PRINTED: 01/14/2019 FORM APPROVED

If continuation sheet 1 of 5

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION			ONSTRUCTION	(X3) DATE	SURVEY
		IDENTIFICATION NUMBER:	A BUILDING:			PLETED	
			MHL096-149	B. WING			R /40/2044
NAME OF P	ROVIDER OR SUPPLIER		STREET	ADDRESS, CITY, STATE	ZIP CODE		/10/2019
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IOIVELL	WIICWELL 3			BORO, NC 27530			
(X4) ID	SUMMARY	STATEM	ENT OF DEFICIENCIES	i ID	PROVIDER'S PLAN OF CORE	TECTION.	
PREFIX TAG	(EACH DEFICIE) REGULATORY O	NCY MU	ST BE PRECEDED BY FULL ENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE ACTION OF THE ACT	'E ACTION SHOULD BE CONTROL OF THE APPROPRIATE	
V 000	INITIAL COMMENT	`\$		V 000			
	An annual and folloon January 10, 2019	wups 9. Ad	urvey was completed eficiency was cited.				
	category: 10A NCA	C 270	the following service .5600C Supervised				
	Living for Adults with	n Deve	lopmental Disabilities.				
V 536	27E .0107 Client Rig Int.	ghts - '	raining on Alt to Rest.	V 536			
	ALTERNATIVES TO REST		TRAINING ON RICTIVE				
į	INTERVENTIONS (a) Facilities shall in practices that empha	npleme asize t	ant policies and he use of alternatives				
1	to restrictive interver (b) Prior to providing	itions.					1
1	disabilities, staff inclu	uding s	ervice providers				
	employees, students demonstrate compet	ence t	y successfully				
1.0	completing training in	n comr	nunication skills and				
1,	other strategies for c	reating	an environment in	 			'
	which the likelinoop (of injury to a nerson)	or imm with di	nent danger of abuse sabilities or others or				
1	property damage is p	reven	applitues of others or				
	c) Provider agencie	s shail	establish training]			
] k	pased on state comp	etenci	es, monitor for internal	j		i	
10	compliance and demi	onstra	te they acted on data			ļ	
	d) The training shall	be cor) Poetency-based	1			
i i	nclude measurable le	arnin	objectives			!	
l n	neasurable testing (v	vritten	and by observation of			i	
1	ehavior) on those ob	jective	s and measurable				
	nethods to determine ourse.	passi	ng or failing the			ļ	
		trainin	g must be completed				
l p	y each service provid nnually).	der pe	riodically (minimum			<u> </u>	
(1) Content of the train	ning th	at the service				
in of Health	Service Regulation		REPRESENTATIVE'S SIGNATURE	<u> </u>			
	LATERS ON PROVIDERS	GEPLIE!	T REPRESENTATIVE'S SIGNATURE	~	TITLE	C	(6) DATE
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Division of Health Service Regulation

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AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:			(X3) DATE SURVEY
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				DEFICIENCY)	RIATE DATE
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+ 555	Continued From page	1	V 536		
	provider wishes to em	ploy must be approved by]
	the Division of MH/DD	/SAS nursuant to]		
	Paragraph (g) of this F	Pula i			
		strate competence in the		CENTED	
	following core areas:	suale competence in the	KE	CEIVED	
ĺ					
	(1) knowledge a	nd understanding of the	By Di	HSR-Mental Health Licensure at 8:2	?5 am, Jan 30, 2019
	people being served;				
	(2) recognizing a	and interpreting human			j
	behavior;		1		
1	(3) recognizing t	he effect of internal and			
	external stressors that	may affect people with			
1	disabilities;		1		
	(4) strategies for	building positive	1 1		
ſ	relationships with person	ons with disabilities:	1		
	(5) recognizing of	ultural, environmental and			Ì
	organizational factors t	hat may affect people with			
	disabilities:	and a poople wat			
ļ	(6) recognizing t	he importance of and			ļ
	assisting in the person'	s involvement in making	1		
	decisions about their lif	a more ment in making			
		ssing individual risk for			
	escalating behavior;	issing monutural fisk tot			
		on strategies for defusing	1		
	and de-escalating poton	ntially dangerous behavior			
	and	utiality dangerous behavior;			
		vioral supports (providing]
ŀ	means for people with o	disabilities to choose			
	activities which directly	oppose or replace			
1	behaviors which are un	safe).			
	(h) Service providers s	hall maintain			
'	documentation of initial	and refresher training for			
	at least three years.				
I		n shall include:			
ì	(A) who participate	ed in the training and the			
	outcomes (pass/fail);				
	(B) when and whe	ere they attended; and			
((C) instructor's na	me;			
(f MH/DD/SAS may			
	eview/request this docu	Imentation at any time			
ļ	,	at dray mare.			
ision of Health	h Service Regulation				
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Division of Health Service Regulation

