

# Appendix 1-B: Plan of Correction Form

November 29, 2018

Please complete all requested information and mail completed Plan of Correction form to:  
 Division of Health Service Regulation  
 Mental Health Licensure and Certification Section  
 2718 Mail Services Center  
 Raleigh, NC 27699-2718

In lieu of mailing the form, you may e-mail the completed electronic form to:

DHSR - Mental Health

DEC 27 2018

Lic. & Cert. Section

<b>Provider Name:</b> Canyon Hills Treatment Facility	<b>Phone:</b> (910)878-1502	
<b>Provider Contact Person for follow-up:</b>	<b>Fax:</b> (910) 878-1503	
	<b>Email:</b> Chtf2601@yahoo.com	
<b>Address:</b> 769 Aberdeen Road Raeford, NC 28376	<b>Provider #: 047-158</b>	
Finding	Corrective Action Steps	Responsible Party
<p>V133. G.S. 122C-80 Criminal History Record Check</p> <p>Fail to consider the criminal history record using the factors required in G.S.122C-80 for one of six audited staff.</p> <p>Fail to have a system in place for review and analysis of criminal record histories of prospective and current employees.</p>	<p>Canyon Hills will ensure that if an applicant's criminal history record check reveals one or more conviction of a relevant offense based on the level of seriousness of the crime, date of the crime, age of the person and the circumstances of the crime. However, if Canyon Hills offers employment to a applicant prior to the results returning the applicant will be hired as a conditional status.</p> <p>Canyon Hills hiring committee will review the results and determine if employment is granted, if employment is granted the hiring committee place a letter in the employee file stating why he/she was offered the job.</p>	<p>Administrator/Owner - will inform LP/QA/QI directors of changes</p> <p>Human Resources/ Hiring Committee – monitor/review</p> <p>LP/QA/QI Director – update forms and monitor compliance</p>
<p>V512.27D.0304 Client Rights – Harm, Abuse, Neglect</p> <p>The licensee and executive director failed to protect (insert client scope) from serious neglect.</p>	<p>Canyon Hills will ensure staff employed are trained in the guidelines when to intervene (understanding imminent danger to self and others); emphasize safety and respect for the rights and dignity of all persons involved(using concepts of least restrictive and incremental steps in an intervention); strategies for the safe implementation of restrictive intervention; and ensure the use of emergency safety interventions which include continuous 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.</p> <p>Canyon Hills will ensure all Level V staff are trained in Evidence Based Protective Interventions (EBPI) on December 15, 2018 which include both verbal de-escalation and physical interventions</p>	<p>Administrator/Owner - will inform LP/QA/QI directors of changes</p> <p>Client Right Committee/QA Committee – monitor/review</p> <p>LP/QA/QI Director – update forms and monitor compliance</p>
		<p><b>Implementation Date:</b> 12/15/2018 – On going</p> <p><b>Projected Completion Date:</b> 12/28/2018</p>
		<p><b>Implementation Date:</b> 12/15/2018 – On going</p> <p><b>Projected Completion Date:</b> 12/28/2018</p>

*M O L*  
17-Dec 2018

<p><b>V537.27E.0108 Client Rights – Training in Seclusion, Restraint &amp; Isolation Time-Out</b></p> <p><b>Fail to ensure one of one staff demonstrated competence to use physical restraints techniques fir one of one client.</b></p>	<p>Canyon Hills will ensure staff who employ seclusion, physical restraint and isolation time-out are trained and demonstrate competency. Canyon Hills will ensure staff authorized to employ and terminate seclusion, physical restraint and isolation time-out are retrained and demonstrate competence at least annually. Canyon Hills will ensure staff employed are trained in the guidelines when to intervene (understanding imminent danger to self and others); emphasize safety and respect for the rights and dignity of all persons involved(using concepts of least restrictive and incremental steps in an intervention); strategies for the safe implementation of restrictive intervention; and ensure the use of emergency safety interventions which include continuous 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.</p> <p>Canyon Hills will ensure all Level V staff are trained in Evidence Based Protective Interventions (EBPI) on December 19, 2018 which include both verbal de-escalation and physical interventions</p>	<p>Administrator/Owner - will inform LP/QA/QI directors of changes</p> <p>Client Right Committee/QA Committee – monitor/review</p> <p>LP/QA/QI Director – update forms and monitor compliance</p>	<p><b>Implementation Date:</b> 12/15/2018 – On going</p> <p><b>Projected Completion Date:</b> 12/28/2018</p>
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*M.D.*

