

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/22/2018
NAME OF PROVIDER OR SUPPLIER GARVINS MENTAL MANAGEMENT		STREET ADDRESS, CITY, STATE, ZIP CODE 4527 COUNTRY CLUB ROAD WINSTON-SALEM, NC 27104		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and follow up survey was completed on August 22, 2018. Deficiencies were cited. This facility is licensed for the following category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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

TITLE

(X6) DATE

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies in the treatment/habilitation plan to address the client's needs affecting 1 of 3 clients (#1). The findings are:</p> <p>Review on 8/21/18 of client #1's record revealed: -An admission date of 4/18/17 -Diagnoses of Schizoaffective Disorder, Cannabis Use Disorder and Nicotine Disorder -An assessment dated 4/18/17 noting "recently released from [a state psychiatric facility], needs a stable placement, has a history of not taking his psychotropic drugs as prescribed which causes severe psychosis, needs medication monitoring, is seeking employment, needs reliable transportation, wants to obtain his GED (General Education Diploma), his sister is his support system and for medical reasons the use of substances could potentially drive client into psychosis." -A treatment plan dated 4/17/18 noting "will initiated and utilize effective communication skills to convey information related to progress of personal goals, will assert effective coping skills when adhering to group home rules and tasks/chores and will improve hygiene by taking a shower and grooming daily." -A crisis plan dated 4/17/18 noting "when [client #1] is around other substance users, tends to make poor decisions and when using drugs [client #1] will not take care of his physical and mental health needs." -No documentation of any goals or strategies to address client #1's cannabis disorder or past and current cannabis use</p> <p>Interview on 8/21/18 with client #1 revealed:</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>-Smoked marijuana approximately 3 months ago on the back porch of the facility</p> <p>-Was alone on the back porch and no one was aware he had smoking marijuana</p> <p>-Used marijuana in order to assist him with relaxing</p> <p>Interview on 8/22/18 with the Qualified Professional revealed:</p> <p>-Was responsible for the clients' treatment plans including goals and strategies.</p> <p>-Was aware of client #1's diagnosis</p> <p>-Thought the marijuana use was in client #1's past</p> <p>-Was not aware client #1 stated he smoked marijuana 3 months ago.</p> <p>Interview on 8/22/18 with Licensee #1 revealed:</p> <p>-Was aware of client #1's diagnosis</p> <p>-Thought the marijuana use was in client #1's past</p> <p>-Was not aware client #1 stated he smoked marijuana 3 months ago.</p> <p>Interview on 8/22/18 with Licensee #2 revealed:</p> <p>-Was aware of client #1's diagnosis</p> <p>-Thought the marijuana use was in client #1's past</p> <p>-Was not aware client #1 stated he smoked marijuana 3 months ago.</p> <p>-"Wow. We will have to monitor him while he is on the back porch. I am concerned about this. We will make an extra, extra effort to monitor him more closed. I will get with [the Qualified Professional] and we will go over goals and strategies and update his treatment plan ..."</p> <p>-Would contact client #1's Legal Guardian, medical doctor, psychiatrist and inform the Psychosocial Rehabilitation Program as well.</p>	V 112		

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V 114	Continued From page 3	V 114		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure disaster drills were conducted at least once per shift per quarter. The findings are:</p> <p>Review of the facility's disaster drills from 8/22/17 to 8/22/18 revealed: -Disaster drills were conducted 3/16/18 (third shift) and 6/20/18 (second shift) -No further documentation of disaster drills conducted in 2017 or 2018</p> <p>Interviews on 8/21/18 with clients #1, #2 and #3 revealed: -The facility staff had not had them practice any disaster drills</p> <p>Interview on 8/22/18 with Licensee #1 revealed:</p>	V 114		

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V 114	Continued From page 4 -Fire drills were done on each shift at the facility -Only conducted disaster drills once and awhile -"I guess we misunderstood." Interview on 8/22/18 with Licensee #2 revealed: -The facility had three shifts -Would ensure future disaster drills were conducted once per shift per quarter. Interview on 8/22/18 with the Qualified Professional revealed: -Disaster drills were to be conducted once per shift per order -Was not aware the drills were not being conducted This is a re-cited deficiency and must be corrected within 30 days.	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	V 536		

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V 536	Continued From page 5 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; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose	V 536		

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V 536	<p>Continued From page 6</p> <p>activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher 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 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>	V 536		

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STREET ADDRESS, CITY, STATE, ZIP CODE

GARVINS MENTAL MANAGEMENT

4527 COUNTRY CLUB ROAD
WINSTON-SALEM, NC 27104

Division of Health Service Regulation
STATE FORM

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V 536	<p>Continued From page 8</p> <p>alternatives to restrictive interventions for 2 of 4 staff (Licensee #1 and Licensee #2). The findings are:</p> <p>Review on 8/22/18 of Licensee #1's record revealed: -A hire date of 9/17/11 -A job description of Paraprofessional -An expired North Carolina Intervention (NCI) Part A on 7/31/18</p> <p>Review on 8/22/18 of Licensee #2's record revealed: -A hire date of 1/20/04 -A job description of Paraprofessional -An expired North Carolina Intervention (NCI) Part A on 7/31/18</p> <p>Interview on 8/22/18 with Licensee #1 revealed: -Was told by Licensee #2 the instructor was no longer certified in NCI Part A</p> <p>Interview on 8/22/18 with Licensee #2 revealed: -Was aware NCI Part A had expired for herself and Licensee #1 -Had a conversation with the Instructor as she was told NCI would no longer exist -The instructor was to call her back, but had not yet. -Would find an alternate instructor to obtain NCI Part A</p>	V 536		