AND PLANT	T OF DEFICIENCIES OF CORRECTION	(X1) PRO	OVIDER/SUPPLIER/CLIA	(X2) MULTIP	E CONSTRUCTION	OX31 DA	TE SURVEY
	or dollacollon	I DE	NTIFICATION NUMBER:	A. BUILDING			MPLETED
		M	1HL096-149	B. WING			R
NAME OF S							1/10/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, \$1	ATE, ZIP CODE		
HOWELL	& HOWELL'S		725 LUTHEI	R DRIVE			
			GOLDSBOR	RO, NC 2753	0		
(X4) ID	SUMMARY STA	TEMENT C	OF DEFICIENCIES	fD.	PROVIDER'S PLAN C	AE CORRECTION	
PREFIX TAG	(EACH DEFICIENC)	/ MUST BE	PRECEDED BY FULL IFYING INFORMATION)	PREFIX	(EACH CORRECTIVE AC	CTION SHOULD BE	(X5) COMPLETE
			FING INFORMATION)	TAG	CROSS-REFERENCED TO	THE APPROPRIATE	DATE
\\ 		 -			DEFICIE	NCY)	
V 536	Continued From page	3		V 536			
	documentation of initia	al and re	fresher instructor				
	training for at least thr	ee vears	Sincerne instructor				
			shall include:				1
			ne training and the				
	outcomes (pass/fail);		is desiring drie tric		-		
	(B) when and w	here atte	ended: and		1		
	(C) instructor's r		,		į		
į	(2) The Division	of MH/E	DD/SAS may				
}	request and review this	s docum	entation any time				
-	(k) Qualifications of C	oaches:			1		i
	(1) Coaches sha	ıll melet a	all preparation				
	requirements as a train						
	(2) Coaches sha	ill teach	at least three times				
	the course which is be	ing coac	ched.				
	(3) Coaches sha	ill demor	nstrate				
-	competence by comple	etion of c	coaching or				
	train-the-trainer instruc						
	(I) Documentation sha	libethe	same preparation				
	as for trainers.		1				
							1
		ļ	ĺ				
							<u> </u>
İ							
	This Rule is not met as	eviden	cod hv:				
	Based on record review	r ohsen	vation and				
	interviews, the facility fa	ailed to e	Preum three of				
] (hree audited staff (#1,	#2 and I	icensee/Ouglified				
	Professional (QP)) rece	ived and	nual training				
ι	updates in alternatives	to restric	ctive interventions				
-	The findings are:		out of the orange of the orang				
	-						
ļ F	Review on 01/09/19 of:	staff#1's	s record revealed:				ļ l
-	Date of Hire: 04/04/12		· · · · · · · · · · · · · · · · · · ·				
	Job Title: Paraprofess						
-	North Carolina Interve	ntions (N	NCI) training in				
l a	alternatives to restrictive	e interve	entions expired	1			1
6	effective 12/29/18.		sripii od				1
	Service Regulation					···	

