STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING MHL029-134 11/09/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1104 B S MAIN STREET **DAVIDSON CRISIS CENTER** LEXINGTON, NC 27292 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint survey was completed on 11/9/18. The complaint was substantiated (intake #NC143406). Deficiencies were cited. DHSR - Mental Health This facility is licensed for the following service category NOV 27 2018 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of All Disability Groups. 27G.5002 (f) Training V 270 27G .5002 Facility Based Crisis - Staff V 270 10A NCAC 27G .5002 STAFF for Newsing Agence Staff (a) Each facility shall maintain staff to client ratios that ensure the health and safety of clients served in the facility. 1- Disenssion by FBC Oper- 11-16-18 (b) Staff with training and experience in the axians Director & Vital provision of care to the needs of clients shall be present at all times when clients are in the facility Staffing Director wi. (c) The facility shall have the capacity to bring additional staff on site to provide more intensive training needs 2- FRC Ops Directorwill supervision, treatment, or management in response to the needs of individual clients. (d) The treatment of each client shall be under pusent information to the supervision of a physician, and a physician VS Director for inclusion shall be on call on a 24-hour per day basis. (e) Each direct care staff member shall have · VS ocientation for VS access at all times to qualified professionals who are qualified in the disability area(s) of the clients Staff who are assigned with whom the staff is working. la DRS FBC coverage for (f) Each direct care staff member shall be trained and have basic knowledge about mental illnesses and psychotropic medications and their side effects; mental retardation and other rasir knowledge developmental disabilities and accompanying behaviors; the nature of addiction and recovery 3-115 Director will ensure and the withdrawal syndrome; and treatment each VS Staff member methodologies for adults and children in crisis. (g) Staff supervision shall be provided by a will have haining modules qualified professional as appropriate to the Division of Health Service Regulation TITLE

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

STATE FORM

11-21-18

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ С MHL029-134 B. WING_ 11/09/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1104 B S MAIN STREET **DAVIDSON CRISIS CENTER** LEXINGTON, NC 27292 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 270 Continued From page 1 V 270 Completed siin to ships client's needs assignment & DRS FBC Training check Le made availab This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure each direct care staff was trained and had basic knowledge about mental illnesses and psychotropic medications and their side effects; mental retardation and other developmental disabilities and accompanying behaviors; the nature of addiction and recovery and the withdrawal syndrome; and treatment methodologies for adults and children in crisis. The findings are: Review on 11/9/18 of the facility's contract with a Staffing Agency revealed: - The Licensee entered into a contract with the Staffing Agency on 2/7/17 to provide "supplemental clinical and administrative personnel" to the facility; - " ... [The Staffing Agency] agrees that it shall ensure that all Supplemental Staff provided to Facility are fully familiar with Facility policies, Facility's job description, Facility protocols and established standards of care. However, any onsite orientation of Supplemental Staff shall be the Facility's responsibility ..." - The contract did not specify that Supplemental Staff would receive training in mental illnesses and psychotropic medications and their side effects; mental retardation and other developmental disabilities and accompanying behaviors; the nature of addiction and recovery and the withdrawal syndrome; and treatment methodologies for adults and children in crisis. Review on 11/8/18 of the facility's staffing schedules from 8/1/18 to 10/31/18 revealed:

