STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL080-173	A. BUILDING: _____ B. WING _____	R 07/19/2018

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ACE PROGRAM	1155 CHILDREN'S CIRCLE ROCKWELL, NC 28138

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 7/19/18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.	V 000		
V 106	27G .0201 (A) (8-18) (B) GOVERNING BODY POLICIES 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (8) use of medications by clients in accordance with the rules in this Section; (9) reporting of any incident, unusual occurrence or medication error; (10) voluntary non-compensated work performed by a client; (11) client fee assessment and collection practices; (12) medical preparedness plan to be utilized in a medical emergency; (13) authorization for and follow up of lab tests; (14) transportation, including the accessibility of emergency information for a client; (15) services of volunteers, including supervision and requirements for maintaining client confidentiality; (16) areas in which staff, including nonprofessional staff, receive training and continuing education; (17) safety precautions and requirements for facility areas including special client activity areas; and (18) client grievance policy, including procedures for review and disposition of client grievances.	V 106		

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V 106	Continued From page 1 (b) Minutes of the governing body shall be permanently maintained. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to implement their policy on medication errors. The findings are: Review on 7/3/18 of Former Client #4's record revealed: -Admission date of 1/10/18; -Discharge date of 6/8/18; -15 years old; -Diagnoses of Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Victim of Non-parental Child Abuse, Disruptive Mood Dysregulation Disorder; -April, 2018 medication administration record revealed Former Client #4 had been receiving Concerta (treatment of attention deficit) 36mg and Carbamazepine (anticonvulsant used to treat seizure disorder and mood disorders) 100mg daily. Review on 7/2/18 of the facility's Incident Reports revealed: -Incident report completed by Staff #7 dated 4/3/18 at 8:00am regarding Former Client #4 missing medication; -"Staff missed giving client this dosage of medication. Staff recounted the medication the next day and the count was the same. The count should have been less than what it was which indicates the medication was not given the day before." -No medication was identified in the report;	V 106		

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V 106	Continued From page 2 -The pharmacy or physician was not contacted. Review on 7/3/18 of the facility's undated Medication Administration Policy revealed: -" ...Drug administration errors and adverse drug reactions will be reported immediately to the physician or pharmacist for instructions regarding how to proceed ..." Interview on 7/10/17 with Staff #7 revealed: -Did not recall which medication Former Client #4 missed on 4/3/18. Interview on 7/2/18 with the Program Director/Qualified Professional revealed: -Did not know which medication Former Client #4 missed on 4/3/18; -Former Client #4 only received the two medications while at the facility (Concerta and Carbamazepine). Interview on 7/19/18 with the Director of Licensing revealed: -Will provide updated training to staff regarding the deficient areas identified during the survey.	V 106		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate	V 109		

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V 109	Continued From page 3 professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on interview and record review, 1 of 1 qualified professional (Program Director/Qualified Professional) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are: Review on 7/3/18 of the Program Director/Qualified Professional's record revealed: -Hire date of 8/16/1999; -The Program Director/Qualified Professional was not a physician or medical professional.	V 109		

