

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/04/2019
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NAME OF PROVIDER OR SUPPLIER
THE WORKSHOP OF DAVIDSON

STREET ADDRESS, CITY, STATE, ZIP CODE
**275 MONROE ROAD
LEXINGTON, NC 27292**

(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 complaint survey was completed on 3/4/19. The complaint was substantiated (intake #NC00147730). Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .2300 Adult Development and Vocational Programs for Individuals with Developmental Disabilities and 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups.	V 000	V107: A Job Descrip KC 3/15/19 At this time we are working with the contracted employee that has been cited in this Review and labeled in this Report as Staff #1 to see if she has technical knowledge and skill levels to be able to pass the necessary competency testing to be considered a staff member. Staff #1 is not eligible for consideration as an ADVP client due to the fact that she would jeopardize ^{agency} certificate with the USDOL as a sub-minimum wage provider for persons in the ADVP program. She is already paid minimum wage - not piece rate and now that she can no longer be classified as a contract or extended employee	By 5-2-19
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.	V 107		

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



TITLE

Executive Director

(X6) DATE

3/15/19

STATE FORM

6899

W22011

DHSR-Mental Health

If continuation sheet 1 of 22

MAR 18 2019

Lic. & Cert. Section

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V 107	<p>Continued From page 1</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the governing body failed to assure a personnel record was maintained for one of one contract staff (staff #1). The findings are:</p> <p>Attempted review on 3/4/19 of personnel record for staff #1 revealed there was no record on site.</p> <p>Interview on 3/4/19 with Staff #1 revealed: -"When I was first come here, I was working in the kitchen;" -"I'm not sure when I started but it was in 1994 or 1995;" -When she first arrived at the program, she was enrolled as a client; -She was discharged as a client and hired as a</p>	V 107	<p>we dont want to pay her incorrectly under a program she doesnt actually qualify for. If it is determined that she can pass competency testing we will move ahead with the development of either a PT or FT position in Custodial / Kitchen Cafeteria Helper duties.</p> <p>A Job Description keeping with all requirements will be developed, reviewed w/ staff #1 and signed by her direct ED.</p> <p>Staff # 1 will Be screened through all pre-employment requirements to be considered for employment.</p> <p>To Include:</p> <ul style="list-style-type: none"> - Clear Record on the NC Health Care personnel Registry - Clear Drug Screen - Fingerprints - Nationwide Background Review - completion of application that discloses criminal convictions 	
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V 107	Continued From page 2 full time employee after 6 months; -The kitchen closed in 2001 and she was then told she would be working as a contractor and was no longer eligible for sick and vacation pay; -Her duties included making coffee, cleaning the restrooms, offices and cafeteria, and assisting the clients with heating their lunches. Interview on 3/4/19 with the Job Coach/Innovations 1 on 1 revealed: -She had worked at the program for 13 years and staff #1 was at the program when she began working; -"She's (staff #1) not a client because she's not paid as a client;" -"She basically just makes sure their (clients) lunches are heated up." Interview on 3/14/19 with the Production Leader revealed: -She began working at the program 23 years ago and staff #1 was at the program when she began working; -"She works as a client is what I've been told;" -The Secretary had allowed staff #1 to supervise clients when direct care staff needed a break. Interview on 3/4/19 with the Adult Development Vocational Program Coordinator/Assistant Director revealed: -"Well, for the longest time when I started working here I thought she (staff #1) was staff but I found out she was kind of like a client;" -"She fixes coffee, she warms their lunch and she's supposed to keep the bathrooms and kitchen clean." Interview on 3/1/19 with the Innovations Coordinator/Assistant Director revealed: -"She's (staff #1) on a client level if that makes	V 107	<i>v 107 continued</i> - educational educational verification of degree as defined by Job Description. - Demonstration Demonstration of abilities to Read, write, understand & follow directions, And other appropriate competency - proof of age over 18 years. - That she has skills /qualifications as defined by the Job Description etc. All information collected will be used to develop a personnel Record for staff #1. Currently The workshop only has a client record on staff #1 from when she participated as a Voc Rehab client. A new employee checklist will be completed. All necessary trainings will be documented in a training Record. This job will not require any licences or registrations - Only trainings and screenings. We were able to locate the Client file after the end of our Review.	
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V 107	Continued From page 3 sense;" -She had no client file nor a personnel record. Interview on 3/1/19 with the Director revealed: -There was not a personnel record available for staff #1; -Staff #1 was considered to be a contract worker and worked primarily in the cafeteria; -"She has never been a full fledged staff;" -"She doesn't meet the same criteria (as the other staff);" -"She's here to clean toilets and fix lunches."	V 107	<i>V107 continued</i> All information will be reviewed and developed in a file by the Executive Director - all screening info will be completed & verified by the Executive Director. Trainings will be completed by ED, AD, & Training Coordinators.	
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,	V 108	File of Personnel Record will be maintained by the ED on an ongoing basis while employed. <i>V108</i> All pre-employment training 5-2-2019 Requirements and successful demonstration of competence will be met by completion on training programs and testing as required. Trainings will be completed on an ongoing basis at least annually or as required to maintain employment.	By

