

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/13/2018
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NAME OF PROVIDER OR SUPPLIER SLHC RESIDENTIAL PROGRAM FOR WOMEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1952 SPRING DRIVE GARNER, NC 27529
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V 000	INITIAL COMMENTS An annual and follow-up survey was completed 6/13/18. Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .3700 Day Treatment for Adult with Substance Abuse, .4100 Therapeutic Homes for Individuals with Substance Abuse Disorders and Their Children, .4400 Substance Abuse Intensive Outpatient Program, .4500 Substance Abuse Comprehensive Outpatient Treatment.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record and interview the facility failed to ensure Fire and Disaster Drills were completed quarterly for each shift. The findings are: Review on 6/7/18 of Fire Drills revealed: -"2/7/18-1st shift	V 114	There was no fire drill on the 3rd shift during the time period reviewed. The residential program works on 2 twelve hour shifts each day. A new schedule has been implemented to ensure that each type of drill is conducted on each shift at least quarterly. The schedule has been reviewed with staff and is placed on the door in the medical record closet. Since the review we have conducted a daytime fire drill and the next drill is scheduled for nighttime. Supervisor will review the the schedule monthly to ensure the site is operating in compliance. RECEIVED JUL 10 2018 DHSR-MH Licensure Sect	7/13/18

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Mark Allen</i>	TITLE <i>Quality Mgr / Health Data Analyst</i>	(X6) DATE <i>7/6/2018</i>
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V 114	Continued From page 1 -3/27/18-1st shift" Review on 6/7/18 of Disaster Drill revealed: -"1/20/18-1st shift -4/21/18-2nd shift -5/18/18-1st shift" During interview on 6/7/18 the Program Director stated she thought the staff were conducting 3rd shift drills, not sure when the last one was, but will have them to do them. [This is a re-cited deficiency and requires a 30 day plan of correction]	V 114		
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,	V 536	One staff member had not had training on alternatives to restrictive interventions since 2016. A Human Resources Assistant has been hired. She is currently reviewing all staff trainings to ensure that all required training have been completed. Our Relias system will be used to send notifications to staff and supervisors for any staff members out of compliance with any required trainings. Out of compliance staff members will receive the required training at the next scheduled class or will not be scheduled to work until the training is completed.	7/13/18

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V 536	<p>Continued From page 2</p> <p>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 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). <p>(h) Service providers shall maintain documentation of initial and refresher training for</p>	V 536		

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V 536	<p>Continued From page 3</p> <p>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> <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</p>	V 536		

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V 536	<p>Continued From page 4</p> <p>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 competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure training in Alternative to Restrictive Intervention was completed for one of three audited staff (#1). The findings are:</p> <p> </p> <p>Review on 6/7/18 of staff #1's record revealed:</p>	V 536		

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V 536	Continued From page 5 -A hire date of 2013 -An Alternative to Restrictive Intervention was last completed through North Carolina Interventions (NCI) on 6/14/16. During interview on 6/7/18 the Program Director stated she would obtain a current NCI training from the corporate office. During interview on 6/11/18 surveyor contacted the Program Director regarding current NCI, and was told she would have the corporate office to fax the most recent NCI training. A fax was received on 6/12/18 from Program Director, which did not contain a current training for staff #1 in NCI. [This is a recited deficiency and must be corrected within 30 days.]	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 ensure the water temperature was maintained between 100-116 degrees Fahrenheit.	V 752	Four of the apartments had hot water temperatures over 116 degrees. Work orders have been submitted to the management company to make the necessary adjustments to the water heaters to bring them into compliance. A schedule to check the water temperatures has been developed and staff has been trained to conduct this check monthly. For any units with temperature out of the allowed range (100 to 116 degrees) a work order will be submitted to property management for correction. Program Supervisor will ensure that water temperatures are checked monthly.	8/13/18

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V 752	<p>Continued From page 6</p> <p>The findings are:</p> <p>Observation on 6/7/18 of client #1's Apartment: -Kitchen-122 degrees -Bath- 122-degrees</p> <p>Observation on 6/7/18 of client #2's Apartment -Kitchen-118 degrees -Bath- 120 degrees</p> <p>Observation on 6/7/18 of client #3's Apartment -Kitchen-122 degrees -Bath-122 degrees</p> <p>Observation on 6/7/18 of client 4's Apartment -Kitchen- 118 degrees -Bath- 120 degrees</p> <p>During interview on 6/7/18 the Program Director stated the apartments are very old and recently have a new maintenance person who is better at getting the issues fixed in the apartments.</p>	V 752	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">JUL 10 2018</p> <p style="text-align: center;">DHSR-MH Licensure Sect</p>	