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V 109	Continued From page 4 Review on 7/3/18 of the facility's Incident Reports revealed: -Incident report completed by Staff #5 dated 5/3/18 involving Client #1 receiving an injury involving swelling to the right side of his head after hitting it on a metal swing pole and swelling to his left pinky finger. Medical treatment on 5/4/18 at an urgent care facility involved x-rays, prescription for Ibuprofen, and finger splint. The doctor revealed the head injury was minor and Client #1 should continue to be monitored; -Incident report completed by Staff #5 dated 5/2/18 involving Former Client #4 receiving an injury involving pain and swelling of left hand. Medical treatment on 5/3/18 at the local emergency department involved x-rays, prescription for Ibuprofen, and splint as a result of a closed fracture. Review on 7/2/18 of Client #1's record revealed: -Admission date of 3/1/18; -13 years old; -Diagnoses of Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder; -Consult dated 5/4/18 from an urgent care facility revealed an x-ray to the left 5th finger and need for aluminum splint in full extension with a prescription for Ibuprofen 400mg three times daily and closed head injury instructions (watch for excessive fatigue, confusion, blacking out, and nausea.) Review on 7/3/18 of Former Client #4's record revealed: -Admission date of 1/10/18; -Discharge date of 6/8/18; -15 years old; -Diagnoses of Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Victim of	V 109		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 109	Continued From page 5 Non-parental Child Abuse, Disruptive Mood Dysregulation Disorder; -Consult dated 5/3/18 for emergency room treatment for a hand injury. The treating physician recommended follow up with an Orthopedist; -Consult dated 6/1/18 for Magnetic Resonance Imaging (MRI) of the fractured hand; -Consult dated 6/7/18 for an orthopedic appointment to discuss the results of the MRI and evaluate the fractured hand. There were no follow up recommendations. Interview on 7/3/18 with Client #1 revealed: -Got hurt while playing with a peer on the playground; -Went to the doctor the following day; -The pain in his finger did not start until the following day; -Wore a splint on this finger for 3 to 4 weeks. Interview on 7/10/18 with Former Client #4 revealed: -Injured his hand while playing football; -Did not feel anything in his right hand when he first injured it, but it started to hurt when he returned to the facility from playing football; -His hand hurt during the night, but "not really all night;" -Went to the hospital the next day and was given a splint; -Had to have a special scan on his hand where he "was put in a long tube;" -After the special scan on his hand, he was given a different splint by "special doctor." Interview on 7/16/18 with the Program Director/Qualified Professional revealed: -Responsible for daily oversight of the program and ensuring the safety of the clients;	V 109		

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V 109	Continued From page 6 -Discussed the injuries received by Former Client #4 on 5/2/18 and Client #1 on 5/3/18 with the staff and decided not to seek immediate medical attention but to evaluate each injury the following day; -Former Client #4 was taken to the local emergency department on 5/3/18 and was treated for his injury; -There was delay in securing an appointment for Former Client #4 to have an MRI due to billing issues; -Client #1 was taken to a local urgent care facility on 5/4/18 and was treated for his injury; -Both Former Client #4 and Client #1 had fractures and required a splint and pain medication. Interview on 7/19/18 with the Director of Licensing revealed: -Will provide updated training to staff regarding the deficient areas identified during the survey. This deficiency is cross referenced into 10A NCAC 27G .1301 Scope (V179) for a Type A1 rule violation and must be corrected within 23 days.	V 109		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate	V 110		

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V 110	Continued From page 7 knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on interview and record review, 2 of 3 audited paraprofessionals (Staff #5 and #6) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are: Review on 7/3/18 of Staff #5's record revealed: -Hire date of 1/8/18; -Employed as Intervention Specialist. Review on 7/3/18 of Staff #6's record revealed: -Hire date of 5/22/06; -Employed as Intervention Specialist.	V 110		

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V 110	Continued From page 8 Review on 7/3/18 of the facility's Incident Reports revealed: -Incident report completed by Staff #5 dated 5/3/18 involving Client #1 receiving an injury involving swelling to the right side of his head after hitting it on a metal swing pole and swelling to his left pinky finger. Medical treatment on 5/4/18 at an urgent care facility involved x-rays, prescription for Ibuprofen, and finger splint. The doctor revealed the head injury was minor and Client #1 should continue to be monitored; -Incident report completed by Staff #5 dated 5/2/18 involving Former Client #4 receiving an injury involving pain and swelling of left hand. Medical treatment on 5/3/18 at the local emergency department involved x-rays, prescription for Ibuprofen, and splint as a result of a closed fracture. Review on 7/2/18 of Client #1's record revealed: -Admission date of 3/1/18; -13 years old; -Diagnoses of Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder; -Consult dated 5/4/18 from an urgent care facility revealed an x-ray to the left 5th finger and need for aluminum splint in full extension with a prescription for Ibuprofen 400mg three times daily and closed head injury instructions (watch for excessive fatigue, confusion, blacking out, and nausea). Review on 7/3/18 of Former Client #4's record revealed: -Admission date of 1/10/18; -Discharge date of 6/8/18; -15 years old; -Diagnoses of Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Victim of Non-parental Child Abuse, Disruptive Mood	V 110		

