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	mhl049-098	A. BUILDING: _____ B. WING _____	07/20/2018

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STICKNEY HOUSE	120 ROCKWELL LOOP MOORESVILLE, NC 28115

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V 000	INITIAL COMMENTS An annual and complaint survey was completed on 7/20/18. Two complaints were substantiated (intake #NC00140961 and #NC00141041) and one complaint was unsubstantiated (intake #NC00141103). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	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.	V 536		

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V 536	Continued From page 1 (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; (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);	V 536		

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V 536	Continued From page 2 (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; (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	V 536		

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V 536	Continued From page 3 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure formal training on alternatives to restrictive interventions was completed annually affecting 1 of 3 surveyed staff (staff #1). The findings are: Review on 7/19/18 of staff #1's record revealed: -a hire date of 7/10/17; -documentation that training on alternatives to restrictive interventions was completed on	V 536		

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V 536	Continued From page 4 6/29/17; -no documentation that the training had been completed since 6/29/17. Interview on 7/19/18 with the Qualified Professional revealed: -she had been certified to instruct the training on alternatives to restrictive interventions about 3 weeks ago; -she had not had time to complete the training for all the staff yet; -staff #1 had not completed the refresher training yet; -she planned to schedule a training within the next couple of weeks.	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. (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.	V 537		

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V 537	Continued From page 5 (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; (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	V 537		

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V 537	Continued From page 6 (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. (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	V 537		

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V 537	Continued From page 7	V 537		

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:
(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.

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V 537	Continued From page 8 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff received training in seclusion, physical restraint and isolation time out prior to providing services to clients, affecting 1 of 3 surveyed staff (the Licensed Professional/Clinical Director (LP/CD)) and failed to ensure staff were retrained at least annually, affecting 1 of 3 surveyed staff (staff #1). The findings are: Review on 7/19/18 of staff #1's record revealed: -a hire date of 7/10/17; -documentation that training on alternatives to restrictive interventions was completed on 6/29/17; -no documentation that the training had been completed since 6/29/17. Review on 7/19/2018 of the LP/CD's employee file revealed: -a hire date of 3/19/18; -no documentation of training in seclusion, physical restraint and isolation time out. Interview on 7/19/18 with the LP/CD revealed: -she had not received training in seclusion, physical restraint and isolation time out; -she thought she was exempt from the training. Interview on 7/19/18 with the Qualified Professional revealed: -she had been certified to instruct the training in seclusion, physical restraint and isolation time out about 3 weeks ago; -she had not had time to complete the training for	V 537		

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V 537	Continued From page 9 all the staff yet; -she thought the LP/CD had completed the training with the previous instructor; -she verified with the LP/CD that she had not completed the training; -she planned to schedule a training within the next couple of weeks.	V 537		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interviews, the staff failed to maintain the facility in a safe, clean and attractive manner. The findings are: Observations from approximately 2:34 pm - 3:00 pm on 7/19/18 of the facility revealed: -there was damage to the outside of a small drawer beside the dishwasher and the inside of the drawer contained small pieces of wood like material; -the handle of the refrigerator was missing; -the front of the bottom drawer in the kitchen was missing; -the bottom shelf in the pantry hung loosely from the wall; -the bottom of the left window screen in bedroom #1 was not attached; -there were no light covers in bedrooms #1, #2, and #3 and bathroom #1;	V 736		

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V 736	Continued From page 10 -there were numerous stains on the wall in bedroom #1 and the living room. Interview on 7/19/18 with the Associate Professional revealed: -Environmental Health had inspected the facility the previous week and the facility was issued a provisional license due to lots of things that needed to be repaired or cleaned; -she was glad that the inspection had been completed; -she had concerns about the condition of the facility such as repairs that needed to be made and the lack of cleanliness that was now being addressed; -staff had cleaned and repaired as much as they could during the past week but she was aware there were still things that needed to be repaired; -there were 2 new light covers in the office that needed to be put up in the facility but she was waiting on someone to come and put them up because there was not a ladder at the facility for her to use; -the Owner informed her that he was not going to repair the drawers that had damage in the kitchen because it wasn't financially feasible and she wasn't sure about the refrigerator but the other repairs were going to be completed within the next couple of weeks. Interview on 7/19/18 with the Licensed Professional/Clinical Director revealed: -she had concerns about the condition of the facility regarding repairs that needed to be made and the lack of cleanliness; -Environmental Health had inspected the facility the previous week and since that time, her concerns had been addressed; -she was aware there were further repairs that needed to be completed.	V 736		

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V 736	Continued From page 11 Interview on 7/19/18 with the Operations Manager revealed: -the Owner had purchased the facility along with some other facilities in May 2018; -they had been working to make improvements in all the facilities but had not gotten around to making all repairs yet. Interview on 7/19/18 with the Owner revealed: -he had purchased the facility along with some other facilities in May 2018; -he was aware there were repairs that needed to be completed and they were in the process of working on those.	V 736		
V 750	27G .0304(b)(3) Maintenance of Elec., Mech., & Water Systems 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. (3) Electrical, mechanical and water systems shall be maintained in operating condition. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure electrical systems were maintained and in operating condition. The findings are: Observations on 7/19/18 from 10:09 am - 3:59 pm of the facility revealed: -the lights in the dining room and office/therapy	V 750		

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V 750	Continued From page 12 room constantly flickered; -the light in the pantry was not working. Interview on 7/19/18 with staff #1 revealed the light in the dining room had been flickering for several weeks and she had gotten used to it. Interview on 7/19/18 with the Associate Professional revealed: -"The lights flickering drive me crazy;" -"I think we have an electrical problem because when we print, it makes the lights worse;" -she thought the light not working in the pantry was due to the electrical problem they were having; -she was aware that flickering lights made some health conditions such as epilepsy worse. Interview on 7/19/18 with the Operations Manager revealed he was aware of the electrical issue and had been working on it.	V 750		