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V 108	Continued From page 4 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 clients. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 1 contract staff (staff #1) had completed minimum employee training. The findings are: Attempted review on 3/4/19 of personnel record for staff #1 revealed there was no record on site. Interview on 3/4/19 with staff #1 revealed: -The only training she had received while working at the program was Bloodborne Pathogens; -She felt that she needed more training in order to work with clients appropriately. Interview on 3/1/19 with the Director revealed: -Staff #1 was considered a contract employee and there was no personnel record available for her; -The staff didn't necessarily meet the criteria to be a client but wasn't able to demonstrate competency as a staff member due to her limitations.	V 108	V108 continued - Training will be maintained by the Training coordinator to have documentation of Continuing education. Training will be completed as required at minimum in areas covered under NCAC 276 276.0202 (F-I). And in any additional areas as required by the agency or in relation to the specific position. A communicable disease form will be completed, and placed in her personnel record.	
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification	V 131	V131 Pre Hire a screening of the health care Registry for information concerning Staff #1 will be completed and Info placed in personnel file.	5-3-19

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V 131	<p>Continued From page 5</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that the health care personnel registry be accessed and the results documented prior to an offer of employment affecting 1 of 1 contract staff audited staff (staff #1). The findings are:</p> <p>Attempted review on 3/4/19 of personnel record for staff #1 revealed there was no record on site.</p> <p>Interview on 3/1/19 with the Director revealed: -There was not a personnel record available for staff #1; -Staff #1 was considered to be a contract worker and worked primarily in the cafeteria; -She was not aware that the health care personnel registry needed to be accessed for contract workers.</p>	V 131		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term</p>	V 133	<p>V133 Prior to an employment offer being extended, a criminal record check will be completed. If any findings are sufficient employment offer will be denied. The criminal record check is completed after notice has been given to prospective staff that it is required. ED will maintain this report in the personnel record.</p>	5-3-19

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V 133	<p>Continued From page 6</p> <p>"provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal</p>	V 133		

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V 133	<p>Continued From page 7</p> <p>history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. 	V 133		
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V 133	<p>Continued From page 8</p> <p>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the</p>	V 133		
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V 133	<p>Continued From page 9</p> <p>General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p>	V 133		

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V 133	<p>Continued From page 10</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that criminal background checks were requested within 5 days of an offer of employment affecting 1 of 1 contract staff (staff #1). The findings are:</p> <p>Attempted review on 3/4/19 of personnel record for staff #1 revealed there was no record on site.</p> <p>Interview on 3/1/19 with the Director revealed: -There was not a personnel record available for staff #1; -Staff #1 was considered to be a contract worker and worked primarily in the cafeteria; -She was not aware that criminal background checks were required to be requested for contract workers.</p>	V 133		
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V 202	Continued From page 11	V 202		
V 202	<p>27G .2303 Adult Voc. for DD - Staff</p> <p>10A NCAC 27G .2303 STAFF</p> <p>(a) Each ADVP shall have a designated full-time program director.</p> <p>(b) The Program Director shall be at least a high school graduate or equivalent with three years of experience in developmental disabilities programming.</p> <p>(c) Each facility shall have evaluation services available for all clients.</p> <p>(d) Each facility shall maintain an overall direct service ratio of at least one full-time or full-time equivalent direct service staff member for every ten or fewer clients. Facilities having an approved supported employment conversion plan as defined in Rule .2302 of this Section may exclude a maximum of ten clients or 20 percent of a facility's average daily enrollment, whichever is greater, when calculating the required direct service ratio.</p> <p>(e) If the site is maintained by the ADVP:</p> <p>(1) A safety committee comprised of staff members and clients shall be appointed and shall meet at least quarterly to review accident reports and to monitor the ADVP for safety; and</p> <p>(2) Minutes shall be kept of all meetings.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide minimum staffing of 1 direct care staff for every 10 or fewer clients. The findings are:</p> <p>Observations on 3/1/19 from approximately 7:50am - 8:05am revealed:</p>	V 202	<p>V202 Staffing hours will have been adapted and will begin on 3-25-19 also that buses will not be unloaded until 7:45 AM.</p> <p>New staff hours for ADVP Instructors & staff & other Tech's will be 7:45 - 4:00 or while clients are in Building. There will be staff sufficient to meet the 10 to 1 Required Ratio. Staff has completed Retraining in New hours and other issues requiring adequate supervision. Staff has signed a confirmation of understanding which will be maintained by ED in personnel Record.</p>	3-25-19

ED has discussed w/ Transportation providers that Buses cannot unload until 7:45. This info will be shared w/ clients before start date of 3-25-19.

