

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL053-039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/25/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LEE COUNTY GROUP HOME, INC #1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3101 CARBONTON ROAD SANFORD, NC 27330</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual Survey was completed on September 25, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 112	<p><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p>	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 review and interview, the facility failed to assess and document the client's capability of having unsupervised time in the community in the treatment or habilitation plan affecting two of three audited clients (#1, #2). The findings are:</p> <p>Review on 9/25/18 of Client #1's record revealed: - Admission date 8/3/10. - Diagnosis of Asperger's Syndrome - Treatment Plan dated 12/1/17. - Goal indicated to be able to use public transportation in order to attend work or church on her own. - There was no assessment that demonstrated client was capable to be unsupervised in the community.</p> <p>Review on 9/25/18 of Client #2's record revealed: - Admission date 1/15/97. - Diagnoses of Intellectual Disability, Mild; Hypertension; Chron's Disease; Venous Insufficiency; Anemia; Hyperlipidemia. - Treatment Plan dated 2/6/18. - Goal indicated to be able to use public transportation in order to attend work or church on her own. - There was no assessment that demonstrated client was capable to be unsupervised in the community.</p> <p>Interview on 9/25/18 with the Executive Director/Qualified Professional revealed: -The clients participated in community activities with staff. -The clients were allowed unsupervised time to go to their place of work. -Clients progress were reviewed monthly and</p>	V 112		

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V 112	Continued From page 2  documented. -He was not aware an assessment was needed for unsupervised time for the clients. -He would implement an assessment that demonstrated client's capability of unsupervised time.	V 112		
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use.  This Rule is not met as evidenced by: Based on record review and interview the facility failed to conduct disaster drills on every shift at least quarterly. The findings are:  Review on 9/25/18 of the facility's fire and disaster drills record revealed: -There were no disaster drills conducted on 1st, 2nd or 3rd shift of the last quarter of 2017. -There were no disaster drills conducted on 1st, 2nd or 3rd shift of the 1st, 2nd or 3rd quarter of 2018.	V 114		

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V 114	Continued From page 3  Interview on 9/25/18 with the Executive Director/Qualified Professional revealed: -He confirmed that disaster drills were not conducted quarterly and on each shift. -A fire and disaster drill schedule would be implemented quarterly and on each shift.	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 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).	V 536		

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

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V 536	<p>Continued From page 5</p> <p>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> <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>	V 536		

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V 536	<p>Continued From page 6</p> <p>(j) Service providers shall maintain 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> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure one of three staff (Executive Director) had current training on the use of alternatives to restrictive interventions prior to providing services. The findings are:</p> <p> </p> <p>Review of the facility's personnel records on 9/25/18 revealed:</p> <ul style="list-style-type: none"> <li>-The Executive Director had a hire date of 6/27/11.</li> <li>-The Executive Director had a North Carolina Interventions certificate that expired on 6/30/18.</li> <li>-There was no documentation that the Executive</li> </ul>	V 536		

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V 536	<p>Continued From page 7</p> <p>Director had current training on the use of alternatives to restrictive interventions.</p> <p>Interview on 9/25/18 with the Executive Director revealed:</p> <ul style="list-style-type: none"> <li>-The group home used North Carolina Interventions for training on the use of alternative to restrictive intervention.</li> <li>-He worked at the house and filled in whenever needed.</li> <li>-He was aware that his NCI training had just expired.</li> <li>-He would be registering to renew his Alternative to Restrictive Intervention training in the next few days.</li> <li>-He confirmed he had no current training on the use of alternatives to restrictive interventions.</li> </ul>	V 536		