17-Dec 2018

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL047-158</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/29/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CANYON HILLS TREATMENT FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>769 ABERDEEN ROAD RAEFORD, NC 28376</b>
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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	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on 11/29/18. The complaints were substantiated (intakes #NC000145418, NC00145434, NC005380, and NC00145615). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p> <p>The deficiencies cited in the previous survey of 10/23/18 which resulted in a Type A1 penalty in Scope and an Intent to Revoke and Suspension of Admission were not reviewed during this complaint investigation.</p>	V 000		
V 133	<p><b>G.S. 122C-80 Criminal History Record Check</b></p> <p><b>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</b></p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If</p>	V 133		

DHSR - Mental Health  
DEC 27 2018  
Lic. & Cert. Section

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Handwritten Signature]* 17-Dec 2018

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V 133	<p>Continued From page 1</p> <p>the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State</p>	V 133		

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V 133	<p>Continued From page 2</p> <p>criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the</p>	V 133		

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V 133	<p>Continued From page 3</p> <p>applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and</p>	V 133		

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V 133	<p>Continued From page 4</p> <p>Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p>	V 133		

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V 133	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to consider the criminal history record using the factors required in G.S. 122C-80 for one of six audited staff (staff #1) and failed to have a system in place for review and analysis of criminal record histories of prospective and current employees. The findings are:</p> <p>Staff #1 was alleged to have an extensive criminal record including but not limited to serving a 16 year sentence for second degree murder. He was sentenced to prison July 11, 2001 and released from prison April 2, 2016. This allegation was part of an anonymous complaint involving client abuse by Staff #1 received by DHSR (Division of Health Service Regulation.)</p> <p>A review of the personnel record of Staff #1 conducted on 11/16/18 revealed an undated application for employment with the following information : date available to begin work 9/25/17. listed work experience as a painter, roofer and labor additional work experience as a "peer counselor" with NCDPS (North Carolina Department of Public Safety.) GED (General Educational Development) and Associates Degree in Business Administration from a local Community College. A check marking "yes" to commission of a felony and the following "2nd Degree Murder, Possession of Firearm by Felon, PWISD (Possession with Intent To Sell &amp; Deliver) cocaine."</p>	V 133		



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V 133	<p>Continued From page 6</p> <p>Interview with the Executive Director (ED) conducted on 11/16/18 confirmed: Staff #1 was currently on staff at the facility and worked on A Hall with boys aged 12 - 18. The application and hiring process was handled by the Hiring Manager (HM). Denied having a role in evaluating or decision making regarding criminal history and employment. Staff #1 was hired prior to ED being employed by the facility and she was not aware of his criminal record status.</p> <p>Interview was conducted with the HM on 11/16/18. She described the hiring process as follows: Applications may be submitted online or picked up at the facility and turned in. She reviews applications and calls applicants in for interviews. She processes criminal history checks and assures Health Care Personnel Registry (HCPR) checks are done. Decisions regarding criminal history results and employment are made by the licensee. She was not employed by the facility when Staff #1 was hired.</p> <p>During interview with the licensee on 11/16/18 via phone he stated the following in reference to criminal records and employment: Considers the crime, no offenses involving "sex or children." Considers how long ago it was. Asks the applicant to "write a letter." When asked if he had any staff with significant criminal histories he mentioned five staff persons. Staff #1 was not included in this list. Review of criminal records and hiring decisions</p>	V 133		