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER THE WORKSHOP OF DAVIDSON	STREET ADDRESS, CITY, STATE, ZIP CODE 275 MONROE ROAD LEXINGTON, NC 27292
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(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 202	<p>Continued From page 12</p> <p>-At 7:50am, there were 23 clients in the cafeteria with no staff, 1 client outside with no staff and 3 staff (2 direct care and a secretary) in the front office;</p> <p>-At 7:55am, there were 29 clients in the cafeteria with no staff, 1 direct care staff in the main area and 2 staff (1 direct care and a secretary) in the front office;</p> <p>-At 8:00am, there were 33 clients in the cafeteria with 2 direct care staff, 2 clients in the main area with no staff and 1 staff (secretary) in the front office;</p> <p>Interview on 3/4/19 with the Adult Development Vocational Program (ADVP) Coordinator/Assistant Director revealed: -"They're technically not supposed to be here until 8:15am but since the van comes early, that's why we're here;"</p> <p>-The doors were usually unlocked at approximately 7:20am;</p> <p>-The clients were allowed to sit in the cafeteria until 8:15am when the program began;</p> <p>-The Production Leader supervised the clients, she was back and forth between the cafeteria and the front office and the Secretary was in the front office.</p> <p>Interview on 3/1/19 with the Innovations Coordinator/Assistant Director revealed: -Clients had always been allowed to wait in the cafeteria when they arrived at the program early;</p> <p>-They looked at it the same as when students arrived early for school and were allowed to wait in the cafeteria until classes began;</p> <p>-"We've done that for 50 some years;"</p> <p>-"You might get here at 8:15am and only half of them (clients) are here;"</p> <p>-"It's not like the whole entire place is here for an hour."</p>	V 202		

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V 202	Continued From page 13 Interview on 3/1/19 with the Director revealed: -Some of the staff arrived early and unlocked the doors so the clients didn't have to wait outside in the cold or heat; -She would have to address the programs Board of Directors to determine whether they were going to direct her to keep the doors locked until 8:15am or pay employees to come in early to supervise the clients.	V 202		
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. (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.	V 536	<p>V 536/V 537</p> <p>If it is determined that staff #1 can meet requirements of employment the training on Alternatives to Restrictive Interventions will be conducted by certified trainers prior to her official "start" date</p> <p>Also prior to start date training on seclusion/restraint & isolation time out will be conducted as well.</p> <p>Demonstration of competence JE: certificate will be maintained for V 536/V 537 in staff #1's training folder and reviewed/renewed annually.</p>	5-2-19

The Workshop prohibits seclusion & Isolation time out - only approved interventions as reviewed in policy pre-hire & annually are allowed.

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V 536	<p>Continued From page 14</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 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); 	V 536	<p>In the future to prevent another citation such as this all persons in the Building if participating in a program or present as a staff or other type of participant will have an appropriate file completed before beginning the program or beginning employment. Files will be developed by the ED for staff and program coordinators for clients. All pre-screenings, trainings, competency testing etc. will occur & be documented.</p>	5-3-19

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V 536	<p>Continued From page 15</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</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</p>	V 536		
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V 536	<p>Continued From page 16</p> <p>annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain 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>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that all staff were trained in Alternatives to Restrictive Intervention prior to providing services affecting 1 of 1 contract staff (staff #1). The findings are:</p> <p>Attempted review on 3/4/19 of personnel record for staff #1 revealed there was no record on site.</p>	V 536		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2019
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V 536	Continued From page 17 Interview on 3/1/19 with the Director revealed: -There was not a personnel record available for staff #1; -Staff #1 was considered to be a contract worker and worked primarily in the cafeteria; -She was not aware that training in Alternatives to Restrictive Intervention were required to be requested for contract workers due to their limited contact with clients.	V 536		
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, include measurable learning objectives,	V 537		

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V 537	<p>Continued From page 18</p> <p>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 provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <ol style="list-style-type: none"> (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. <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 	V 537		

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V 537	<p>Continued From page 19</p> <p>outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification 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 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(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.</p> <p>(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.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation</p>	V 537		
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V 537 Continued From page 20

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.

V 537

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure 1 of 1 contract staff (staff #1)

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V 537	<p>Continued From page 21</p> <p>received annual training updates in seclusion, physical restraint and isolation time-out. The findings are:</p> <p>Attempted review on 3/4/19 of personnel record for staff #1 revealed there was no record on site.</p> <p>Interview on 3/1/19 with the Director revealed: -There was not a personnel record available for staff #1; -Staff #1 was considered to be a contract worker and worked primarily in the cafeteria; -She was not aware that annual training updates in seclusion, physical restraint and isolation time-out were required to be requested for contract workers due to their limited contact with clients.</p>	V 537		



CARF Accredited
Vocational & Life Skills Training
for Adults with Disabilities

March 15, 2019

DHSR-Mental Health

MAR 18 2019

Lic. & Cert. Section

Sheri Spicer
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Dear Ms. Spicer:

Please find enclosed the plan of correction required per your complaint survey completed March 4, 2019 at The Workshop of Davidson. Thank you for all of your assistance during this review. I apologize for the handwriting and the hastily written POC, I am still experiencing some medical issues and was trying to get this completed on time before another possible hospitalization. If there is anything that I have missed or need to elaborate further on please let me know and I will work on it as soon as possible.

Sincerely,

Kara Cody
Executive Director

Mailing Address

P.O. Box 906
Lexington, NC 27293-0906

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Lexington, NC 27292

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