

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080-173</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/11/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ACE PROGRAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1155 CHILDREN'S CIRCLE</b> <b>ROCKWELL, NC 28138</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A limited follow-up survey was completed on September 11, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p> <p>Survey History: A survey was completed on July 19, 2018 and the following rule areas were cited: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) and 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110) cross referenced to 10A NCAC 27G .1301 Scope (V179) for a Type A1 for Serious Neglect. Additionally, the following rule areas were cited as standard level deficiencies: 10A NCAC 27G .0201 Governing Body Policies (V106), 10A NCAC 27G .0209 Medication Requirements (V117, V118), 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367) and 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536).</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation</p>	V 108		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 108	<p>Continued From page 1</p> <p>plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure training to meet the mh/dd/sa needs of the client affecting 2 of 3 audited staff (Staff #4 and Staff #5). The findings are:</p> <p>Review on 9/6/18 of Staff #4's record revealed: -Hire date of 5/22/06; -Employed as Intervention Specialist.</p> <p>Review on 9/6/18 of Staff #5's record revealed: -Hire date of 8/23/18; -Employed as Intervention Specialist.</p> <p>Interview on 9/6/18 with Client #3 revealed: -Had been staying at the facility for almost 10</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>days after being removed from another placement on campus for bullying and threatening a smaller peer.</p> <p>Interview on 9/6/18 with Staff #4: -"Don't know a whole lot about him (Client #3)," but knows of him from being on the campus; -Could not identify a diagnosis or specific treatment strategies for Client #3; -Did not receive any training regarding the clinical history and treatment needs for Client #3; -There are no records in the facility to review on Client #3.</p> <p>Interview on 9/6/18 with Staff #5: -Has not received any training regarding the clinical history and treatment needs for Client #3; -"Did not get to read his (Client #3's) PCP (Person Centered Plan - Treatment Plan);" -There are no records in the facility to review on Client #3.</p> <p>Interview on 9/11/18 with the Director of Licensing revealed: -Understood that Client #3's placement at the facility was a concern as the facility staff working with Client #3 had not received proper training to meet Client #3's needs; -Client #3 had been removed from the facility and placed in a Department of Social Services placement on 9/6/18.</p> <p>This deficiency is cross-referenced into 10A NCAC 27G .1300 Scope (V179) for a Failure to Correct the Type A1 rule violation.</p>	V 108		
V 109	27G .0203 Privileging/Training Professionals  10A NCAC 27G .0203 COMPETENCIES OF	V 109		

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V 109	<p>Continued From page 3</p> <p><b>QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</b></p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, 1 of 1</p>	V 109		

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V 109	<p>Continued From page 4</p> <p>qualified professionals (the Qualified Professional) failed to display the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 9/6/18 of the Qualified Professional's record revealed: -Hire date of 8/16/1999.</p> <p>Interview on 9/6/18 and 9/10/18 with the Qualified Professional revealed: -Was unable to identify clinical history, diagnosis, and treatment needs for Client #3 as the Qualified Professional was not provided with any of this information upon Client #3's placement at the facility; -Client #3 "does not belong in the Level II facility. He is not a Level II kid;" -Made the decision to place Client #3 in the facility without assessments and treatment strategies and did not provide training to the staff to support the needs of the client.</p> <p>Interview on 9/11/18 with the Director of Licensing revealed: -Client #3 had been removed from the facility and placed in a Department of Social Services placement on 9/6/18.</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>This deficiency is cross-referenced into 10A NCAC 27G .1300 Scope (V179) for a Failure to Correct the Type A1 rule violation.</p>	V 109		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND</p>	V 111		

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V 111	<p>Continued From page 5</p> <p>TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> <li>(1) the client's presenting problem;</li> <li>(2) the client's needs and strengths;</li> <li>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</li> <li>(4) a pertinent social, family, and medical history; and</li> <li>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</li> </ol> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to complete an assessment prior to the delivery of services affecting 1 of 3 clients (Client #3). The findings are:</p> <p>Attempted review on 9/6/18 of Client #3's record</p>	V 111		