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V 133	<p>Continued From page 7</p> <p>handled by the HM.</p> <p>During interview with the licensee at the facility on 11/19/18 he stated the following: Not aware of Staff #1's criminal history. Staff #1 hired by a former VP (vice president). No real process or documentation of evaluation of criminal records for hiring then, "I guess you could say he fell through the cracks." When asked why the HM would say the licensee reviewed criminal history checks and made the decisions, Licensee replied "I have no idea, I am not here half the time." Staff #1 was laid off on 11/16/18 in response to the plan of protection requested by surveyors.</p> <p>Interview with Staff #1 was conducted on 11/19/18 at the facility. Staff #1 shared the following: Began employment with facility on 1/2/18 as a resident advisor. Currently working on a bachelor's degree in human services Very open about his criminal history with the licensee, coworkers and the clients Feels his story can benefit the older clients he works with at the facility. Served 16.5 years in prison for second degree murder. Feels it should have been involuntary manslaughter as he accidentally fatally shot his girlfriend in the face with a shotgun.</p> <p>This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect and Exploitation (V512) for a Type A1.</p>	V 133		
V 512	<p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM</p>	V 512		

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V 512	<p>Continued From page 8</p> <p><b>HARM, ABUSE, NEGLECT OR EXPLOITATION</b></p> <p>(a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.</p> <p>(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.</p> <p>(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.</p> <p>(d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the Licensee and Executive Director (ED) failed to protect (insert client scope) from serious neglect. The findings are:</p> <p>Cross Reference: Tag V133 - G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. Based on record review and interviews, the facility failed to consider the criminal history record using the factors required in G.S. 122C-80 for one of six audited staff (staff #1) and failed to have a system in place for review and analysis of criminal record histories of</p>	V 512		

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V 512	<p>Continued From page 9</p> <p>prospective and current employees.</p> <p>Review on 11/16/18 of an incident report dated 11/7/18 completed by Nurse #1 revealed The report identified client #1 and staff #1 involved in the incident.</p> <p>"A loud sound resembling a fall , and loud noises was heard from the nursing station upon entering hall, nurse found consumer and a staff member tusseling on the floor. Nurse and several staff members attempted to pull them apart. Staff separated them, staff member taken off the hall, consumer taken to rec (recreation) yard. Consumer was assessed by nurse, tiny scratch noted to right lip, 3 scratches noted to left and right side of face and bridge of nose, redness noted to L (Left) chin, redness noted to back of neck, 3 tiny abrasion noted to right medial calf. Consumer stated that he requested to go outside. [Staff #1] made him aware that he was unable to go outside due to robot activity that was going on. Consumer stated he made him aware his vitamin D level was low and that he needed to go outside consumer stated that [Staff #1] took off his glasses and consumer lunged at him , and they tripped and fell on the floor.</p> <p>[Staff #1] stated that consumer asked to go outside; he stated that his Vitamin D. level was low. [Staff #1] verbalized telling consumer he couldn't go outside at the time. Consumer then lunged at him, he stated he grabbed consumer's arms to prevent him from hurting him, and they both fell".</p> <p>Review on 11/16/18 of the internal investigation report dated occurring on 11/16/18 and concluding on 11/17/18. In addition the report was signed 8/17/18 by the ED (Executive Director) revealed</p>	V 512		

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V 512	<p>Continued From page 10</p> <p>"ED spoke with consumer who approached ED stating that he was upset about not going outside and [staff #1] told him to wait until after elective and consumer walked up to staff and swung on him. [Staff#1] bear hugged him to keep consumer from hitting him in the face. Staff ran over to pull them apart and they fell to the ground. Nurse came in afterwards."</p> <p>Note: The dates listed on the internal investigation report were not consistent with the date of the incident. The ED (Executive Director) was unable to explain the reason for the inconsistency of the dates. In addition, the dates listed on the internal investigation report was the date this survey was being conducted by DHHS.</p> <p>Interview and Observation at approximately 1:30pm with the ED was conducted on 11/16/18 regarding the incident with Staff #1. The following information was obtained: She was called by a nurse after the restrictive intervention occurred. She sent Staff #1 home and removed Staff #1 from the schedule for the next day. The videotape recordings of the facility are only maintained for 48 hours and then erased. The recording of the incident between Staff #1 and client (#1) was not available for review. She had reviewed the video tape after the incident and described the events. During robotics class on a Thursday a week ago Client #1 became agitated after requesting to go outside and being denied. After a brief verbal exchange client raised his arm to strike Staff #1. Staff #1 placed the client in a bear hug, she demonstrated both arms wrapped around client pulled into Staff #1's chest. Stated Staff #1 was trying to protect his head. Denied seeing any blocks or efforts by Staff #1 to</p>	V 512		