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED	
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on 14 of 31 day September and Review on 11/9 employee trainin - Two "Acknowle Agency] Manda forms were uses Staffing Agency - The form for " Topics" included hygiene, fire saft procedures, and - The form for " included additio Alerts, Commun Proficiency, Met Occurrence & C - There were no illnesses and ps side effects; met developmental of behaviors; the n and the withdray methodologies of Interview on 11/ Nurse (LPN) rev - She had worke Supplemental S Agency since Ag the facility appro - The Staffing Ag Staff with a bind the facility; - Once Supplemental Concession of the facility; - Once Supplemental - The Supplemental - The Staffing Ag Staff with a bind - The facility; - Once Supplemental - The Supplemental - The Staffing Ag Staff with a bind - The Staffing Ag Staff with a bind - The Supplemental - The Staffing Ag Staff with a bind - The Staffing Ag Staff with a bind - The Supplemental - The Staffing Ag Staff with a bind - The Supplemental - The Staffing Ag Staff with a bind - The Staffing Ag Staff with a bind - The Supplemental - The Staffing Ag Staff with a bind - The Staff with a bind -	Staff Nurses worked at the facility in August, 11 of 30 days in 15 of 31 days in October. 18 of the Staffing Agency's groms revealed: dgement Form; [Accreditation ed Educational In-Services" In to track trainings completed by Supplemental Staff; Section A: Staffing Agency Core general trainings such as hand ety, drug abuse policies & clinical documentation; Section B: Facility Core Topics and trainings such as AMBER cation with Limited English I Breaks & Rest Periods, and aim Reporting; trainings related to mental vehotropic medications and their intal retardation and other isabilities and accompanying ature of addiction and recovery and syndrome; and treatment or adults and children in crisis.	V 270			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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V 270	Continued From page	3	V 270				
	- The facility provided the Staffing Agency wrelated to cultural divenationalities, socio-eddomestic violence, se sexual preference, and Interview on 11/9/18 with Director of Nursing (South The SADON was not trainings required by locare staff that worked the Staffing Agency nurses before they we not include mental illumedications and their retardation and other and accompanying be addiction and recover syndrome, or treatme and children in crisis; Supplemental Staff Cultivium in detox, but medications; Some of the Supple Agency sent to the face environments, and the possible when the face Interview on 11/9/18 with CPD) revealed: - The PD did not have Supplemental Staff from The PD called the Simplemental Staff from The PD called the S	Supplemental Staff from rith orientation information ersity, client rights, conomic status, victims of xual orientation and/or d other related information. with the Staffing Agency (ADON) revealed: t aware of the specific icensure rule for each direct at the facility; did provide training to orked at the facility, but it did esses, psychotropic side effects, mental developmental disabilities ehaviors, the nature of y and the withdrawal nt methodologies for adults did get training on the use of not other psychotropic mental Staff that the Staffing cility had worked in similar ey were utilized as much as illity needed staff.					
	 The Staffing Agency to work at the facility; The contract with the coordinated through the Resources (HR) Depart 	he Licensee's Human					

PRINTED: 11/13/2018 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: C B WING MHL029-134 11/09/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1104 B S MAIN STREET **DAVIDSON CRISIS CENTER** LEXINGTON, NC 27292 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 270 V 270 | Continued From page 4 - HR may have worked out the details of training for Supplemental Staff from the Staffing Agency. Interviews on 11/8/18 and 11/9/18 with the Facility Based Crisis Operations Director (FBCOD) revealed: - The facility contracted with the Staffing Agency for nursing staff to cover shifts in which the facility was unable to fill with their own nursing staff; - The Staffing Agency was supposed to provide necessary trainings to Supplemental Staff nurses before they were sent to the facility to work; - The Staffing Agency had a checklist of trainings that they provided to Supplemental Staff. V 536 27E .0107 Client Rights - Training on Alt to Rest. V 536 27E.0107(6) 1- Daymark FBC Ops Divictor + Clinical Nuise 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE Supervisor will work with Vital Stoffing Director to **INTERVENTIONS** (a) Facilities shall implement policies and practices that emphasize the use of alternatives doluming which Stake to restrictive interventions. (b) Prior to providing services to people with approved training on abunatives to restrictive disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully inproventions will meet completing training in communication skills and other strategies for creating an environment in needs of FBC parients which the likelihood of imminent danger of abuse 3-Listing of Approved Currenta for Using De-escalation Statiques + Respictive Interventions or injury to a person with disabilities or others or property damage is prevented.

Division of Health Service Regulation

gathered.

(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data

(d) The training shall be competency-based,

include measurable learning objectives.