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V 111	<p>Continued From page 6</p> <p>at the facility was unsuccessful as there was no documentation available for review.</p> <p>Review on 9/6/18 of Client #3's Service Plan dated 8/8/18 at the corporate office revealed:</p> <ul style="list-style-type: none"> <li>-15 year old male;</li> <li>-Case Summary dated 8/8/18 revealed "[Client #3] came into care due to dependency. He was living with his grandmother for the past two years and he stated that she is having a difficult time controlling him. Grandma states that [Client #3] is defiant, disrespectful and uses marijuana. She also stated that when [Client #3] got angry he punched a hole in the wall. [Client #3] previously lived with his mom, but she has substance use issues and her boyfriend did not like [Client #3]. [Client #3] would go back and forth between living with his mom and dad. When he was with his dad, his dad would get drunk and get in physical altercations with [Client #3]. Neither the mother or father have entered a case plan with DSS (Department of Social Services), and the grandmother does not want to be considered a placement option at this time ..." Needs include "[Client #3] does not take responsibility for his mistakes;"</li> <li>-No documentation of informing the client and/or legally responsible person of client rights or obtaining informed consent for treatment at the facility.</li> </ul> <p>Interview on 9/6/18 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>-There was limited documentation available for review on Client #3;</li> <li>-There was no strategies in place to address Client #3's needs;</li> <li>-No assessment was completed on Client #3;</li> <li>-Client #3 was placed at the facility after being removed from a group home for DSS placements</li> </ul>	V 111		

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V 111	Continued From page 7  due to bullying.  Interview on 9/11/18 with the Director of Licensing revealed: -Understood that Client #3's placement at the facility was a concern as there was no clinical assessment completed on Client #3 and there was no treatment strategies to address Client #3's needs; -Client #3 had been removed from the facility and placed in a Department of Social Services placement on 9/6/18.  This deficiency is cross-referenced into 10A NCAC 27G .1300 Scope (V179) for a Failure to Correct the Type A1 rule violation.	V 111		
V 113	27G .0206 Client Records  10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of	V 113		



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V 113	<p>Continued From page 8</p> <p>sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain client records affecting 1 of 3 clients (Client #3). The findings are:</p> <p>Attempted review on 9/6/18 of Client #3's record at the facility was unsuccessful as there was no documentation available for review.</p> <p>Review on 9/6/18 of Client #3's Service Plan dated 8/8/18 at the corporate office revealed: -"No information available for this report" for current diagnosis, allergies, associated clinical professionals, community programs, legal status, medications, school performance, school year,</p>	V 113		

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V 113	<p>Continued From page 9</p> <p>immunizations, annual hearing, medical, optical, dental, medical history, safety plan, agencies involved, and family members.</p> <p>Interviews on 9/6/18 with Staff #4 and Staff #5 revealed: -Client #3 did not have any clinical records at the facility.</p> <p>Interview on 9/6/18 with the Qualified Professional revealed: -Client #3 had minimal records at the corporate office; -There was no documentation available for the following: identification face sheet with name, clients record number, date of birth, race, gender and marital status, admission date; presenting problem, mental illness, developmental disability, or substance abuse diagnosis; screening and assessment; strategies to address client's needs; emergency contact information; signed statement to seek emergency care as needed; services provided or progress toward outcomes; and medication orders; -Was able to obtain a Service Plan dated 8/8/18; -Did not know much about Client #3.</p> <p>Interview on 9/11/18 with the Director of Licensing revealed: -Understood that Client #3's placement at the facility was a concern as there was no clinical records available outlining Client #3's treatment needs and clinical history; -Client #3 had been removed from the facility and placed in a Department of Social Services placement on 9/6/18.</p> <p>This deficiency is cross-referenced into 10A NCAC 27G .1300 Scope (V179) for a Failure to Correct the Type A1 rule violation.</p>	V 113		

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V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure that</p>	V 118		

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V 118	<p>Continued From page 11</p> <p>medications only be administered on the written order of a person authorized by law to prescribe drugs and to accurately maintain MARs for all drugs administered to each client affecting 1 of 3 clients (Client #3). The findings are:</p> <p>Attempted review on 9/6/18 of Client #3's record at the facility was unsuccessful as there was no documentation available for review.</p> <p>Review on 9/6/18 of Client #3's September, 2018 Medication Administration Record (MAR) at the facility revealed: -September, 2018 MAR revealed administration of Cetirizine HCl 10mg (allergies) 1 tab daily at 8am, Clindamycin Benzoyl Peroxide apply twice daily at 8am and 8pm, and Ranitidine 150mg 1 tab twice daily at 8am and 8pm. The medications were administered by Staff #4 from 9/1/18 through 9/6/18. There was a second MAR sheet revealing administration of the same medications from September 17 through September 22.</p> <p>Review on 9/6/18 of Client #3's Medication Report dated 7/21/18 at the corporate office revealed: -Benzaclin Gel 50 grams for acne apply to skin twice daily and Ranitidine HCl 150mg for reflux take one tablet by mouth twice daily. There was no physical or electronic signature for the medication orders.</p> <p>Interview on 9/6/18 with Staff #4 revealed: -Initially had used an incorrect MAR sheet (September 17 through September 22) and had been told by an office staff at the corporate office to transcribe all information on to the MAR sheet dated September 1 through September 6.</p> <p>Interview on 9/6/18 with the Qualified</p>	V 118		

