

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl060-852	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/19/2018
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NAME OF PROVIDER OR SUPPLIER NEW VISION HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5004 GLENVIEW COURT CHARLOTTE, NC 28215
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 12-19-18. Two complaints were unsubstantiated, (#NC00145511, #NC00145288), and two were substantiated, (#NC00145291, #NC00145166). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 1700: Residential Treatment Staff Secure for Children or Adolescents</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(f) The governing body for each facility shall</p>	V 110		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 110	<p>Continued From page 1</p> <p>develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record review, interview and observation the facility failed to ensure that one of one executive director (ED) demonstrated competency in decision making skills affecting one of six clients (client #3). The findings are:</p> <p>Review on 12-5-18 of client #3's record revealed: -Admitted 10-24-18 -17 years old -Diagnoses of Borderline Intellectual Functioning, Post Traumatic Stress Disorder, Depersonalization/deregulation disorder -Person Centered Plan dated 11-8-17 Person Centered Plan was 14 months old, but had updates dated 9-12-18) revealed 9- 12-18, hospitalized on 8-22-18, on 8-25-18 [client #3] made homicidal threat to 'blow up' the hospital. She was involuntarily committed at that time...will remain in [psychiatric residential treatment facility] while the team works to secure a level III group home setting...continues to require a higher level of care and supervision for a child her age..." -Goals include: Will receive necessary services, work on completing assigned tasks will develop and consistently implement adaptive social skills as evidenced by her ability to make positive/safe choices in social situations...will develop and consistently implement adaptive communication skills to express her feelings</p>	V 110		

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V 110	<p>Continued From page 2</p> <p>without shutting down or outburst....</p> <p>-Crisis plan dated 9-12-18 revealed: "Provide close supervision for [client #3], restrict access to dangerous items, contact Mobile crisis, 911 or bring [client #3] directly to the hospital if crisis is occurring."</p> <p>-Psychological evaluation dated 8-10-18 revealed: "According to reports, [client #3] was first psychiatrically hospitalized at age 5 due to dangerous and violent behaviors. Guardian reported [client #3] has been hospitalized numerous times for threats of harm toward self or others. Since 2014, [client #3] has been hospitalized 40 times. She has been hospitalized 10 times during 2018. Most recently in August 2018. guardian reported [client #3] became upset...threatened her foster parent and called police stating she was going to hurt herself....denied suicidal thoughts...she denied previous attempts...history making threats of harm towards others..."</p> <p>-Trauma Informed Comprehensive Clinical Assessment dated 1-22-18 revealed: "She expresses emotions externally through aggression...suffers from a primitive fight response to external stimulus...can become aggressive and return to fight response to defense, assertion or perceived danger...expressed resorting to physical fighting when she is frustrated...concerns due to [client #3]'s low overall all IQ and propensity toward violence."</p> <p>NC Iris (North Carolina Incident Response Improvement System) dated 12-6-18 report for incident of 12-3-18 completed by the facility manager revealed:</p> <p>"...an incident occur at day treatment and she was dropped off at the office by her day treatment director. [Client #3] came into the office</p>	V 110		

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V 110	<p>Continued From page 3</p> <p>upset, staff began to process with her encouraging her to utilize her coping skills such as talking to supports or journal. [Client #3] decided to contact her care coordinator. [Client #3] refused to utilize her phone in a positive manner, instead she yelled and screamed and hung up the phone. [Client #3] then grabbed a pair of scissors and proceeded to threaten a staff and a DHHS (department of health and human services) worker. Staff was able to get the scissors from [client #3]. Following [client #3]'s safety plan staff continued to offer[client #3] one on one processing time. [Client #3] then reached for the director's keys and ran out of the build to her car. Staff followed urging her not to get into the car and the house manager contacted the police. [Client #3] got into the car screaming she was going to kill herself and she did not care anymore pressing on the gas. Another staff intervned and processed with [client #3] which she agreed and got out of the car. The house manager agreed that [client #3] was a danger to herself and others and completed an involuntary commitment order for her to receive an evaluation as she refused to go on her own. Staff continued to process with [client #3] utilize escalation techniques. [Client #3] was able to calm down after a walk with staff. [Client #3] was transported to [hospital] later by the sheriff for an evaluation."</p> <p>Observation on 12-3-18 at approximately 11:00 am revealed:</p> <ul style="list-style-type: none"> -Client #3 was brought to the office from her day treatment due to agitated behavior. -Client #3 was cursing staff and DHHS surveyor -ED attempted to process with client #3 -ED asked client #3 what was wrong, but client #3 said that she was not going to talk 	V 110		