11:31-18

will be made available

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER AND PLAN OF CORRECTION A. BUILDING: _ C B. WING 11/09/2018 MHL029-134 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1104 B S MAIN STREET **DAVIDSON CRISIS CENTER** LEXINGTON, NC 27292 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 536 Operations Director V 536 Continued From page 5 measurable testing (written and by observation of 3-115 will include State behavior) on those objectives and measurable Approved De-escalation methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum (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 Documentation of following core areas: knowledge and understanding of the Completion of framing people being served; recognizing and interpreting human (2)behavior: recognizing the effect of internal and external stressors that may affect people with disabilities; strategies for building positive relationships with persons with disabilities; recognizing cultural, environmental and organizational factors that may affect people with disabilities: recognizing the importance of and assisting in the person's involvement in making decisions about their life: skills in assessing individual risk for (7)escalating behavior: communication strategies for defusing and de-escalating potentially dangerous behavior; and 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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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outcomes (pass/fail); (B) when and where (C) instructor's name (2) The Division of M review/request this docum (i) Instructor Qualifications Requirements: (1) Trainers shall de by scoring 100% on testing aimed at preventing, reduce need for restrictive interver (2) Trainers shall de by scoring a passing grade instructor training program (3) The training shall competency-based, include objectives, measurable test observation of behavior) of measurable methods to de failing the course. (4) The content of the service provider plans to e approved by the Division of to Subparagraph (i)(5) of th (5) Acceptable instru- shall include but are not lin (A) understanding the (B) methods for teach course; (C) methods for eval performance; and (D) documentation pri	in the training and the ethey attended; and e; MH/DD/SAS may tentation at any time. Is and Training emonstrate competence g in a training program cing and eliminating the ntions. If the measurable learning ether measurable learning ething (written and by in those objectives and etermine passing or the instructor training the employ shall be of MH/DD/SAS pursuant this Rule. Luctor training programs mited to presentation of: e adult learner; ching content of the luating trainee rocedures. In the training and the entition at any time. In the measurable learning the instructor training the employ shall be of MH/DD/SAS pursuant this Rule. Luctor training programs mited to presentation of: e adult learner; ching content of the luating trainee rocedures. In the training and the entition at any time. In the training program the instructor training the employ shall be of MH/DD/SAS pursuant this Rule. Luctor training programs mited to presentation of: e adult learner; the ingle of the training training the instructor training the employ shall be of measurable learning the measu	V 536			

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V 536	review by the coach. (7) Trainers sha aimed at preventing, red for restrictive intrannually. (8) Trainers sha instructor training at legit (j) Service providers a documentation of initial training for at least threful Docume (A) who participal outcomes (pass/fail); (B) when and with (C) instructor's in (2) The Division request and review this (k) Qualifications of City (1) Coaches sharequirements as a training (2) Coaches sharequirements as a training (3) Coaches shared course which is beginned to the course which is the cour	all teach a training program reducing and eliminating the erventions at least once all complete a refresher east every two years. It is all maintain all and refresher instructor ee years. Intation shall include: ated in the training and the shere attended; and name. If of MH/DD/SAS may be documentation any time. It is documentation any time. It is all meet all preparation iner. It is all teach at least three times all demonstrate etion of coaching or	V 536		
	facility failed to ensure training on alternatives	as evidenced by: ws and interviews, the e service providers received s to restrictive interventions ces to clients. The findings			