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V 110	Continued From page 9 Dysregulation Disorder; -Consult dated 5/3/18 for emergency room treatment for a hand injury. The treating physician recommended follow up with an Orthopedist; -Consult dated 6/1/18 for Magnetic Resonance Imaging (MRI) of the fractured hand; -Consult dated 6/7/18 for an orthopedic appointment to discuss the results of the MRI and evaluate the fractured hand. There were no follow up recommendations. Interview on 7/3/18 with Client #1 revealed: -Got hurt while playing with a peer on the playground; -Went to the doctor the following day; -The pain in his finger did not start until the following day; -Wore a splint on this finger for 3 to 4 weeks. Interview on 7/10/18 with Former Client #4 revealed: -Injured his hand while playing football; -Did not feel anything in his right hand when he first injured it, but it started to hurt when he returned to the facility from playing football; -His hand hurt during the night, but "not really all night;" -Went to the hospital the next day and was given a splint; -Had to have a special scan on his hand where he "was put in a long tube;" -After the special scan on his hand, he was given a different splint by "special doctor." Interview on 7/2/18 with Staff #5 revealed: -Responsible to ensure clients' needs are met including medical appointments; -Client #1 was injured on the playground and his finger was swelling and he was hit on the head;	V 110		

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V 110	Continued From page 10 -Client #1 did not receive any care the evening he was injured because he did not blackout and was not complaining of pain; -Former Client #4 was injured playing football; -Former Client #4 did not have swelling but was complaining of pain at night and was given ibuprofen; -Client #1 and Former Client #4 were taken for medical care the day after their respective injuries. Client #1 was given a splint and put on head injury precautions as staff were to watch for excessive fatigue, confusion, blacking out, and nausea. Former Client #4 was given a splint. Interview on 7/2/18 with Staff #6 revealed: -Responsible for daily oversight of the clients; -Was not working when Client #1 was injured; -Former Client #4 injured his hand while playing football; -Former Client #4 had pain in his hand immediately; -Staff #6 told former Client #4 that he was to monitor his hand during the night; -Former Client #4's hand was swollen and turned blue by the next day; -Former Client #4 went to the hospital the day after his injury; -Former Client #4 wore a splint due to his injury. Interview on 7/19/18 with the Director of Licensing revealed: -Will provide updated training to staff regarding the deficient areas identified during the survey. This deficiency is cross referenced into 10A NCAC 27G .1301 Scope (V179) for a Type A1 rule violation and must be corrected within 23 days.	V 110		

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V 117	Continued From page 11	V 117		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner. This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure	V 117		

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V 117	Continued From page 12 medication labeling to reflect proper directions for administration affecting 1 of 3 current clients (Client #2). The findings are: Observation on 7/2/18 at approximately 1:20pm of Client #2's medication revealed: -Bottle of Vitamin D 1.25mg dispensed on 6/21/18 with label directions to administer 1 tablet every Monday. Review on 7/2/18 of Client #2's record revealed: -Admission date of 4/27/18; -13 years old; -Diagnoses of Conduct Disorder, Attention Deficit Hyperactivity Disorder Combined Type, Cannabis Use Disorder, and Depressive Disorder; -Physician's order dated 5/12/18 for Vitamin D 1.25mg 1 tab daily; -May, June, and July, 2018 MARs revealed Vitamin D 1.25mg 1 cap daily was administered every Monday and Friday. Interview on 7/3/18 with the Program Director/Qualified Professional revealed: -Is not certain about the correct physician's order for Client #2's Vitamin D dose but will confirm the dose with the prescribing physician during the medication appointment on the afternoon of 7/3/18. Interview on 7/19/18 with the Director of Licensing revealed: -Client #2's Vitamin D was recently discontinued by the prescribing physician; -Will provide updated training to staff regarding the deficient areas identified during the survey.	V 117		
V 118	27G .0209 (C) Medication Requirements	V 118		

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V 118	Continued From page 13 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 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 interview, record review, and observation, the facility failed to ensure MARs be kept current affecting 1 of 3 current clients (Client #2) and 1 of 1 audited former client (Former	V 118		