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V 512	<p>Continued From page 11</p> <p>move away from the striking client. Confirmed the hold Staff #1 attempted was not an approved NCI hold and was inappropriate. Client#1 and Staff #1 fell to the floor, multiple facility staff tried to disengage client and Staff #1. Staff #1 escorted off unit by Hall A Care coordinator.</p> <p>During interview the ED also stated there was no documentation of her review or internal investigation other than the paperwork already given to surveyors. The internal investigation did not reference the video recording review. When asked about the conflicting dates on the internal investigation, the ED said she wasn't sure of the dates. The ED confirmed that Staff #1 returned to work after a "day or two" without any additional training, counseling or supervision.</p> <p>Interview with Staff #1 conducted on 11/19/18 regarding the incident with Client #1 revealed the following: Had been trained in NCI but had not had to use it previously. Incident occurred a week ago Wednesday during a robotics class. Client #1 was upset at not being allowed outside during robotics class. Verbal attempts to calm Client #1 were not successful. Client #1 threatened to "punch you in your face" raised arm to strike Staff #1. Tried to block Client's #1 arm by striking it down but the momentum pushed client into his body and they fell to the floor. Separated and helped off the floor by staff. Denied any attempt to "slam client to the floor" and cited his small size as compared to much larger client.</p>	V 512		

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V 512	<p>Continued From page 12</p> <p>Interview with the licensee on 11/19/18 regarding the incident revealed the following: Not aware of the specific incident but all incidents are reviewed at weekly board meetings every Monday. The facility board includes the lead nurse, the care coordinator, the ED and therapist. All incidents of seclusion and restraint for the previous week are reviewed. The ED takes notes which are then typed by an office assistant and maintained in a notebook.</p> <p>Interview with the ED on 11/19/18 confirmed the board meeting occurs each Monday at 11 am and she takes notes. The ED denied having any notes having given them to the office assistant.</p> <p>Review on 11/19/18 of the Debriefing Panel minutes revealed: Debriefing goals were to repair any harm done by the use of Seclusion/Restraint, on the child or adolescent and all those that were watching, including the other clients and staff. To prevent the future use of S/R (Seclusion and Restraint) by documenting story of what happened. To address program problems and make appropriate changes. Minutes were held on a clipboard. Dates of last three minutes recorded were 10/15/18, 10/22/18 and 10/22/18. There were no minutes recorded for incident occurred on 11/7/18 between Staff #1 and Client #1.</p> <p>Interview on 11/19/18 with the Office Assistant revealed: Debriefing Panel met every Monday morning to discuss Restrains. Notes were taken by the ED.</p>	V 512		

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V 512	<p>Continued From page 13</p> <p>ED handed her the notes from Debriefing Panel meeting. She typed Debriefing Panel minutes once she received the notes. She had not received any Debriefing Panel meeting notes from the ED pertaining to incident occurred on 11/7/18 between Staff #1 and Client #1.</p> <p>Review on 11/19/18 of a Plan Of Protection dated 11/16/18 written by the Executive Director revealed: "[Staff #1] will be removed from work schedule until, it can be proven that he is capable to return with knowledge of how to protect the consumers. ["Staff #1] will be required to re-take NCI training to ensure his ability to perform techniques properly. I, as the Executive Director will ensure that this training is complete."</p> <p>The Licensee was required to consider the criminal records of persons being evaluated for hire and how convictions related to the suitability of the applicant/employee for work with adolescent clients in a psychiatric setting. The licensee failed to put systems in place to safeguard clients when relevant offenses, such as Staff #1's murder conviction are part of the criminal history check. The licensee was unable to verbalize any considerations as to how hiring decisions are made and was unable to describe a hiring process that included the requisite checks and balances to ensure client safety and employee suitability. In addition, the ED failed to conduct a thorough internal investigation after an allegation of abuse against Staff #1 and failed to follow the process for board review of all restrictive interventions. The ED reviewed the videotape of the incident and confirmed it was an inappropriate hold and yet made the decision to</p>	V 512		