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LEXINGTON, NC. 27292 CALL D. SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCE TO SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DATE V 536 Continued From page 8 V 536 Review on 11/9/18 of the facility's contract with a Staffing Agency revealed: - The Licensee entered into a contract with the Staffing Agency on 2/7/17 to provide "supplemental clinical and administrative personnel" to the facility; " " ". [The Staffing Agency agrees that it shall ensure that all Supplemental Staff provided to Facility are fully familiar with Facility policies, Facility's job description, Facility protocols and established standards of care. However, any onsite orientation of Supplemental Staff shall be the Facility's responsibility" - The contract did not specify that Supplemental Staff would receive training on alternatives to restrictive interventions. Review on 11/8/18 of the facility's staffing schedules from 8/1/18 to 10/31/18 revealed: - Supplemental Staff Nurses worked at the facility on 14 of 31 days in August, 11 of 30 days in September and 15 of 31 days in October. Review on 11/9/18 of the Staffing Agency's employee training forms revealed: - No training on alternatives to restrictive interventions was provided to Supplemental Staff. Interview on 11/7/18 with the Licensed Practical	DAVIDSO	N CRISIS CENTER	1104 B S N	IAIN STREET			
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Staffing Agency revealed: - The Licensee entered into a contract with the Staffing Agency on 2/7/17 to provide "supplemental clinical and administrative personnel" to the facility; - " [The Staffing Agency] agrees that it shall ensure that all Supplemental Staff provided to Facility are fully familiar with Facility policies, Facility's job description, Facility protocols and established standards of care. However, any onsite orientation of Supplemental Staff shall be the Facility's responsibility" - The contract did not specify that Supplemental Staff would receive training on alternatives to restrictive interventions. Review on 11/8/18 of the facility's staffing schedules from 8/1/18 to 10/31/18 revealed: - Supplemental Staff Nurses worked at the facility on 14 of 31 days in August, 11 of 30 days in September and 15 of 31 days in October. Review on 11/9/18 of the Staffing Agency's employee training forms revealed: - No training on alternatives to restrictive interventions was provided to Supplemental Staff. Interview on 11/7/18 with the Licensed Practical	V 536	Continued From page	8	V 536			
Nurse (LPN) revealed: - She had worked at the facility as a Supplemental Staff Nurse through the Staffing Agency since April 2018 until she was hired by the facility approximately one month ago; - While an employee of the Staffing Agency, she had not received training on alternatives to restrictive interventions; - Once she was hired by the facility, she did		Review on 11/9/18 of Staffing Agency reveals - The Licensee entered Staffing Agency on 2/3 "supplemental clinical personnel" to the facility are fully familial Facility are fully familial Facility's job description established standards onsite orientation of Sthe Facility's responsition - The contract did not Staff would receive transfer would be a supplemental Staff on 14 of 31 days in Auseptember and 15 of 3 Review on 11/9/18 of employee training form - No training on alternatinterventions was proving the facility approximated and transfer would be a supplemental Staff Nu Agency since April 20 the facility approximated and not received training restrictive interventions.	the facility's contract with a cled: ad into a contract with the 7/17 to provide and administrative ity; ency] agrees that it shall mental Staff provided to ar with Facility policies, on, Facility protocols and of care. However, any upplemental Staff shall be bility" specify that Supplemental sining on alternatives to s. the facility's staffing to 10/31/18 revealed: Nurses worked at the facility ugust, 11 of 30 days in 31 days in October. the Staffing Agency's ne revealed: atives to restrictive vided to Supplemental Staff. with the Licensed Practical: the facility as a aurse through the Staffing 18 until she was hired by ely one month ago; of the Staffing Agency, she ing on alternatives to s;				

PRINTED: 11/13/2018 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ C B. WING 11/09/2018 MHL029-134 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1104 B S MAIN STREET **DAVIDSON CRISIS CENTER** LEXINGTON, NC 27292 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 536 V 536 Continued From page 9 interventions as part of her orientation. Interview on 11/9/18 with the Staffing Agency Director of Nursing (SADON) revealed: - The SADON was not aware that training on alternatives to restrictive interventions was required for all service providers prior to working with clients; - The Staffing Agency did provide training to nurses before they worked at the facility, but it did not include training on alternatives to restrictive interventions. Interview on 11/9/18 with the Program Director (PD) revealed: - The contract with the Staffing Agency was coordinated through the Licensee's Human Resources (HR) Department; - HR may have worked out the details of training on alternatives to restrictive interventions for Supplemental Staff from the Staffing Agency; - The PD did not have a role in ensuring Supplemental Staff from the Staffing Agency had received required trainings. Interviews on 11/8/18 and 11/9/18 with the Facility Based Crisis Operations Director (FBCOD) revealed: - The facility contracted with the Staffing Agency

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for nursing staff to cover shifts in which the facility was unable to fill with their own nursing staff;

- The Staffing Agency was supposed to provide necessary trainings to Supplemental Staff nurses before they were sent to the facility to work;

- The Staffing Agency had a checklist of trainings that they provided to Supplemental Staff;

- The facility did not provide Supplemental Staff from the Staffing Agency with training on alternatives to restrictive interventions.

