STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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RHCC RECOVERY HOME	661 BURNS ROAD LUMBERTON, NC 28358

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V 000	INITIAL COMMENTS An annual survey was completed on July 16, 2018. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 5600E Supervised Living for Adults with Substance Abuse Disorders.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (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. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and	V 108		

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V 108	Continued From page 1 clients. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to provide diabetes management training for two of three audited staff (staff #5 and the Licensed Clinical Addiction Specialist #1). The findings are: Review on 07/13/18 of client #6's record revealed: - 37 year old male. - Admission date of 07/06/18. - Diagnoses of Diabetes Mellitus, Hypertension, Gastroesophageal Reflux Disease(GERD), Depression, Anxiety, Polysubstance Abuse, and Insomnia. Review on 07/13/18 of staff #5's personnel record revealed: -Hire date: 08/15/16. -No documentation of Diabetes Management training. Review on 07/13/18 of the LCAS #1's personnel record revealed: -Hire date: 01/03/12. -No documentation of Diabetes Management training. Interview on 07/13/18 staff #5 stated: -He had worked at the facility for since 2016. -He had not received training on Diabetes Management. Interview on 07/13/18 the LCAS #1 stated:	V 108		

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V 108	Continued From page 2 -He had worked at the facility for over a year and had worked for the company in different positions. -He had not received training on Diabetes Management. Interview on 07/13/18 the Program Director/LCAS #2 stated - He would ensure all staff receive training in Diabetes Management.	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	V 118		

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V 118	Continued From page 3 checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to obtain the written order of a physician to administer and/or failed to obtain self-administer orders for client medications and failed to keep the MARs current affecting two of three clients (#1 and #7). The findings are: Finding #1: Review on 07/13/18 of client #1's record revealed: - 57 year old male. - Admission date of 06/06/18. - Diagnoses of Pre-Diabetic, Alcohol Abuse Disorder, Cocaine Abuse Disorder, Knee Pain and Hypertension. Observation on 07/13/18 at approximately 10:50am of client #1's bedroom revealed: - 1 large container of CO-Q Max Daily with Resverotiol. - Bio-Muscle XR 1 large container (dietary/vitamin supplement). - GNC Drinking Container contained approximately 20-32 ounces 1/2 full of unknown powder substance. - Whey Protein 1 large Container, 1/2 full (dietary/vitamin supplement). - Super B Complex 140 tablets, 1/2 full bottle (dietary/vitamin supplement).	V 118		

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V 118	Continued From page 4 Review on 07/13/18 of client #1's physician orders revealed: - No order for CO-Q Max Daily with Resverotiol (dietary/vitamin supplement). - No order for Whey Protein (dietary/vitamin supplement). - No order for Super B Complex (dietary/vitamin supplement). Review on 07/13/18 of client #1's June/2018 and July/2018 MAR's revealed no transcribed entries for CO-Q Max Daily with Resverotiol, Whey Protein and Super B Complex. Interview on 07/13/18 client #1 stated: - He had recently been admitted to the facility. - He had begun using the above dietary/vitamin supplement medications daily and was working out at a local gym. Finding #2: Review on 07/13/18 of client #7's record revealed: - 47 year old male. - Admission date of 05/16/18. - Diagnoses of Cocaine Severe Abuse Disorder and Adjustment Disorder with Depressed Mood. Observation on 07/13/18 at approximately 11:50am of client #7's bedroom revealed: - Whey Protein 1 large Container, 1/2 full. - Creatin Powder 1 large and 1 medium container. Review on 07/13/18 of client #7's physician orders revealed: - No order for Whey Protein 1 large Container, 1/2 full (dietary/vitamin supplement). - No order for Creatin Powder 1 large and 1 medium container (dietary/vitamin supplement).	V 118		