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V 512	Continued From page 14  bring Staff #1 back to work in the same role without any additional training in NCI, job performance counseling or clinical supervision.  [This deficiency constitutes a Type A1 rule violation for serious neglect. An administrative penalty of \$3,000 is imposed.].	V 512		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO  10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable	V 537		

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V 537	<p>Continued From page 15</p> <p>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 plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <p>(1) refresher information on alternatives to the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(5) the use of emergency safety interventions which include continuous 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;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</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>	V 537		

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V 537	<p>Continued From page 16</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 Qualification 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 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) 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>(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.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p>	V 537		

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V 537	Continued From page 17  (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience in teaching 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 once annually. (11) Trainers shall complete a refresher instructor training at least every two years. (k) 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 outcome (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. (l) 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. (m) Documentation shall be the same preparation as for trainers.  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that one of one staff (#2) demonstrated the competence to use physical restraints techniques for one of one clients (#1).	V 537		

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V 537	<p>Continued From page 18</p> <p>The findings are:</p> <p>Review on 11/28/18 of client #2's record revealed: admission date of 10/25/18. diagnoses of Disruptive Mood Disorder and Autism.</p> <p>Review on 11/28/18 of a incident report dated 1/2/13 revealed: - " Consumer had self inflicted injuries. Consumer displayed self injurious behaviors on different occasions (sic) on assessed the night of incident 11/18/18. Consumer was aggressive towards other consumers and staff ; assaulting staff. Processing was done prior to therapeutic hold. Staff as well as nursing staff processed repeatedly in attempt to calm consumer and prevent him from harming himself. Consumer was verbally and physically aggressive towards staff and consumers. Staff placed consumer in a therapeutic (sic) to prevent harm to himself under direction of nurse. Unit A Staff acted in the best interest of the consumer to prevent further or any harm to himself. It's recommended that staff continue to maintain safety of consumer while providing proper de-escalation/restrictive intervention techniques."</p> <p>During an interview on 11/29/18 client #1 stated: " It was my fault I was injured, I was jumping off my bed." "I wanted water and staff told me No, because I have bed wetting issues. They told me if I wait for about 5 to 10 minutes they would allow me to get some water, but I didn't like their answer so I began to curse at them and do property damage." "I flip out when someone tells me no." "[Staff #2] wrapped my arms behind my back." "I injured my chin prior to the hold being applied."</p>	V 537		

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V 537	<p>Continued From page 19</p> <p>Review on 11/29/18 of staff #2's record revealed: hire date of 9/21/2018. position of Team Leader Further review revealed staff #2 Alternative to Restrictive Intervention training was current.</p> <p>During an interview on 11/29/18 staff #2 stated: "[Client #2] was defiant towards staff. He went to the front cursing staff, knocking over things on the desk." He was asked to go to his room to reset (A directive often given to clients at the facility when they are being defiant). "He pulled the plexi glass away from the window frame in his room and broke the second layer of glass during the time we were trying to deescalate his behaviors. The nurse gave thje ok to administer a therapeutic hold due him being unsafe and destroying property. I grabbed his arm and placed it behind his back." Staff #2 confirmed placing one of client #2's arms behind his back and securing his body against the wall. When surveyor asked staff #2 if the hold used was taught in his Non Restrictive Intervention Training, he avoided answering the question, but responded "I did everything correct." "I felt I was okay per my training."</p> <p>During an interview on 11/29/18 staff #6 stated: "[Client #2] was being a little irate. I can't recall all of the details, but I did witness him cursing at staff and other clients. We attempted to de-escalate his behaviors. He was asked to go his room to reset. He began to beat on the window in his room. I stepped away from the incident to deal with another kid that was coming down the hall. When I returned I did see him jump off of his bed and fall to the floor injuring his chin. I did not see any staff administer or attempting to administer</p>	V 537		

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V 537	Continued From page 20  any therapeutic hold. That's all I remember."  During an interview on 11/29/18 the licensee stated: He acknowledged the hold used by staff #2 was not an approved therapeutic technique by NCI (North Carolina Interventions).	V 537		