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V 110	<p>Continued From page 4</p> <p>because the DHHS surveyor was a "f***** snitch."</p> <ul style="list-style-type: none"> -DHHS Surveyor went out into the hall so client could talk with ED and two staff (house manager and staff #3). -DHHS Surveyor heard client #3 yelling, cursing and threatening to kill people and "f*** them up." -Client #3 came running out of the office, with the house manager closely following. -Client #3 was brandishing a pair of scissors and saying she was going to "kill everybody" and "f*** them up". -Client #3 ran down the hall (approximately 20 feet) turns, places the scissors behind her back and approaches DHHS surveyor. -Client #3 came approximately two feet from DHHS surveyor with house manager approximately one foot from her. - Client #3 stood smiling at DHHS surveyor with the scissors behind her back and was redirected back into office area by the facility manager. -Client #3 immediately ran back out, yelling "I have car keys." -Client #3 ran into the parking lot, with house manager following. -Executive Director instructed staff #6 (office staff) to call the police as she also goes out into the parking lot. -DHHS Surveyor observed client #3 in the car and heard her rev up the motor. -Client #3 was sitting in the car, with executive director, house manager and staff #3 with her. <p>Interview on 12-5-18 with staff #6 revealed:</p> <ul style="list-style-type: none"> -Staff #6 worked in the office during the week, but also worked in the facility on the weekends 	V 110		

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V 110	<p>Continued From page 5</p> <ul style="list-style-type: none"> -Client #3 had been upset that day, that is why she had been brought to the office. -She doesn't know how client #3 got the scissors as they are normally locked in a cabinet. -The keys to the ED's car had been laying on the table in the office. -She had not really noticed the keys until the client grabbed them. -Staff #3 had been able to process with client #3 and was able to talk her into getting out of the car. <p>Interview on 12-5-18 with the house manager revealed:</p> <ul style="list-style-type: none"> -Client #3 had been upset -The scissors were normally locked in a cabinet and she doesn't know how the client got them -Client #3 picked up the car keys off of the table in the office. <p>Interview on 12-5-18 with the ED revealed:</p> <ul style="list-style-type: none"> -She had been using the scissors earlier and had put them in the desk drawer. -The scissors were normally locked in the cabinet -They were not locked in the desk drawer, but she didn't think client #3 would get them. -Client #3 must have gotten them when she talked to her care coordinator on the phone. -The ED didn't think about leaving her keys on the table. -They normally had personal possession on the table. -The ED admitted that she should have been more careful, knowing client #3 was upset. <p>Client #3 was unavailable for interview as she was in the hospital.</p>	V 110		

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V 110	<p>Continued From page 6</p> <p>Plan of Protection dated 12-13-18 written and signed by the Executive Director revealed:</p> <p>What will you immediately do to correct the above rule violation/ "QP [QP's name] will do ongoing training on PCP (person centered plan) with staff and CEO (ED) to help understand kids. On 12-13-18. This will also include crisis plans and safety plans."</p> <p>Describe you plans to make sure the above happens "More training, more meetings on kids. Weekly meetings on kids, create score for admission."</p> <p>Client #3 had a long history of aggression and violence. It was in her crisis plan to restrict access to dangerous items when client #3 was in crisis. Client #3 was brought to the office from her day treatment because she was having a crisis. The ED knew she was on her way and was already cursing, and acting in an aggressive manner at the day treatment. The ED left the scissors in a desk drawer, unsecured, where client #3 could grab them. Client #3 was yelling, running up and down the hall of the office complex threatening to kill everyone. Client #3 approached DHHS surveyor with scissors held behind her back. Client #3 then ran back into the office. The ED also left her car keys out where client #3 was able to pick them up while still in crisis, run out of the building and get in the ED's car. She then started the car, creating a danger to herself and others. This deficiency constitutes a Type A2 rule violation for substantial risk for serious harm and must be corrected with 23 days. An administrative penalty of 2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of</p>	V 110		