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V 118	<p>Continued From page 12</p> <p>Professional revealed: -Does not have written or electronically signed orders for the medications being administered to Client #3.</p> <p>Observation on 9/6/18 at approximately 8:20am of Client #3's medications revealed: -Cetirizine HCl 10mg dispensed on 8/13/18 with administration directions to take 1 tab daily by mouth; -Clindamycin Benzoyl Peroxide dispensed on 8/13/18 with administration directions to apply twice daily; -Ranitidine 150mg dispensed on 8/13/18 with administration directions of 1 tab twice daily.</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>This deficiency is cross-referenced into 10A NCAC 27G .1300 Scope (V179) for a Failure to Correct the Type A1 rule violation.</p>	V 118		
V 179	<p>27G .1301 Residential Tx - Scope</p> <p>10A NCAC 27G .1301 SCOPE</p> <p>(a) The rules of this Section apply only to a residential treatment facility that provides residential treatment, level II, program type service.</p> <p>(b) A residential treatment facility providing residential treatment, level III service, shall be licensed as set forth in 10A NCAC 27G .1700.</p> <p>(c) A residential treatment facility for children and 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.</p>	V 179		

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V 179	<p>Continued From page 13</p> <p>(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.</p> <p>(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.</p> <p>(f) The residential treatment facility shall coordinate with other individuals and agencies within the client's system of care.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to provide a structured living environment within a system of care approach, failed to address the functioning level of the adolescent and failed to support the adolescent in gaining skills in self-control, communication, social and recreational skills, and failed to coordinate with other individuals or agencies within the client's system of care affecting 1 of 3 clients (Client #3). The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G .0202 Personnel Requirements (V108) Based on interview and record review, the facility failed to ensure training to meet the mh/dd/sa needs of the client affecting 2 of 3 audited staff</p>	V 179		

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V 179	<p>Continued From page 14 (Staff #4 and Staff #5).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) Based on interview and record review, 1 of 1 qualified professionals (the Qualified Professional) failed to display the knowledge, skills and abilities required by the population served.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V111) Based on interview and record review, the facility failed to complete an assessment prior to the delivery of services affecting 1 of 3 clients (Client #3).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0206 Client Records (V113) Based on interview and record review, the facility failed to maintain client records affecting 1 of 3 clients (Client #3).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0209 Medication Requirements (V118) Based on interview, record review, and observation, the facility failed to ensure that medications only be administered on the written order of a person authorized by law to prescribe drugs and to accurately maintain MARs for all drugs administered to each client affecting 1 of 3 clients (Client #3).</p> <p>CROSS REFERENCE: 10A NCAC 27E .0107 Training in Alternatives to Restrictive Interventions (V536) Based on interview and record review, the facility failed to ensure all staff received training in</p>	V 179		

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V 179	<p>Continued From page 15</p> <p>alternatives to restrictive intervention prior to the delivery of services affecting 1 of 3 audited staff (Staff #5).</p> <p>CROSS REFERENCE: 10A NCAC 27E .0108 Training in Seclusion, Physical Restraint and Isolation Time-Out (V537)</p> <p>Based on interview and record review, the facility failed to ensure all staff received training in seclusion, physical restraint and isolation time-out affecting 1 of 3 audited staff (Staff #5).</p> <p>Interview on 9/6/18 with Client #3 revealed: -Has been staying at the facility for almost 10 days. He sleeps at the facility, eats meals at the facility, receives medication at the facility, attends recreational outings with the facility staff and other clients, and receives supervision from facility staff to ensure that he is awake daily and getting prepared for school.</p> <p>Interview on 9/6/18 with Staff #4 revealed: -Initially identified that Client #3 had only been at the house since 8:00pm on 9/5/18 after an emergency placement from a facility on campus for Department of Social Service (DSS) placements; - The Qualified Professional was aware of the emergency placement and decided on the placement after a conversation between the Qualified Professional and the Qualified Professional's peer from the facility where Client #3 had originally been placed; -Client #3 had an incident at his previous placement which resulted in his being placed at the facility. Cannot identify what happened during the incident that resulted in the move; -During further interview, Staff #4 acknowledged that Client #3 had been at the facility for almost</p>	V 179		



