STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL018-077	A. BUILDING: _____ B. WING _____	02/19/2019

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V 000	INITIAL COMMENTS An annual survey was completed on February 19, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

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V 118	Continued From page 1	V 118		

This Rule is not met as evidenced by:
Based on record review interview, the facility failed to keep current the MAR on a client. The findings are:

Review on 2/18/19 of Client #3's record revealed:
Date of admission: 9/30/03
Diagnoses: Severe Intellectual Developmental Disability (IDD), Seizure Disorder, Cerebral Palsy, Autism
-2/28/18, a signed physician order to decrease escitalopram (Lexapro) 20 milligrams (mg) to 10 mg once daily for generalized anxiety.

Review on 2/18/19-2/19/19 of Client #3's February 2019, January 2019 and December 2018 MARS revealed:
-12/2018 MAR listed escitalopram 20 mg once daily and initialed as administered from 12/1/18 to 12/31/18.

Observation on 2/18/19 at approximately 1:30 pm of Client #3's medications revealed:
-a medication bottle with dispense label dated 2/4/19 of escitalopram 10 mg once daily.

Interview on 2/18/19 with Client #3 revealed:
-An observation at 2:17 pm that Client #3 was non-verbal and used gestures;
-Unable to determine Client #3's gesture as to whether he took medication.

Interview on 2/18/19 with Staff #1 revealed:
-She initially did not know when Client #3's escitalopram had decreased from 20 mg to 10

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V 118	Continued From page 2 mg until she obtained a copy of the doctor's signed change order on this medication during the survey; -She stated that she hand wrote the MARs every month and kept writing the 20 mg of escitalopram through most of 2018 and until 1/2019; -Client #3 was getting the 10 mg of escitalopram daily. Interview on 2/19/19 with the Qualified Professional (QP) revealed: -She provided monthly supervision to the AFL providers and clients; -Her job duties included review of the client MARs and physician orders; -Staff #1 understood she had to hand-write the MARs as a state requirement; -She would follow up with Staff #1 about ensuring the monthly MARs on all of the residents was accurate.	V 118		
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.	V 536		

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V 536	Continued From page 3 (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (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	V 536		

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V 536	Continued From page 4 (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (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	V 536		

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V 536	Continued From page 5	V 536		

performance; and
(D) documentation procedures.
(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.
(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.
(8) Trainers shall complete a refresher instructor training at least every two years.
(j) 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 outcomes (pass/fail);
(B) when and where attended; and
(C) instructor's name.
(2) The Division of MH/DD/SAS may request and review this documentation any time.
(k) 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.
(l) Documentation shall be the same preparation as for trainers.

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V 536	Continued From page 6 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure alternatives to restrictive interventions training that included measurable testing both written and by observations of behaviors of 2 of 2 audited staff. The findings are: Review on 2/19/19 of Staffs #1 and #2 personnel records revealed: -3/6/18, a certificate of completion of Evidence-Based Prevention Interventions (EBPI) training with no documentation that Staff #1 or Staff #2 had been observed by the certified EBPI trainer as to their core competencies in alternatives to restrictive interventions; -No approved waivers or written exemptions for the facility in the scope of alternatives to and use of restrictive interventions. Interview on 2/18/19 with Staffs #1 and #2 revealed: -They received training annually in alternatives to restrictive interventions by a certified trainer at the facility; -They were scheduled to be retrained and re-certified on 2/19/19; -They did not perform restraints on the residents. Interview on 2/18/19 with the licensee's certified trainer in alternatives to and use of restrictive interventions revealed: -EBPI was put into place for 1 year after the North Carolina Interventions program expired; -He was now certified and trained to provide the Relias Crisis Prevention and Protective Interventions (CPPI) curriculum; -The protective interventions as part of the CPPI curriculum was taught in a classroom setting and included blocks, holds and releases;	V 536		

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V 536	Continued From page 7 -Staffs #1 and #2 were the legal guardians of Clients #1, #2 and #3 and exempted from the restrictive interventions piece of the training because they were a "no-hold home."	V 536		