

PRINTED: 05/21/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-880	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/17/2018
NAME OF PROVIDER OR SUPPLIER ALL ABOUT YOU RESIDENTIAL HOME CARE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1103 CARTER STREET HIGH POINT, NC 27260		
(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
V 000	INITIAL COMMENTS An annual survey was completed on 5/17/2018. 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		
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	<i>see page 4</i> RECEIVED JUL 10 2018 DHSR-MH Licensure Sect	

Division of Health Service Regulation

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

TITLE

(X6) DATE

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60891

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V 536	Continued From page 1 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 following core areas: (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). (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 review/request this documentation at any time.	V 536	See page 4		

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V 536	Continued From page 2 (i) Instructor Qualifications and Training Requirements: (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. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (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. (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. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (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. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain	V 536	See page 4		

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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 reviews and interviews, the facility failed to ensure staff received refresher training on alternatives to restrictive interventions at least annually affecting 2 of 3 surveyed staff (#1 & the Qualified Professional (QP)). The findings are:</p> <p>Review on 5/17/2018 of staff #1's employee file revealed:</p> <ul style="list-style-type: none"> - Hire date: 5/23/2018; - Documentation that training on alternatives to restrictive interventions had expired on 3/18/2017; - No documentation of refresher training on 	V 536	<p>Staff participated in NCI training on 5/19/2018 and certificates were awarded and filed in respective staff records.</p>	5/19/18	

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V 536	Continued From page 4 alternatives to restrictive interventions. Review on 5/17/2018 of the QP's employee file revealed: - Hire date: 2/28/2011; - Documentation that training on alternatives to restrictive interventions had expired on 5/5/2013; - No documentation of refresher training on alternatives to restrictive interventions. Interview on 5/16/2018 with staff #1 revealed: - She received refresher training on alternatives to restrictive interventions annually. Interview on 5/17/2018 with the QP revealed: - She had transitioned to the role of QP in January 2018 after having previously worked as an administrative assistant; - She had talked to the Chief Executive Officer (CEO) about scheduling all facility staff for training on alternatives to restrictive interventions in the near future; - She was responsible for ensuring facility staff trainings were up to date; - She had not received refresher training on alternatives to restrictive interventions since 2013. Interview on 5/17/2017 with the CEO revealed: - AS far as she knew, staff trainings on alternatives to restrictive interventions were up to date; - The Management Company she contracted with for QP services kept up with training due dates.	V 536	See page 4		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND	V 537			

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V 537	Continued From page 5 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. (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;	V 537	See Page 4		

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V 537	Continued From page 6 (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 review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (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. (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.	V 537	See page 4		

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V 537	Continued From page 7 (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (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. (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. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (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. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10) Trainers shall teach a program on the use of restrictive interventions at least once annually. (11) Trainers shall complete a refresher instructor training at least every two years. (k) Service providers shall maintain documentation of initial and refresher instructor	V 537	See page 4		

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V 537	<p>Continued From page 8</p> <p>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>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff received refresher training in seclusion, physical restraint and isolation time out at least annually affecting 2 of 3 surveyed staff (#1 & the Qualified Professional (QP)). The findings are:</p> <p>Review on 5/17/2018 of staff #1's employee file revealed:</p> <ul style="list-style-type: none"> - Hire date: 5/23/2018; - Documentation that training in seclusion, physical restraint and isolation time out had expired on 3/18/2017; - No documentation of refresher training in seclusion, physical restraint and isolation time out. 	V 537	See page 9		

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V 537	<p>Continued From page 9</p> <p>Review on 5/17/2018 of the QP's employee file revealed:</p> <ul style="list-style-type: none"> - Hire date: 2/28/2011; - Documentation that training in seclusion, physical restraint and isolation time out had expired on 5/5/2013; - No documentation of refresher training in seclusion, physical restraint and isolation time out. <p>Interview on 5/16/2018 with staff #1 revealed:</p> <ul style="list-style-type: none"> - She received refresher training in seclusion, physical restraint and isolation time out annually. <p>Interview on 5/17/2018 with the QP revealed:</p> <ul style="list-style-type: none"> - She had transitioned to the role of QP in January 2018 after having previously worked as an administrative assistant; - She had talked to the Chief Executive Officer (CEO) about scheduling all facility staff for refresher training in seclusion, physical restraint and isolation time out in the near future; - She was responsible for ensuring facility staff trainings were up to date; - She had not received refresher training in seclusion, physical restraint and isolation time out since 2013. <p>Interview on 5/17/2017 with the CEO revealed:</p> <ul style="list-style-type: none"> - AS far as she knew, staff refresher training in seclusion, physical restraint and isolation time out were up to date; - The Management Company she contracted with for QP services kept up with training due dates. 	V 537	See page 4		

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MULTI-THERAPEUTIC SERVICES, INC.



FACSIMILE TRANSMITTAL SHEET

TO:

FROM:

Clarice Rising, MSW, LCSW

Nancy Cruz, BA, Q.P.

COMPANY:

DATE:

Mental Health Licensure & Cert. Sect.

7/7/2018

FAX NUMBER:

TOTAL NO. OF PAGES, INCLUDING COVER:

919-715-8078

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PHONE NUMBER:

SENDER'S PHONE NUMBER:

336-778-2520

RE:

SENDER'S FAX NUMBER:

1103 CARTER ST. GROUP
HOME Annual Survey

336-778-2521

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☒ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Thanks for your assistance.

Nancy Cruz, BA, Q.P.

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