STATEMEN	of Health Service Red TOF DEFICIENCIES		PROVIDER/SUPPLIER/CLIA	(V2) MULTIPLE 6	CONSTRUCTION	 	 		
AND PLAN	PLAN OF CORRECTION		D PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:			E SURVEY IPLETED
			MHL096-149	B. WNG			R		
IAME OF P	ROVIDER OR SUPPLIER		STREET	ADDRESS, CITY, STATE	T. ZID GOOF	1 0	I/10/2019		
10145-11	0.11014/21.1.0			THER DRIVE	E, ZIP CODE				
TOWELL	& HOWELL'S			BORO, NC 27530					
(X4) ID PREFIX	SUMMARY (STATE	ENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C)E CORRECTION			
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V 536	Continued From pag	ge 4		V 536					
	- No current training restrictive intervention	upda ons.	tes in alternatives to						
į	Review on 01/09/19 revealed:		staff #2's record						
İ	Date of hire: 01/11/Job Title: Paraprofe		n la l						
	- NCI training in after	rnativ	es to restrictive						
[interventions expired	l effe	dive 12/03/18.						
	 No current training 	upda	tes in alternatives to						
ļ	restrictive intervention	ns.							
ļ	Review on 01/09/19	of Lic	ensee/QP's record						
į	revealed:								
1	-NCI training in alterr	native	s to restrictive						
	interventions expired - No current training	undat	tive 12/02/18.						
	restrictive interventio	ns.	of an alternatives to				•		
	Interview on 01/09/19	9 the	Licensee/QP revealed:						
	-She was aware all s	taff ne	eded to have current	1					
	training in alternative	to re	strictive interventions.				!		
	been continuing to try	e to to	cate a trainer and had						
[1	provide the training.		The someone is						
-	This deficiency consti	itutae	a ro cited deficiency	1]		
í	and must be corrected	d with	in 30 days.						
							ļ		
						:			
						Į			
	Service Regulation								

725 Luther Drive Goldsboro, NC 27534 919-751-0031

Howell's, LLC



To:	Emily Stanle	У		rom:	Gwen Howell Adair	
Fax:	919-715-80	78	F	ages:	7	
Phone:	· · · · · · · · · · · · · · · · · · ·			ate:	1-30-2019	
Re:			C	:c:		
□ Urge	nt 🗆 For	Review	☐ Please Commo	ent	Please Reply	□ Please Recycle
Enclosed	you will find o	orrected acl	tion			
lf you hav or∖[howell	ve any questio andhoweil@h	n please ca otmail.com.	ill Gwen Adair at this	numbe	er 919-641-2825	
Thanks G	wen Adair					

RECEIVED

By DHSR-Mental Health Licensure at 8:25 am, Jan 30, 2019

CONFIDENTIALITY NOTICE: The information contained in this message is legally privileged and confidential information intended only for the use of the named recipient. If the reader of this message is not the intended recipient, you are <u>now</u> notified that any review, retransmission, dissemination or other use of, or taking any action in reliance upon, this message is strictly prohibited. If you have received this email an error, please notify me immediately by return email, delete all copies of this email from all computers, and destroy any printed copies of this email.

Thank You

725 Luther Drive Goldsboro, NC, 27534

Phone: 919-751-0031 Fax: 919-751-0031

howellandhowell@hotmail.com

Howell & Howell's

January 25, 2019

To:

Division of Health Service Regulation

Emily Stanley

Facility Survey Consultant !

From: Howell's Group Home

725 Luther Drive Goldsboro, NC, 27534

Dear Ms. Stanley,

Enclosed you will find a copy of the plan of correction that address issues that were founded on the Statement of Deficiencies form dated 1/15/2019. This plan will explain the measures that will be put in place to correct the deficient area.

Deficiency	Plan of Correction	Complete	
V 536-27E.0107 Clients Rights- Training on Alternative to Restrictive Interventions (NCI)	Employee training will be provided to all staff on Alternatives to Restrictive Interventions training by a knowledgeable trainer and documentation may be added to the personnel records. Residential manager and QP will arrange for training for all staff to receive training on Alternatives to Restrictive Interventions, and will review personnel files quarterly and make sure each new staff receive training before hiring and annually.	Date 2/15/19	

If there are any questions or concerns, please contact Gwen Adair at: 919-641-2825.

Thank You

Gwen Adair

Gwen Adair MS, QP