| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL092-471 | A. BUILDING: _____ B. WING _____ | R 11/02/2018 |

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| EASTER SEALS UCP OF NORTH CAROLINA | 1529 BEN LLOYD DRIVE RALEIGH, NC 27604 |

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| V 000 | INITIAL COMMENTS<br><br>An Annual and Follow up Survey was completed on 11/02/18. Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. | V 000 | | |
| V 291 | 27G .5603 Supervised Living - Operations<br><br>10A NCAC 27G .5603 OPERATIONS<br>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.<br>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.<br>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.<br>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. | V 291 | | |

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| V 291 | Continued From page 1<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to coordinate services with other qualified professionals responsible for one of three audited clients (#1) treatment. The findings are:<br><br>Review on 10/30/18 of client #1's record revealed:<br>-Admitted: 07/06/94<br>-Diagnoses inclusive of Intellectual Developmental Disability, Hypertension, Diabetes and High cholesterol<br>-FL-2 dated 06/12/18 listed instructions blood sugar levels checked twice a week ...no medication for Diabetes noted<br>-No documentation regarding blood sugar level readings<br><br>During interview on 10/30/18, staff #1 reported:<br>-She did check client #1's blood sugar levels but did not document the readings or provide management with the readings<br><br>During interviews between 10/30/18-11/02/18, the Qualified Professional reported the following about client #1's blood sugar level readings:<br>-She documented them after she spoke with staff regarding the results..she could not locate the readings in a written log or on the facility's computer system<br>-Should be documented in the facility's computer system near the client's vital signs section.<br>-Should be shared with the physician during the quarterly examination | V 291 | | |

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| V 536 | Continued From page 2 | V 536 | | |
| V 536 | 27E .0107 Client Rights - Training on Alt to Rest. Int.<br><br>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS<br>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.<br>(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.<br>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.<br>(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.<br>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).<br>(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.<br>(g) Staff shall demonstrate competence in the following core areas:<br>(1) knowledge and understanding of the people being served; | V 536 | | |

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| V 536 | Continued From page 3<br>(2) recognizing and interpreting human behavior;<br>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;<br>(4) strategies for building positive relationships with persons with disabilities;<br>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;<br>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;<br>(7) skills in assessing individual risk for escalating behavior;<br>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and<br>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).<br>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the outcomes (pass/fail);<br>(B) when and where they attended; and<br>(C) instructor's name;<br>(2) The Division of MH/DD/SAS may review/request this documentation at any time.<br>(i) Instructor Qualifications and Training Requirements:<br>(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.<br>(2) Trainers shall demonstrate competence | V 536 | | |

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| V 536 | Continued From page 4<br>by scoring a passing grade on testing in an instructor training program.<br>(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.<br>(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.<br>(5) Acceptable instructor training programs shall include but are not limited to presentation of:<br>(A) understanding the adult learner;<br>(B) methods for teaching content of the course;<br>(C) methods for evaluating trainee performance; and<br>(D) documentation procedures.<br>(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.<br>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.<br>(8) Trainers shall complete a refresher instructor training at least every two years.<br>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the outcomes (pass/fail);<br>(B) when and where attended; and<br>(C) instructor's name. | V 536 | | |

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| V 536 | Continued From page 5<br>(2) The Division of MH/DD/SAS may request and review this documentation any time.<br>(k) Qualifications of Coaches:<br>(1) Coaches shall meet all preparation requirements as a trainer.<br>(2) Coaches shall teach at least three times the course which is being coached.<br>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.<br>(l) Documentation shall be the same preparation as for trainers.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to assure formal refresher training was completed periodically for one of three audited staff (#1). The findings are:<br><br>Review on 11/01/18 of the facility's personnel record for staff #1 revealed:<br>-Hired: 03/17/17<br>-Alternatives to Restrictive Intervention training certificate dated 03/21/17 with expiration date of 03/21/18<br><br>During interview on 11/01/18, staff #1 reported:<br>-She had not received annual training in restrictive intervention<br>-The agency transitioned Qualified Professionals around March- April 2018. Both Qualified Professionals were aware of the need for refresher training however, it must've been an oversight | V 536 | | |

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| V 536 | Continued From page 6<br><br>During interview on 11/02/18, the Qualified Professional reported:<br>-Since August 2018, the agency implemented a new alternative to restrictive intervention training program. Most employees had completed the new training<br>-She would assure staff #1 received the Alternatives to Restrictive Intervention training | V 536 | | |