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V 118	Continued From page 5 Review on 07/13/18 of client #7's May/2018, June/2018 and July/2018 MAR's revealed no transcribed entries for Whey Protein and Creatin Powder. Interview on 07/13/18 client #7 stated: - He had recently been admitted to the facility. - He had begun using the above dietary/vitamin supplement medications daily and working out at a local gym. Interview on 07/13/18 the Facility Manager stated: - He was not aware the clients could not have the dietary supplements unsecured in their room. - He did not have medical orders for client #1 and client #7's dietary supplements. - He would follow up to ensure the MARs were current and the orders were obtained for all client medications. and for all medications to be maintained in a secure sett. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications	V 120		

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V 120	Continued From page 6 shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on observation and interview the facility failed to store medications in a securely locked cabinet or container. The findings are: Finding #1: Review on 07/13/18 of client #1's record revealed: - 57 year old male. - Admission date of 06/06/18. - Diagnoses of Pre-Diabetic, Alcohol Abuse Disorder, Cocaine Abuse Disorder, Knee Pain and Hypertension. Observation on 07/13/18 at approximately 10:50am of client #1's bedroom revealed: - 1 large container of CO-Q Max Daily with Resverotiol. - Bio-Muscle XR 1 large container (dietary/vitamin supplement). - GNC Drinking Container contained approximately 20-32 ounces 1/2 full of unknown powder substance. - Whey Protein 1 large Container, 1/2 full (dietary/vitamin supplement). - Super B Complex 140 tablets, 1/2 full bottle	V 120		

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V 120	Continued From page 7 (dietary/vitamin supplement). Finding #2: Review on 07/13/18 of client #7's record revealed: - 47 year old male. - Admission date of 05/16/18. - Diagnoses of Cocaine Severe Abuse Disorder and Adjustment Disorder with Depressed Mood. Observation on 07/13/18 at approximately 11:50am of client #7's bedroom revealed: - Whey Protein 1 large Container, 1/2 full. - Creatin Powder 1 large and 1 medium container. Interview on 07/13/18 the Facility Manager stated: - He was not aware the clients could not have the dietary supplements unsecured in their room. - He would follow up to ensure all client medications would be maintained and secured immediately.	V 120		
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	V 536		

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V 536	Continued From page 8 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 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;	V 536		

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V 536	Continued From page 9 (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. (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;	V 536		

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V 536	Continued From page 10 (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 documentation of initial and refresher instructor 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 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.	V 536		

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V 536	Continued From page 11 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of three audited staff (Licensed Clinical Addiction Specialist #1 (LCAS)) received annual training updates in alternatives to restrictive interventions. The findings are: Review on 07/13/18 of the LCAS #1's personnel record revealed: - Date of hire: 06/27/16. - No current training in alternatives to restrictive interventions. Interview on 07/13/18 the LCAS #1 stated: - He had training in alternatives to restrictive interventions which had expired. Interview on 07/13/18 the Program Director/LCAS #2 stated: -He would arrange for the training to be scheduled.	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.	V 537		

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V 537	Continued From page 12 (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; (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;	V 537		

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V 537	Continued From page 13 (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. (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.	V 537		

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V 537	Continued From page 14 (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 training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcome (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. (l) Qualifications of Coaches:	V 537		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-283	A. BUILDING: _____ B. WING _____	07/16/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RHCC RECOVERY HOME	661 BURNS ROAD LUMBERTON, NC 28358

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V 537	Continued From page 15 (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. (m) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure one of three audited staff (Licensed Clinical Addiction Specialist #1 (LCAS)) received annual training updates in seclusion, physical restraint and isolation time-out. The findings are: Review on 07/13/18 of the LCAS #1's personnel record revealed: - Date of hire: 06/27/16. - Expired training dated 04/28/18 in updates in seclusion, physical restraint and isolation time-out. Interview on 07/13/18 the LCAS #1 stated: - He had training in alternatives to restrictive interventions which had expired. Interview on 07/13/18 the Program Director/LCAS #2 stated: -He would arrange for the training to be scheduled.	V 537		