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V 110	Continued From page 7 500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 110		
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 methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually).	V 537		

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V 537	<p>Continued From page 8</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> <ol style="list-style-type: none"> (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (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); (4) strategies for the safe implementation of restrictive interventions; (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; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <ol style="list-style-type: none"> (1) Documentation shall include: <ol style="list-style-type: none"> (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. <p>(i) Instructor Qualification and Training Requirements:</p>	V 537		

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V 537	<p>Continued From page 9</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> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the</p>	V 537		

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V 537	<p>Continued From page 10</p> <p>coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) 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 outcome (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>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure that one of three audited staff (former staff #1 (FS#1)) failed to perform NCI (North Carolina Interventions) as trained. The findings are:</p> <p> </p> <p>Review on 11-19-18 of NC IRIS (North Carolina Incident Response Improvement System) dated 11-9-18 and completed by the facility manager</p>	V 537		

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V 537	<p>Continued From page 11</p> <p>for the incident on 11-6-18 for former client #1 (FC#1) revealed: -"[FC#1] began to hit and punch staff, [former staff #1] (FS#1). [FC#1] became physically aggressive, even to the put point of putting [FS#1] in a head lock. [FS#1] and another staff released [FC#1]'s grip without restricting her movement. [FC#1] then wrapped her body around [FS#1]'s refusing to let go. [FS#1] was not able to release [FC#1]'s body off her. Staff continued to attempt to walk away although [FC#1] continued to follow, ignoring interventions from other staff members. Staff blocked her hits, kicks, and punches and bites. As staff was sitting on the chair, [FC#1] began to pull [FS#1] onto the floor.[FC#1] began to lay on the floor and bang her head on the floor and chair. [FS#1] did proceed to attempt to hold [FC#1] while she was on the floor to prevent her from hurting herself and attempting to hurt staff and continue to refuse to staff and prevent anyone from intervening by hitting and kicking staff..."</p> <p>Review on 11-19-18 of FC#1's record revealed: -Admission date 7-12-18 -16 years old -Diagnoses of Autism Spectrum Disorder, Attention Deficit/Hyperactivity Disorder, and Conduct Disorder -Comprehensive Clinical Assessment</p> <p>Addendum dated 6-11-18 revealed: "ongoing issues with behaviors...in/out of treatment for 10 years...client has made allegations of sexual abuse towards step-father, engaging in cruelty to pets, kicked younger children...physically aggressive with mother, kicking, hitting punching...stabbed peer in leg with pencil...need of level III placement..."</p> <p>Review on 12-3-18 of FS#1's personnel record</p>	V 537		

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V 537	<p>Continued From page 12</p> <p>revealed:</p> <ul style="list-style-type: none"> -Hire date of 8-6-18 -Training of NCI+ (North Carolina Interventions Plus) parts A + B completed 8-16-18 -Termination letter dated 11-8-18 revealed: <p>"After our meeting on November 7, 2018, I regretfully confirm that you employment with [licensee] is terminated with an effective date of November 8, 2018. As stated at our meeting the reason for terminating your employment with us is as follows: Employee did no follow proper NCI Plus techniques when restraining a consumer, as consumer was in a hold face down. Upon review the restraint was not communicated by employee to the executive director, house manager, or qualified professional. Administration was not notified of improper hold until a care coordinator specialist notified the executive director...."</p> <p>Interview on 11-28-18 with FC#1 revealed:</p> <ul style="list-style-type: none"> -She had been restrained twice while she had been at the facility -FS#1 "rushed me." -"One time on the floor." -"I was flat, laying on my front." -"[FS#1] was holding me." -"She was kneeling by my side." <p>Interview on 11-28-18 with FC#2 revealed:</p> <ul style="list-style-type: none"> -"I think [FS#1] had her (FC#1) on her stomach on the couch." -"Another staff (FS#2) went into [FC#3]'s room and shut the door." <p>Interview on 12-3-18 with FS#1 revealed:</p> <ul style="list-style-type: none"> -She had never restrained FC#1 -"She was on the floor, she had pulled me to the floor." -"She had attacked staff, I was her last 	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl060-852	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/19/2018
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NAME OF PROVIDER OR SUPPLIER NEW VISION HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5004 GLENVIEW COURT CHARLOTTE, NC 28215
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V 537	<p>Continued From page 13</p> <p>target." -"She wrapped herself around me." -"[Executive Director] said we don't do restraints." -"We had fallen to the ground, I had gotten to my knees." -"[FS#2] was in the kitchen on the phone." -"She attacked [FS#2] too." -"I never restrained her, she was holding me." -"I was kneeling beside her." -"She started to calm down, she was crying, but still throwing a tantrum." -"She knew she was in trouble." -"I had my hands on her rubbing her back." -"I put my hand on top of hers so she wouldn't scratch." -"The other hand (FC#1) was on my clothes." -"Me and a police officer, maybe an EMT (emergency medical technician) got her up." -"I escorted her to the stretcher."</p> <p>Interview on 11-9-18 and 12-5-18 with care coordinator #1 revealed: -He went to the facility on 11-6-18 to meet with his client (FC#2). -FC#1 was not his client. -"Walking toward the home, I heard screaming." -"I saw [FC#1] face down, a staff member kneeling on her back." -"She was agitated, upset, with her arms flailing around." -"I asked if they were doing a restraint and they said yes." -The police arrived and the executive director. -FC#1 was transported to the hospital -"I definitely saw her holding the client." -"Her knee (FS#1) was in the bottom of her back."</p>	V 537		

