

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-736</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/24/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>MERCY HOME SERVICES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>127 ROBBINS AVENUE</b> <b>JAMESTOWN, NC 27282</b>		
(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	INITIAL COMMENTS  An annual and follow up survey was completed on 1/24/19. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements  10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (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. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and	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 record review and interview, the facility failed to ensure staff had completed employee training programs to include training to meet the mh/dd/sa (mental health/developmental disabilities/substance abuse) needs of the clients as specified in the client's treatment/habilitation plan and at least one staff member trained in basic first aid, including seizure management, cardiopulmonary resuscitation (CPR) and the Heimlich maneuver and other first aid techniques was available in the facility at all times affecting 1 of 3 staff (staff #1). The findings are:</p> <p>Review on 1/24/19 of staff #1's record revealed:</p> <ul style="list-style-type: none"> <li>- A hire date of 11/28/18</li> <li>- No documentation in staff #1's record which reflected staff #1 had completed training to meet the mh/dd/sa needs of the clients as specified in the client's treatment/habilitation plan</li> <li>- No documentation in staff #1's record which reflected staff #1 had completed training in basic first aid, including seizure management, CPR and the Heimlich maneuver and other first aid techniques</li> </ul> <p>Interview on 1/23/19 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- He believed he had completed all of his required trainings aside from basic first aid and CPR</li> <li>- He worked with the clients with no other staff present in the facility.</li> </ul> <p>Interview on 1/24/19 with the Qualified</p>	V 108		

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V 108	Continued From page 2  Professional (QP) revealed: - Staff #1 had been scheduled to participate in basic first aid and CPR training in December 2018; however, due to inclement weather, the class had to be rescheduled to 1/29/19 - She would ensure staff #1 received all of his required training.	V 108		
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were repeated for each shift. The findings are:  Review on 1/24/19 of the facility's fire and disaster drill logs from 1/3/18 to 1/17/19 revealed: - Fire drills were held on a monthly basis; however the drills were all held between hours of 1 pm and 5 pm.	V 114		

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V 114	Continued From page 3  - Disaster drills were held on a monthly basis; however the drills were all held between the hours of 12:59 pm and 5:15 pm  Interview on 1/24/19 with the Qualified Professional revealed: - The typical shifts at the group home were from 3 pm until 11 pm and 11 pm and 7 am - Staff #2 was the staff who primarily conducted the facility's fire and disaster drills - Staff #2 typically held the drills after the clients arrived home from their day program as after 8 pm, the clients had settled in, taken their medications and prepared for bed - Going forward, she and the staff would revisit how the drills were being conducted.	V 114		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.  10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (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. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.	V 536		

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V 536	Continued From page 4  (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). (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 following core areas: (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 disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).	V 536		

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V 536	Continued From page 5  (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (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. (i) Instructor Qualifications and Training Requirements: (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. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (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. (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. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing,	V 536		

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STATE FORM

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V 536	<p>Continued From page 7</p> <p>interventions prior to the delivery of client services and the facility failed to ensure 1 of 3 audited staff (the Qualified Professional (QP)) had completed formal refresher training at least annually in alternatives to restrictive interventions. The findings are:</p> <p>Review on 1/24/19 of staff #1's record revealed:</p> <ul style="list-style-type: none"> <li>- A hire date of 11/28/18</li> <li>- No documentation in staff #1's record which reflected staff #1 had completed training in alternatives to restrictive interventions</li> </ul> <p>Interview on 1/23/19 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- He believed he had completed all of his required trainings aside from basic first aid and CPR</li> </ul> <p>Review on 1/24/19 of the QP's record revealed:</p> <ul style="list-style-type: none"> <li>- A hire date of 8/28/18</li> <li>- The QP's training in alternatives to restrictive interventions had expired on 11/30/18</li> </ul> <p>Interview on 1/24/19 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> <li>- Staff #1 had been scheduled to participate in training to alternatives to restrictive interventions in December 2018; however, due to inclement weather, the class had to be rescheduled to 1/29/19</li> <li>- She was also schedule to complete training in alternatives to restrictive intervention in December 2018 and would be participating in the class scheduled to be held on 1/29/19 also.</li> </ul>	V 536			