

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL019-068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
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NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NC HIGHWAY 751 DURHAM, NC 27713
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on February 8, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(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.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(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.</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</p>	V 536		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 536	<p>Continued From page 1</p> <p>provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (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). <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. 	V 536		

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V 536	<p>Continued From page 2</p> <p>(i) Instructor Qualifications 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 a passing grade on testing in an instructor training program.</p> <p>(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.</p> <p>(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.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(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.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain</p>	V 536		

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V 536	<p>Continued From page 3</p> <p>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 outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) 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>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of three audited staff (Staff #2) had current training in the use of alternatives to restrictive interventions. The findings are:</p> <p> </p> <p>Review of the facility's personnel records on 2/8/19 revealed:</p> <p>-Staff #2 had a hire date of 10/6/17.</p> <p>-Staff #2 was hired as a Resident Patient Assistant (RPA).</p> <p>-There was no documentation of Training on Alternatives to Restrictive Intervention on file.</p>	V 536		

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V 536	Continued From page 4 Interview on 2/8/19 with the Director of Human Resources revealed: -The group home was using "Getting It Right" for training in Alternative to Restrictive Interventions. -Staff #2 started working at the end of 2017. -She was under the impression that Staff #2 had completed the training on Alternatives to Restrictive Intervention. -Staff #2 would be registered for upcoming Getting It Right training scheduled for February 18, 2019. -She confirmed Staff #2 did not have current training on Alternatives to Restrictive Intervention.	V 536	<ul style="list-style-type: none"> - "Getting It Right" training was conducted on February 18, 2019 by nurse Sherry Miller - Staff #2 was schedule to participate in training but was unable to attend due to illness - Staff #2 is scheduled for next "Getting It Right" training on April 2, 2019 by Sherry Miller - HR Manager and CEO reviewed personnel files to ensure all appropriate staff are up to date on Alternatives to Restrictive Intervention 	February 18, 2019 February 18, 2019 April 2, 2019 February 20, 2019
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are: Observation on 2/8/19 at 1:00 P.M. of the Living area revealed: -There were papers on the floor next to crafting table. -Items on top of crafting table were piled up and not organized. -Cups were on the floor next to the television.	V 736	<ul style="list-style-type: none"> - HR Manager will review training requirements for all staff on monthly basis 	immediate

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V 736	<p>Continued From page 5</p> <p>-Blankets and throws were scattered around the couch.</p> <p>Observation on 2/8/19 at 1:05 P.M. of bedroom located downstairs revealed: -Bed was not made up. -Clothing items were on the floor.</p> <p>Observation on 2/8/19 at 1:10 P.M. of bathroom located upstairs between two bedrooms revealed: -There was a dirty white towel with brown stains located on top of the toilet tank.</p> <p>Observation on 2/8/19 at 1:13 P.M. of last bedroom upstairs to the left revealed: -There were items of clothing on the floor. -There were used tissue on the floor next to the bed on the right side. -Beds were not made up.</p> <p>Interview on 2/8/19 at 1:20 P.M. with the Nurse revealed: -She did not know what the brown stains on the white towel in the bathroom were. -Residents were supposed to pick-up after themselves.</p> <p>Interview on 1/30/18 with the Human Resource Director revealed: -Home had a contract for housekeeping to come in a few days a week. -Home staff would remind residents about room maintenance. -Residents should have fixed their bedrooms before coming down for breakfast. -Bins may had to be brought in to place and organize materials by the craft table. -Home staff would work with residents to tidy up craft table area. -She confirmed that facility grounds were not</p>	V 736	<ul style="list-style-type: none"> - Bins will be purchased for storing and organizing paper and craft supplies around crafting table by CEO - Staff (RPAs) will reinforce rule of placing water cups on blue credenza in the living room next to tv and couch so cups are on the floor - Staff (RPAs) will enforce rule that blankets and throws to be placed in designated cubbies inside armoire when not used by patients - Three new systems to be set in place to address observations of dirty towels, unmade beds, clothes on floor: <ul style="list-style-type: none"> (1) Morning Rounds made daily by RPAs at 7:15 am to ensure cleanliness and enforcement of housekeeping rules (2) RPAs will double check bedrooms between admissions (3) Housekeeping services to come three times per week as monitored by RPA supervisor 	<p>March 1, 2019</p> <p>Immediately</p> <p>Immediately</p> <p>Immediately for all three</p>

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V 736	Continued From page 6 maintained in a clean, safe and attractive manner.	V 736		