

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-400	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/08/2018
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NAME OF PROVIDER OR SUPPLIER DAVIS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 104 GLEN FALLS ROAD ASHEVILLE, NC 28804
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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
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V 000 INITIAL COMMENTS

An annual survey was completed on August 8, 2018. A deficiency was cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.

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.

(e) Formal refresher training must be completed by each service provider periodically (minimum annually).

(f) Content of the training that the service

V 000

V 536

DHSR - Mental Health

AUG 31 2018

Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Danielle Allen, QM Manager

TITLE

S/29/18

(X6) DATE

Division of Health Service Regulation

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V 536	<p>Continued From page 1</p> <p>provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <ol style="list-style-type: none"> (1) Documentation shall include: <ol style="list-style-type: none"> (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. 	V 536		

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V 536	<p>Continued From page 2</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain</p>	V 536		

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V 536	<p>Continued From page 3</p> <p>documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to have training updated annually in alternatives to restrictive interventions for 1 of 3 audited staff (Qualified Professional/Director). The findings are:</p> <p>Review on 8/8/18 of the personnel record for the Qualified Professional (QP)/Director revealed: -Hired 12/2/04. -Credentials met as a Qualified Professional. -NCI (North Carolina Interventions) Part A training was conducted on 6/14/17. Renewal training for NCI had not been completed.</p>	V 536	<p>V 536 10A NCAC 27E .0107 Client Rights – Training on Alternatives to Restrictive Interventions</p> <p><u>Correction</u> The QP is scheduled to have EBPI (Evidenced Based Protective Interventions) completed by 9/8/18. This training will be updated annually thereafter.</p> <p><u>Prevention</u> SCI utilizes an online resource for most training. After online courses are completed, training is finished in person with a member of the Staff Education Team for any skills demonstrations and signatures needed. The Training Committee assigns required trainings quarterly and as needed. The QP / Facility Administrator will ensure that all staff complete trainings as required. The QM Team monitors facilities quarterly to ensure that homes are in compliance with licensure rules.</p>	9/8/18
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V 536	Continued From page 4 Interview on 8/8/18 with the QP/Director revealed: -She had participated in NCI training in the past when she was engaged in more direct client care. -Her responsibilities had changed somewhat and she was currently doing much less client care. -She indicated that she did not think that she needed to maintain training in NCI and did not get it renewed for 2018.	V 536		
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Skill Creations, Inc.
Community Operations Division
Mountain Regional Office
50 S. French Broad Avenue Suite 251
Asheville, North Carolina 28801
Telephone: (828)232-0091
"Creating Life Skills For Those We Serve"



August 29, 2018

Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

DHSR - Mental Health

AUG 31 2018

Lic. & Cert. Section

RE: Davis House
Annual Survey
104 Glen Falls Rd., Asheville, NC 28804
MHL # 011-400

Dear Ms. Roberts,

Please find enclosed the Plan of Correction for the deficiency cited from the annual survey of Davis House completed on 8/8/18.

- V 536
10A NCAC 27E .0107 Client Rights – Training on Alternatives to Restrictive Interventions
The facility failed to have training updated annually in alternatives to restrictive interventions for 1 of 3 audited staff, the QP.

The QP is scheduled to have EBPI (Evidenced Based Protective Interventions) completed by 9/8/18. This training will be updated annually thereafter.

Please contact me at 828-232-0091 or danielle.allen@skillcreations.com with any questions or if further information is needed.

Sincerely,

Danielle Allen
QM Manager

Enclosure.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

August 27, 2018

Danielle Allen, QM Manager
Skill Creations, Inc.
PO Box 1403
Lenoir, NC 28645

Re: Annual Survey completed August 8, 2018
Davis House, 104 Glen Falls Rd., Asheville, NC 28804
MHL # 011-400
E-mail Address: danielle.allen@skillcreations.com

Dear Ms. Allen:

Thank you for the cooperation and courtesy extended during the annual survey completed August 8, 2018.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is October 7, 2018.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2701 Mail Service Center, Raleigh, NC 27699-2701
www.ncdhhs.gov/dhsr • TEL: 919-855-3750 • FAX: 919-733-2757


AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

August 27, 2018
Danielle Allen
Skill Creations, Inc.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Robin Sulfridge at 336-861-7342.

Sincerely,



Kem Roberts
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Brian Ingraham, Director, Vaya Health LME/MCO
Patty Wilson, Quality Management Director, Vaya Health LME/MCO
File