

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/19/2018
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NAME OF PROVIDER OR SUPPLIER DIVINE SUPPORTIVE HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 3905 MARSH CREEK ROAD RALEIGH, NC 27604
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V 000	<p>INITIAL COMMENTS</p> <p>An Annual Survey was completed November 19, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness.</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 plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(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.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and</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>clients.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure one of two paraprofessional staff (#1) available at the facility had current training in cardiopulmonary resuscitation (CPR) and Heimlich maneuver or other first aid techniques. The Findings are:</p> <p>Observation on 11/13/18 at 12 Noon indicated staff #1 alone at the facility with two clients.</p> <p>Review on 11/13/18 of staff #1's personnel record revealed the following: -Hired: 11/12/18 -CPR certificate expired 10/30/18...No evidence of current training in CPR/First Aid... -No evidence of medication administration training completed by a Registered Nurse</p> <p>During interview on 11/13/18, the Licensee reported he: -Was in the process of training staff #1...staff #1 just started because the former staff just stopped working for the facility on 11/12/18 -Was still in the learning process and relied on the former Licensee Qualified Professional/Registered Nurse (QP/RN) for assistance</p> <p>During interview on 11/13/18, the QP/RN reported: -On 11/12/18, he scheduled training (all) for staff #1 for Saturday (11/16/18) -He would need to move the training dates</p>	V 108		

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V 108	Continued From page 2 since staff #1 would not be able to work alone at the facility without the training	V 108		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement strategies to	V 112		

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V 112	<p>Continued From page 3</p> <p>meet the needs of 2 of 3 audited clients (#1 & #2). The findings are:</p> <p>Review on 11/13/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date: prior to April 2018 - Diagnoses included Schizoaffective Disorder, Hypertension, Diabetes and Obesity -Treatment plan dated 11/14/16 expired 11/30/17. No updated treatment plan noted. <p>Review on 11/13/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date: prior to April 2018 - Diagnosis of Schizophrenia, Paranoid Type -Treatment plan dated 03/31/18 expiration date. No updated treatment plan noted. <p>During interview on 11/13/18, the Qualified Professional /Registered Nurse (QP/RN) reported he:</p> <ul style="list-style-type: none"> -Used to serve as the facility's Licensee until April 2018. As of April, he served as the QP/RN -Thought the treatment plans had been updated <p>During interview on 11/13/18, the Licensee reported:</p> <ul style="list-style-type: none"> -He was still in the learning process and relied on the former Licensee QP/RN for assistance 	V 112		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p>	V 536		

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V 536	<p>Continued From page 4</p> <p>(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.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</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 wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (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 	V 536		

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

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V 536	<p>Continued From page 6</p> <p>service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <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</p>	V 536		

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V 536	<p>Continued From page 7</p> <p>train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure one of two paraprofessional staff (#1) had been trained in alternatives to restrictive interventions. The findings are:</p> <p>Review on 11/13/18 of staff #1's personnel record revealed the following: -Hired: 11/12/18 -No evidence of alternatives to restrictive intervention training</p> <p>During interview on 11/13/18, the Licensee reported he: -Was in the process of training staff #1...staff #1 just started because the former staff just stopped working for the facility on 11/12/18 -Was still in the learning process and relied on the former Licensee Qualified Professional/Registered Nurse (QP/RN) for assistance</p> <p>During interview on 11/13/18, the QP/RN reported: -On 11/12/18, he scheduled training (all) for staff #1 for Saturday (11/16/18) -He would need to move the training dates since staff #1 would not be able to work alone at the facility without the training</p>	V 536		

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V 736 V 736	Continued From page 8 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain the facility and it's grounds in an attractive manner. The findings are: Observation on 11/13/18 between 12 Noon & 2:00 PM revealed: -Outside the facility: toilet in yard -Inside the facility: bathroom floor in process of being repaired During interview on 11/13/18, the Licensee reported: -Maintenance person process of repairing the flooring in the bathroom...work delayed due to the maintenance person -Awaiting the garbage disposal company	V 736 V 736		