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(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 118	Continued From page 14 Client #4). The findings are: Finding #1 Observation on 7/2/18 at approximately 1:20pm of Client #2's medication revealed: -Bottle of Vitamin D 1.25mg dispensed on 6/21/18 with label directions to administer 1 tablet every Monday. Review on 7/2/18 of Client #2's record revealed: -Admission date of 4/27/18; -13 years old; -Diagnoses of Conduct Disorder, Attention Deficit Hyperactivity Disorder Combined Type, Cannabis Use Disorder, and Depressive Disorder; -Physician's order dated 5/12/18 for vitamin D 1.25mg 1 tab daily; -May, June, and July, 2018 MARs revealed vitamin D 1.25mg 1 cap daily was administered every Monday and Friday. Interview on 7/3/18 with the Program Director/Qualified Professional revealed: -Is not certain about the correct physician's order for Client #2's Vitamin D dose but will confirm the dose with the prescribing physician during the medication appointment on the afternoon of 7/3/18. Finding #2 Review on 7/3/18 of Former Client #4's record revealed: -Admission date of 1/10/18; -Discharge date of 6/8/18; -15 years old; -Diagnoses of Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Victim of Non-parental Child Abuse, Disruptive Mood Dysregulation Disorder; -May, 2018 MAR did not reflect administration of	V 118		

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V 118	Continued From page 15 acetaminophen for pain to Former Client #4 on 5/2/18. Review on 7/2/18 of the facility's Incident Reports revealed: -Incident report completed by Staff #5 dated 5/2/18 involving Former Client #4 receiving an injury involving pain and swelling of left hand. Medical treatment on 5/3/18 at the local emergency department involved x-rays, prescription for Ibuprofen, and splint as a result of a closed fracture. -" ...Staff administered [Former Client #4] Acetaminophen for pain ..." Interview on 7/19/18 with the Director of Licensing revealed: -Client #2's Vitamin D was recently discontinued by the prescribing physician; -Will ensure all MARs be kept current in the future; -Will provide updated training to staff regarding the deficient areas identified during the survey. This deficiency was cited 3 times: 7/23/15, 7/11/16, and 7/25/17 and must be corrected within 30 days.	V 118		
V 179	27G .1301 Residential Tx - Scope 10A NCAC 27G .1301 SCOPE (a) The rules of this Section apply only to a residential treatment facility that provides residential treatment, level II, program type service. (b) A residential treatment facility providing residential treatment, level III service, shall be licensed as set forth in 10A NCAC 27G .1700. (c) A residential treatment facility for children and	V 179		

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V 179	Continued From page 16 adolescents is a free-standing residential facility which provides a structured living environment within a system of care approach for children or adolescents who have a primary diagnosis of mental illness or emotional disturbance and who may also have other disabilities. (d) Services shall be designed to address the functioning level of the child or adolescent and include training in self-control, communication skills, social skills, and recreational skills. Children or adolescents may receive services in a day treatment facility, have a job placement, or attend school. (e) Services shall be designed to support the child or adolescent in gaining the skills necessary to return to the natural, or therapeutic home setting. (f) The residential treatment facility shall coordinate with other individuals and agencies within the client's system of care. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to coordinate care with other individuals and agencies within the clients' system of care affecting 1 of 3 current clients (Client #1) and 1 of 1 audited former client (Former Client #4). The findings are: CROSS REFERENCE: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professions (V109) Based on interview and record review, 1 of 1	V 179		

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V 179	Continued From page 17 qualified professional (Program Director/Qualified Professional) failed to demonstrate the knowledge, skills and abilities required by the population served. CROSS REFERENCE: 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110) Based on interview and record review, 2 of 3 audited paraprofessionals (Staff #5 and #6) failed to demonstrate the knowledge, skills and abilities required by the population served. Review on 7/19/18 of the Plan of Protection written and signed by the Director of Licensing on 7/19/18 revealed: "What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? 1. Training will be put in place that all program staff will be clear on all first aid policies and procedures. This training will also include documentation requirements. 8/8/18 2. When there is an incident that involves an injury or accident, program staff will call on call case manager and medical treatment will be sought if appropriate. 7/19/18 3. Documentation requirements will be reviewed with staff to ensure that all incidents are documented correctly and timely. 8/8/18 4. Incident reports will be monitored by program supervisors and directors to ensure compliance with documentation requirements and amendments/corrections will be made in a timely manner. 7/19/18 5. All incidents and on call incidents will be reviewed weekly to ensure compliance with documentation requirements along with program	V 179		

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requirements. 7/19/18
6. Program staff will review medication logs and scripts (prescriptions) to check for inconsistencies. If inconsistencies are noted, program manager or director will be notified immediately so these can be corrected. 7/19/18

Describe your plans to make sure the above happens.

