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	MHL045-127	A. BUILDING: _____ B. WING _____	R 10/08/2018

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V 000	INITIAL COMMENTS An annual, follow-up and complaint survey was completed on 10/8/18. The complaint was unsubstantiated (Intake # NC00143266). 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 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 fire and disaster drills quarterly on each shift. The findings are: Review on 10/8/18 of the fire and disaster drills for October 2017 through September 2018 revealed: October 2017 - December 2017 -No documentation of fire drills for 1st, 2nd	V 114		

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V 114	Continued From page 1 and 3rd shifts. -No documentation of disaster drills for the 2nd and 3rd shifts. January 2018 - March 2018 -No documentation of disaster drills for the 1st and 2nd shifts. Interview on 10/8/18 with the Executive Director/Founder revealed: -Around mid year of 2018 he changed the process to ensure fire and disaster drills were done as required. -That was probably right that some were missed prior to this change. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 118	27G .0209 (C) Medication Requirements 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	V 118		

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V 118	Continued From page 2 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 record review and interviews the facility failed to ensure Medication Administration Records (MARs) were current for 1 of 3 audited clients (Client #2). The findings are: Review on 9/27/18 of Client #2's record revealed: -Admitted 6/12/17 with a re-admission date of 2/9/18. -Diagnoses of Reactive Attachment Disorder, Major Depressive Disorder, recurrent episode, severe, Post-Traumatic Stress Disorder, and Oppositional Defiant Disorder. -Physician's orders dated 7/13/17 for Guanfacine 1 milligram, two times a day, 8:00 a.m. and 4:00 p.m. Review on 10/2/18 of Client #2's MARs for July 2018 through September 2018 revealed: -On 7/21/18, 7/26/18, and 7/28/18 there were no initials to indicate the 4:00 p.m. dose of Guanfacine was administered. -On 8/16/18, 8/17/18, 8/21/18, and 8/29/18 there	V 118		

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V 118	Continued From page 3 were no initials to indicate the 4:00 p.m. dose of Guanfacine was administered. Interview on 10/2/18 with Registered Nurse #1 revealed: -there was a struggle with mid-day medications and ensuring the clients' were brought to the administration window. -she recommended one staff be responsible to bring the clients' for afternoon medications or that an alarm be put on staff phones. -this was definitely an area that needed improvement.	V 118		
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	V 536		

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V 536	Continued From page 4 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 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.	V 536		

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V 536	Continued From page 5 (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. (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.	V 536		

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V 536	Continued From page 6 (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 competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure staff received refresher training, at a minimum annually, on alternatives to restrictive intervention for 1 of 3 audited staff (Staff #1). The findings are: Review on 9/27/18 of the employee record for	V 536		

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V 536	Continued From page 7 Staff #1 revealed: -hire date 8/15/17 -Crisis Prevention Intervention (CPI) Certificate obtained 8/28/17 expired 8/28/18. Interview on 10/2/18 with the Executive Director/Founder revealed: -CPI training was held every month. -Staff #1 had been asked to attend the last 1 - 2 trainings and he did not show up. Interview on 10/2/18 with Staff #1 revealed: -he was scheduled to go to CPI training next week.	V 536		