units, two gummies two times daily.</p> <p>-Physician's order dated 4/30/18 for Zoloft 200 mg, one tablet in the morning and Kurvelo Birth Control pill, one tablet in the morning.</p> <p>-The June 2018 MAR had blank boxes on 6/10 for Flaxseed Oil 1000 mg AM dose, Probiotic, Multivitamin with iron, Vitamin D 3 2000 units, Caltrate 500 units AM dose, Zoloft 200 mg and Kurvelo Birth Control pill.</p> <p>Interview with Nurse #1 on 6/15/18 revealed:</p> <p>-There were no issues with staff administering prescribed medications to clients.</p> <p>-She thought staff possibly forgot to document the administered medications on the MAR.</p> <p>-She confirmed facility staff failed to keep the June MAR current for client #1.</p> <p>Interview with the Director on 6/19/18 confirmed:</p> <p>- Facility staff failed to keep the MAR current for client #1.</p>	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p>	V 131		

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V 131	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for three of nine audited staff (staff #1, staff #2 and staff #3). The findings are:</p> <p>a. Review on 6/19/18 of the facility's personnel files revealed: -Staff #1 had a hire date of 11/8/17. -Staff #1 was hired as a Resident Patient Assistant. -Staff had a HCPR check completed on 11/29/17. -No documentation of a HCPR check completed for staff #1 prior to hire.</p> <p>b. Review on 6/19/18 of the facility's personnel files revealed: -Staff #2 had a hire date of 4/2/18. -Staff #2 was hired as a Resident Patient Assistant. -No documentation of a HCPR check completed for staff #2 prior to hire.</p> <p>c. Review on 6/19/18 of the facility's personnel files revealed: -Staff #3 had a hire date of 12/26/17. -Staff #3 was hired as a Resident Patient Assistant. -No documentation of a HCPR check completed for staff #3 prior to hire.</p> <p>Interview on 6/19/18 with the Human Resources Manager confirmed:</p>	V 131		

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V 131	Continued From page 6  -The HCPR check was not completed for staff #1, staff #2 and staff #3 prior to hire.  Interview on 6/19/18 with the Director confirmed: -The HCPR check was not completed for staff #1, staff #2 and staff #3 prior to hire.	V 131		
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		

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



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V 536	<p>Continued From page 8</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 9</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 reviews and interviews, the facility failed to ensure three of nine audited staff (staff #1, staff #2 and the Counselor/Therapist) had training on the use of alternatives to restrictive interventions prior to providing services. The findings are:</p> <p>a. Review on 6/19/18 of the facility's personnel files revealed:</p> <ul style="list-style-type: none"> <li>-Staff #1 had a hire date of 11/8/17.</li> <li>-Staff #1 was hired as a Resident Patient Assistant.</li> <li>-There was no documentation that staff #1 had training on the use of alternatives to restrictive</li> </ul>	V 536		

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V 536	<p>Continued From page 10 interventions.</p> <p>b. Review on 6/19/18 of the facility's personnel files revealed: -Staff #2 had a hire date of 4/2/18. -Staff #2 was hired as a Resident Patient Assistant. -There was no documentation that staff #2 had training on the use of alternatives to restrictive interventions.</p> <p>c. Review on 6/19/18 of the facility's personnel files revealed: -The Counselor/Therapist had a hire date of 12/26/17. -There was no documentation that the Counselor/Therapist had training on the use of alternatives to restrictive interventions.</p> <p>Interview with the Human Resources Manager on 6/19/18 revealed: -The agency uses Getting It Right for training on the use of alternative to restrictive intervention. -The agency just recently started using Getting It Right. -She was not aware staff did not have training in Getting It Right. -She confirmed staff #1, staff #2 and the Counselor/Therapist had no training on the use of alternatives to restrictive interventions prior to providing services</p> <p>Interview with the Director on 6/19/18 confirmed: -Staff #1, staff #2 and the Counselor/Therapist had no training on the use of alternatives to restrictive interventions prior to providing services.</p>	V 536		