

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2018
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NAME OF PROVIDER OR SUPPLIER VOCA - DELLINGER	STREET ADDRESS, CITY, STATE, ZIP CODE 310 TOT DELLINGER ROAD CHERRYVILLE, NC 28021
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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
V 000	INITIAL COMMENTS An annual survey was completed on 9/21/18. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults Whose Primary Diagnosis is a Developmental Disability.	V 000		
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	V536 Training on Alternatives to Restrictive Interventions. Staff have been going through training and are all current with the restrictive intervention strategies (YSIS). The training was completed on 10/2/18. Management will utilize a training calendar to ensure that staff is current going forward. Home Manager and Program Coordinator will monitor monthly. DHSR - Mental Health OCT 25 2018 Lic. & Cert. Section	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 536	Continued From page 1 (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. (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	V 536		

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V 536	Continued From page 2 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. (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.	V 536		

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V 536	<p>Continued From page 3</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 review and interview the facility failed to ensure all staff received an annual refresher training in alternatives to restrictive intervention affecting 2 of 3 audited staff (#1, #2). The findings are:</p> <p> </p> <p>Review on 9/21/18 of staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> - Hired on 5/5/14 as a Direct Care Professional; - Most current training in alternatives to restrictive interventions on 5/31/17; - No documentation of the annual refresher training in alternatives to restrictive intervention. 	V 536		

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V 536	Continued From page 4 Review on 9/21/18 of staff #2's personnel record revealed: - Hired on 8/16/17 as a Direct Care Professional; - Most current training in alternatives to restrictive interventions on 9/12/17; - No documentation of the annual refresher training in alternatives to restrictive intervention. Interview on 9/21/18 with the Home Manager revealed: - Staff #1 and staff #2 had not had their annual restrictive intervention refresher training's therefore were out of date; - She and the trainer would coordinate to schedule staff #1 and #2's recertification training as quickly as possible.	V 536		



Community Alternatives-North Carolina

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October 11, 2018

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

DHSR - Mental Health
OCT 25 2018
Lic. & Cert. Section

Re: Plan of Correction
310 Tot Dellinger Road
Cherryville, NC 28021

On September 21, 2018, an Annual Survey was conducted at 310 Tot Dellinger Road, Cherryville, NC 28021 by the Mental Health Licensure and Certification Section of the NC Division of Health Service Regulation. Attached you will find a copy of the deficiencies along with the Plan of Correction.

Please do not hesitate to contact me should you have any questions at 828-466-6023 ext. 213 or adolph.gordon@rescare.com or Mike Penland, Executive Director at 828-466-6023 ext. 221 or mpenland@rescare.com

Sincerely,

Adolph Gordon
Program Manager, CANC-West

Respect and Care

Assisting People to Reach Their Highest Level of Independence