1. These above issues will be monitored weekly in the program team meetings.
2. These above issues will also be monitored monthly in the agency's Risk Prevention committee meetings.
3. These above issues will also be monitored quarterly in the agency's PQI (Program Quality Improvement) committee meetings.
4. Should there be any issues, these will be corrected immediately and formal supervision will occur."

Client #1 and Former Client #4 did not receive immediate medical care after receiving injures on the playground. Client #1 is 13 years old and suffered a blow to his head and swelling as well as a fractured finger. He went 24 hours without evaluation from a medical professional and monitoring for a head injury. Former Client #4 is 15 years old and suffered a hand fracture. Necessary testing was delayed due to billing issues. Client #1 and Former Client #4 have mental health diagnoses including, but not limited to, Attention Deficit Hyperactivity Disorder and Disruptive Mood Dysregulation Disorder. This deficiency constitutes a type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $3,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of

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V 179	Continued From page 19 $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 179		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be	V 367		

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erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).
(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:
(1) medication errors that do not meet the definition of a level II or level III incident;
(2) restrictive interventions that do not meet the definition of a level II or level III incident;
(3) searches of a client or his living area;
(4) seizures of client property or property in the possession of a client;
(5) the total number of level II and level III incidents that occurred; and

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V 367	Continued From page 21 (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report Level II incidents to the Local Management Entity (LME) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are: Review on 7/2/18 of Client #1's record revealed: -Admission date of 3/1/18; -13 years old; -Diagnoses of Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder. Review on 7/3/18 of Former Client #4's record revealed: -Admission date of 1/10/18; -Discharge date of 6/8/18; -15 years old; -Diagnoses of Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Victim of Non-parental Child Abuse, Disruptive Mood Dysregulation Disorder. Review on 7/2/18 of the facility's Incident Reports revealed: -Level I incident report completed by Staff #5 dated 5/3/18 involving Client #1 receiving an injury involving swelling to the right side of his head after hitting it on a metal swing pole and	V 367		

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V 367	Continued From page 22 swelling to his left pinky finger. Medical treatment on 5/4/18 at an urgent care facility involved x-rays, prescription for Ibuprofen, and finger splint. The doctor revealed the head injury was minor and Client #1 should continue to be monitored; -Level I incident report completed by Staff #5 dated 5/2/18 involving Former Client #4 receiving an injury involving pain and swelling of left hand. Medical treatment on 5/3/18 at the local emergency department involved x-rays, prescription for Ibuprofen, and splint as a result of a closed fracture. Review on 7/3/18 of the North Carolina Incident Response Improvement System (NC IRIS) revealed: -No incident reports completed on Client #1 or Former Client #4 regarding the injuries sustained in early May, 2018. Interview on 7/16/18 with the Program Director/Qualified Professional revealed: -Does not know how the two incidents were overlooked and not entered into NC IRIS. Interview on 7/19/18 with the Director of Licensing revealed: -Will provide updated training to staff regarding the deficient areas identified during the survey.	V 367		
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	V 536		

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V 536	Continued From page 23 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 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	V 536		

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V 536	Continued From page 24 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. (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.	V 536		

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V 536	Continued From page 25 (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 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	V 536		

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V 536	Continued From page 26 competence by completion of coaching or train-the-trainer instruction. (I) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure training in alternatives to restrictive intervention affecting 2 of 4 audited staff members (Program Director/Qualified Professional and Staff #5). The findings are: Review on 7/3/18 of Program Director/Qualified Professional's record revealed: -Hire date of 8/16/1999; -Alternatives to Restrictive Intervention Training expired 9/2017. Review on 7/3/18 of Staff #7's record revealed: -Hire date of 6/2/2017; -Employed as Intervention Specialist; -Alternatives to Restrictive Intervention Training expired 6/14/2018. Interview on 7/3/18 with the Director of Licensing revealed: -It was an oversight that Program Director/Qualified Professional has expired training in alternatives to restrictive intervention; -Staff #7 is scheduled to complete an annual refresher course in alternatives to restrictive intervention on 7/25/18. Interview on 7/19/18 with the Director of Licensing revealed:	V 536		

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V 536	Continued From page 27 -Will provide updated training to staff regarding the deficient areas identified during the survey.	V 536		