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V 537	<p>Continued From page 14</p> <ul style="list-style-type: none"> -The client was flailing around and staff was trying to get her hands." -He went outside before the police got there. -He was not in the facility when FC#1 got up off the floor <p>Interview on 12-3-18 with NCI instructor revealed:</p> <ul style="list-style-type: none"> -There is no face down restraint taught. -Face down restraints are dangerous and that is why they are not taught anymore. -"Nothing would justify it." -"The most we teach is limited control walk and therapeutic holds while standing. Nothing on the ground." <p>Interview on 12-5-18 with the executive director revealed:</p> <ul style="list-style-type: none"> -FC#1 was very upset. -FC#1 was trying to attack the facility manager and former staff #2. -"She (FC#1) went to throw a picture at [FS#1], she was still ranting and raving and went off on [facility manager]." -"She then went after me, then [FS#1]." -Since FC#1 was now targeting the executive director, she went to pick up others clients to remove herself, hoping it would calm FC#1 down. -The staff called her to let her know FC#1 had not calmed down and she told them to call the CIT (crisis intervention team). -CIT are police officers trained to deal with people who have mental health issues. -When she got back, the police were there, an ambulance was there also. -She did see the care coordinator but can't remember if he was in the house or not -She went in and saw FC#1 sitting on the floor, cursing and saying she wasn't going to the hospital. 	V 537		

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V 537	<p>Continued From page 15</p> <p>-FS#1 talked her into going to the hospital</p> <p>Attempted interview with FS#1 was unsuccessful due to FS#1 not answering her phone. The one time she did speak to surveyor, she stated she would talk to surveyor in one hour, then did not answer the call when the surveyor called back</p> <p>Plan of protection dated 12-7-18 and signed by the Qualified Professional revealed:</p> <p>What will you immediately do to correct the above rule violations order to protect clients from further risk or additional harm?</p> <p>"12-7-18 staff will be contacted to remind them that proper restraint must be used according to NCI protocol. Safety will be discussed at each monthly staff meeting with emphasis on client restraints as a last resort."</p> <p>Describe your plans to make sure the above happens.</p> <p>"12-7-18 monthly staff meetings will be documented in minutes. Certified instructor will be utilize to retrain on de-escalation."</p> <p>Former client #1 was being extremely aggressive and attacking staff. Former staff #1 was down on the floor with former client #1 and neglected to use proper NCI as she was trained to do, resulting in serious neglect. FS#1 held client #1 face down and then tried to catch her hands as she was flailing around.. NCI instructor stated that there was never justification for holding a client face down on the floor. face down restraints are dangerous, and FS#1 was only taught standing restraints Former client #1 was not injured in the</p>	V 537		

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V 537	Continued From page 16 restraint. This deficiency constitutes a Type A2 rule violation for substantial risk for serious harm and must be corrected with 23 days. An administrative penalty of 2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of 500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 537		