FORM APPROVED Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: C B. WING 11/09/2018 MHL029-134 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1104 B S MAIN STREET **DAVIDSON CRISIS CENTER** LEXINGTON, NC 27292 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 537 V 537 Continued From page 10 V 537 V 537 27E .0108 Client Rights - Training in Sec Rest & Sichisian, Physical ITO 10A NCAC 27E .0108 TRAINING IN Resignit & Isolation SECLUSION. PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have 1- Daymark FBC Ops Divetur & Clinical been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that News Supervisor to staff authorized to employ and terminate these procedures are retrained and have demonstrated work & Vital Stathing competence at least annually. Dere otion to determine (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan Which Start approved includes restrictive interventions, staff including tearning 1/+ sicalusion, service providers, employees, students or volunteers shall complete training in the use of Physical ushaint 4 seclusion, physical restraint and isolation time-out and shall not use these interventions until the isolarian time oft will training is completed and competence is demonstrated. ment needs of FBC (c) A pre-requisite for taking this training is demonstrating competence by completion of Davients training in preventing, reducing and eliminating 2- Listing of Approved the need for restrictive interventions. (d) The training shall be competency-based, Curicula for Using De-escalation Stategies & include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable Restrictive Onsuventions methods to determine passing or failing the course. will be made available (e) Formal refresher training must be completed to VS Dinctorvia FRC by each service provider periodically (minimum annually).

(f) Content of the training that the service provider plans to employ must be approved by

the Division of MH/DD/SAS pursuant to

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Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ C B. WING 11/09/2018 MHL029-134 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1104 B S MAIN STREET **DAVIDSON CRISIS CENTER** LEXINGTON, NC 27292 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 537 V 537 Continued From page 11 approved De-escalartion Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of: refresher information on alternatives to (1) the use of restrictive interventions; Sechusian, Physica guidelines on when to intervene (understanding imminent danger to self and straint, Asolation others): Time Out training to emphasis on safety and respect for the rights and dignity of all persons involved (using Staff to be assigned to concepts of least restrictive interventions and incremental steps in an intervention); strategies for the safe implementation of restrictive interventions; 4- Documentation of the use of emergency safety interventions which include continuous Completion of training 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; (6)prohibited procedures; debriefing strategies, including their (7)importance and purpose; and documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: who participated in the training and the (A) outcomes (pass/fail); when and where they attended; and (B) (C) instructor's name. The Division of MH/DD/SAS may (2)review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: Trainers shall demonstrate competence (1)by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the

NAME OF PROVIDER OR SUPPLIER DAVIDSON CRISIS CENTER SIDENTIFICATION NOMBER. A. BUILDING: B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 1104 B S MAIN STREET LEVINGTON NC 27792	
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V 537 Continued From page 12 need for restrictive interventions. (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. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (4) The training shall be competency-based, include measurable learning objectives, measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (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. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (7) Trainers shall be retrained at least annually and demonstrate competence in the use of sectusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule. (8) Trainers shall be currently trained in CPR. (9) Trainers shall be currently trained in central training the use of restrictive interventions at least two times with a positive review by the coach. (10) Trainers shall teach a program on the use of restrictive interventions at least two times with a positive review by the coach.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED		
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V 537	annually. (11) Trainers sha instructor training at le (k) Service providers documentation of initia training for at least thr (1) Documentati (A) who participa outcome (pass/fail); (B) when and w (C) instructor's (2) The Division review/request this do (I) Qualifications of C (1) Coaches shrequirements as a trait (2) Coaches shitmes, the course which	all complete a refresher east every two years. shall maintain al and refresher instructor ree years. sion shall include: ated in the training and the where they attended; and name. In of MH/DD/SAS may recumentation at any time. In oaches: all meet all preparation ner. all teach at least three ch is being coached. all demonstrate detion of coaching or ction. hall be the same	V 537			
	facility failed to ensure completed training in	ws and interviews, the				
	Staffing Agency revea	d into a contract with the 7/17 to provide and administrative				