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V 179	<p>Continued From page 16</p> <p>10 days. Staff #4 was afraid to initially reveal this information and was instructed not to discuss Client #3's placement. Staff #4 did not identify who instructed her not to discuss information regarding Client #3's placement.</p> <p>Review on 9/11/18 of the Plan of Protection written on 9/6/18 and reviewed on 9/11/18 by the Director of Licensing revealed: "What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? Describe your plans to make sure the above happens. This plan is in regards to [Client #3]. Effective 9-6-18, [Client #3] will be removed from the Level II program and returned to the DSS (Department of Social Services) licensed building (Two Story). All medication logs and daily notes will follow client to ensure accurate documentation. The air conditioner unit (in the DSS facility) is being replaced on 9-6-18."</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>Client #3 is a 15 year old male who was placed at the facility after an incident of bullying and threatening a smaller peer at a former facility. He resides with two other residents who are each 13 years old and are diagnosed with mental health needs associated with Conduct Disorder, Attention Deficit Hyperactivity Disorder, Cannabis Use Disorder, and Reactive Attachment Disorder. The Qualified Professional placed Client #3 at the facility without documentation of Client #3's diagnoses, clinical history, and identified treatment needs. Furthermore, there are no assessments or treatment strategies for Client #3. It is unclear what medications Client #3 should be receiving as there were no medication administration orders at the facility and the</p>	V 179		

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V 179	Continued From page 17  medication administration records were not kept current. The Qualified Professional did not ensure proper staff training as evidenced by Staff #4 and Staff #5 lacking training on the needs of Client #3 and Staff #5 lacking training in alternatives to restrictive intervention and seclusion, physical restraint and isolation time-out. This deficiency constitutes a Failure to Correct the Type A1 rule violation originally cited for serious neglect. An administrative penalty of \$500.00 per day is imposed for failure to correct within 23 days.	V 179		
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	V 536		

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V 536	<p>Continued From page 18</p> <p>methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</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> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose 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>	V 536		

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V 536	<p>Continued From page 19</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> <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</p>	V 536		

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V 536	<p>Continued From page 20</p> <p>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 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 interview and record review, the facility failed to ensure all staff received training in alternatives to restrictive intervention prior to the delivery of services affecting 1 of 3 audited staff (Staff #5). The findings are:</p> <p> </p> <p>Review on 9/6/18 of Staff #5's record revealed: -Hire date of 8/23/18;</p>	V 536		

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V 536	<p>Continued From page 21</p> <p>-Employed as Intervention Specialist; -No documentation of training in alternatives to restrictive intervention.</p> <p>Interview on 9/6/18 with Staff #5 revealed: -Is scheduled to attend training in alternatives to restrictive intervention on 9/26/18; -Currently working with other staff members and is observing how other staff members handle situations.</p> <p>Interview on 9/6/18 with Human Resource Personnel revealed: -Staff #5 does not currently have training in alternatives to restrictive intervention but will receive the training on 9/26/18.</p> <p>Interview on 9/11/18 with the Director of Licensing revealed: -Will ensure that all staff are trained in alternatives to restrictive intervention prior to the delivery of services.</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>This deficiency is cross-referenced into 10A NCAC 27G .1300 Scope (V179) for a Failure to Correct the Type A1 rule violation.</p>	V 536		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest &amp; ITO</p> <p>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</p>	V 537		

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V 537	<p>Continued From page 22</p> <p>to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(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.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <ol style="list-style-type: none"> <li>(1) refresher information on alternatives to the use of restrictive interventions;</li> <li>(2) guidelines on when to intervene (understanding imminent danger to self and others);</li> <li>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using</li> </ol>	V 537		

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V 537	<p>Continued From page 23</p> <p>concepts of least restrictive interventions and incremental steps in an intervention);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(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;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</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 Qualification 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 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning</p>	V 537		



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080-173</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/11/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ACE PROGRAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1155 CHILDREN'S CIRCLE ROCKWELL, NC 28138</b>
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V 537	<p>Continued From page 24</p> <p>objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(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.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(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.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) 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 outcome (pass/fail);</p> <p>(B) when and where they attended; and</p>	V 537		

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V 537	<p>Continued From page 25</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>(l) 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>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure all staff received training in seclusion, physical restraint and isolation time-out affecting 1 of 3 audited staff (Staff #5). The findings are:</p> <p>Review on 9/6/18 of Staff #5's record revealed: -Hire date of 8/23/18; -Employed as Intervention Specialist; -No documentation of training in seclusion, physical restraint and isolation time-out.</p> <p>Interview on 9/6/18 with Staff #5 revealed: -Is scheduled to attend training in seclusion, physical restraint and isolation time-out on 9/26/18; -Currently working with other staff members and is observing how the other staff members handle situations.</p> <p>Interview on 9/6/18 with Human Resource Personnel revealed:</p>	V 537		

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V 537	<p>Continued From page 26</p> <p>-Staff #5 does not currently have training in seclusion, physical restraint and isolation time-out on 9/26/18.</p> <p>Interview on 9/11/18 with the Director of Licensing revealed: -Will ensure that all staff are trained in seclusion, physical restraint and isolation time-out prior to the delivery of services.</p> <p>This deficiency is cross-referenced into 10A NCAC 27G .1300 Scope (V179) for a Failure to Correct the Type A1 rule violation.</p>	V 537		