STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-781	A. BUILDING: _____ B. WING _____	R 03/07/2019

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OUR HOME-AUNT ZOLA'S	408 ANDREW STREET GREENSBORO, NC 27406

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 3/7/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.	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	V 118		

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V 118	Continued From page 1 with a physician. This Rule is not met as evidenced by: Based on record review and interview the facility staff failed to administer medications on the written order of a physician affecting one of three clients (#1). The findings are: Review on 3/7/19 of Client #1's record revealed: - Admission date of 6/7/18 - 12/20/18 Goals from Person-Centered Plan (PCP): - " ...has a documented history of anger issues. [Client #1] will refrain from exhibiting serious behavioral anger such as property destruction, or anger tantrums ..." - " ...will utilize effective coping skills to decrease his anger and aggression ..." - " ...will also control his anxiety by utilizing his coping skills and with no report of being AWOL (absent without leave). - Diagnoses: Oppositional Defiant Disorder; Major Depressive Disorder-Severe with Recurrent Episodes; Attention Deficit Hyperactivity Disorder Combined Presentation-Moderate; Cannabis Use Disorder-Moderate. Review on 3/7/19 of physician's orders for client #1 revealed: - On 2/18/19 the physician ordered: - Focalin XR 20 mg take 1 capsule every morning. - On 12/17/18 the physician ordered: - escitalopram 10 mg take 1 tablet every morning. - On 9/17/18 the physician ordered: - Clonidine 0.2 mg take 1 to 2 tablets at bedtime.	V 118		

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V 118	Continued From page 2 Review on 3/7/19 of client #1's MARs from 1/1/2019-3/7/2019 revealed the following: - No staff initials on the following dates for Focalin XR 20 mg at 7 am: 1/3/19-1/13/19. - Documentation on MAR for missed doses on 1/3/19-1/13/19: "Didn't return (from home visit) with medication. Refill 30 pills 1/12/19." - No staff initials on the following dates for Focalin XR 20 mg at 7 am: 2/11/19-2/20/19. - Documentation on MAR for missed does on 2/11/19-2/14/19: "waiting for authorization on med." - Documentation on MAR for missed doses on 2/15/19-2/18/19: "LF (Locked Facility) (jail)." - Documentation on MAR for missed doses on 2/19/19 and 2/20/19: "Still waiting for refill. Refill 30 pills 2/21/19." - No staff initials on the following dates for escitalopram 10 mg at 7 am: 1/3/19-1/9/19. - Documentation on MAR for missed doses on 1/3/19-1/9/19: "Pills left at home. Dad return pills 1/9/19 #9 (pill count)." - No staff initials on the following dates for Clonidine 0.2 mg at 7 pm: 1/3/19-1/8/19. - Documentation on MAR for missed doses on 1/3/19-1/8/19 of Clonidine 0.2 mg at 7 pm: "Pills left at home. Dad returned pills 1/9/19." Interview on 3/7/19 with staff #1 revealed: - Client #1 was not administered his Focalin XR mg at 7 am from 1/3/19-1/13/19, escitalopram 10 mg at 7 am: 1/3/19-1/9/19, Clonidine 0.2 mg at 7 pm: 1/3/19-1/8/19 because "he went for a home visit (1/1/19-1/2/19) with his dad. Dad did not bring medicine back with him (from the home visit). Dad said he would bring the medications back the next day, but did not." - He contacted client #1's father several times to request the father bring the medications to the	V 118		

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V 118	Continued From page 3 group home but had no documentation of the phone calls. - He contacted client #1's Social Worker as well about client #1's father not returning medication but had no documentation of the phone calls. - Client #1 was not administered his Focalin XR mg at 7 am from 2/11/19-2/20/19 due to the group home requested refills when he was down to "3 pills" but the doctor did not approve the refill until 2/21/19.	V 118		
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,	V 537		

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V 537	Continued From page 4	V 537		

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 plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.
(g) Acceptable training programs shall include, but are not limited to, presentation of:
(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.
(h) Service providers shall maintain documentation of initial and refresher training for at least three years.
(1) Documentation shall include:

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V 537	Continued From page 5 (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 Qualification 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 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (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. (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. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (7) Trainers shall be retrained at least annually and demonstrate competence in the use	V 537		

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V 537	Continued From page 6 of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10) Trainers shall teach a program on the use of restrictive interventions at least once annually. (11) Trainers shall complete a refresher instructor training at least every two years. (k) 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 outcome (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. (l) 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. (m) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record review and interview, the facility	V 537		

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V 537	Continued From page 7 failed to ensure one of three audited staff (Associate Professional (AP)) received annual training updates in seclusion, physical restraint and isolation time-out. The findings are: Review on 3/5/19 of the AP's record revealed: - Date of hire: 12/5/17 - There was no updated training in seclusion, physical restraint and isolation time-out in his record. - His last training in seclusion, physical restraint and isolation time-out was valid through 11/30/18. Interview on 3/6/19 with the AP revealed: - Reported he had "NCI" (North Carolina Interventions) last year. - He would provide a training certificate the next day (3/7/19) but never provided a training certificate. Interview on 3/7/19 with the Owner revealed: - The last training the AP had in seclusion, physical restraint and isolation time-out was 11/30/18. - "He thought he did all the trainings. I rescheduled him for Friday (3/8/19) (for training in seclusion, physical restraint and isolation time-out)."	V 537		