Division of Health Service Regulation

PRINTED: 11/13/2018 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: C B. WING MHL029-134 11/09/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1104 B S MAIN STREET DAVIDSON CRISIS CENTER LEXINGTON, NC 27292 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 537 Continued From page 14 V 537 - " [The Staffing Agency] agrees that it shall ensure that all Supplemental Staff provided to Facility are fully familiar with Facility policies, Facility's job description, Facility protocols and established standards of care. However, any onsite orientation of Supplemental Staff shall be the Facility's responsibility ..." - The contract did not specify that Supplemental Staff would receive training in seclusion, physical restraint and isolation time out. Review on 11/8/18 of the facility's staffing schedules from 8/1/18 to 10/31/18 revealed: - Supplemental Staff Nurses worked at the facility on 14 of 31 days in August, 11 of 30 days in September and 15 of 31 days in October. Review on 11/9/18 of the Staffing Agency's employee training forms revealed: - No training in seclusion, physical restraint and isolation time out was provided to Supplemental Staff. Interview on 11/7/18 with the Licensed Practical Nurse (LPN) revealed: - She had worked at the facility as a Supplemental Staff Nurse through the Staffing Agency since April 2018 until she was hired by the facility approximately one month ago; - While an employee of the Staffing Agency, she had not received training in seclusion, physical restraint and isolation time out - Once she was hired by the facility, she did

Division of Health Service Regulation

receive training in seclusion, physical restraint and isolation time out as part of her orientation.

Interview on 11/9/18 with the Staffing Agency Director of Nursing (SADON) revealed: - The SADON was not aware that training in seclusion, physical restraint and isolation time out

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ C B. WING 11/09/2018 MHL029-134 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1104 B S MAIN STREET **DAVIDSON CRISIS CENTER** LEXINGTON, NC 27292 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 537 V 537 Continued From page 15 was required for all service providers prior to working with clients; - The Staffing Agency did provide training to nurses before they worked at the facility, but it did not include training in seclusion, physical restraint and isolation time out. Interview on 11/9/18 with the Program Director (PD) revealed: - The contract with the Staffing Agency was coordinated through the Licensee's Human Resources (HR) Department; - HR may have worked out the details of training in seclusion, physical restraint and isolation time out for Supplemental Staff from the Staffing Agency; - The PD did not have a role in ensuring Supplemental Staff from the Staffing Agency had received required trainings. Interviews on 11/8/18 and 11/9/18 with the Facility Based Crisis Operations Director (FBCOD) revealed: - The facility contracted with the Staffing Agency for nursing staff to cover shifts in which the facility was unable to fill with their own nursing staff; - The Staffing Agency was supposed to provide necessary trainings to Supplemental Staff nurses before they were sent to the facility to work; - The Staffing Agency had a checklist of trainings that they provided to Supplemental Staff; - The facility did not provide Supplemental Staff from the Staffing Agency with training in seclusion, physical restraint and isolation time out.



Davidson Facility Based Crisis 1104B South Main Street Lexington, NC 27292 Phone: (336) 300-8826

www.daymarkrecovery.org

DHSR - Mental Health
NOV 27 2018

Lic. & Cert. Section

November 21, 2018

Dear Ms. Rising and Branton:

Enclosed please find the plan of correction related to the recent audit completed 11-9-18 at Daymark Davidson FBC.

Upon review of the information, we have moved forward with working with the staffing agency to ensure basic training on general knowledge re: MH/SUD/I/DD and are working with them to develop their training for de-escalation and physical restraints, time out.

I would like to request clarification regarding the letter received along with the summary of deficiencies.

In the body of the letter, there is a statement that the complaint was substantiated. My notes from the exit interview indicated that many of the complaints were unsubstantiated. I am confused with the wording apparently identifying all allegations were substantiated.

Could I receive your interpretation on this statement, please?

Thank you in advance, and please contact me at 336-466-5404 or at swilcox@daymarkrecovery.org should you have any further questions regarding our enclosed response.

Respectfully,

Sharon Wilcox, RN, BS, BSN

Daymark Recovery Services Inc.

FBC Operations Director