

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOVING HEARTS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5221-B FOX HUNT DRIVE GREENSBORO, NC 27407
---	--

(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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 3/27/2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOVING HEARTS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5221-B FOX HUNT DRIVE GREENSBORO, NC 27407
---	--

(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 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the MAR was kept up to date and administration of medications was documented immediately following administration affecting 1 of 1 client (#1). The findings are:</p> <p>Review on 3/27/2019 of client #1's record revealed: - Admission date: 7/7/2018 - Diagnoses: Moderate Intellectual Disabilities; Autism Spectrum Disorder; Type 2 Diabetes; Albinism; Persistent, Continuous Bilateral Nystagmus (rapid eye movements); and Constipation; - Physicians orders for the following medications: - Divalproex sodium ER 500 milligrams (mg), 1 tablet twice daily (BID), dated 9/6/2018; - Risperidone 1 mg, 1-2 tablets every evening (QPM) as needed for agitation, dated 2/15/2019; - Ziprasidone (Geodon) 80 mg, 1 tablet BID, dated 8/15/2018.</p> <p>Review on 3/26/2019 of client #1's MARs dated 1/1/2019 to 3/26/2019 revealed: - The administration instruction for divalproex sodium was 2 tablets (=1,000 mg) every day at noon (QNoon) and 2 tablets (=1,000 mg) every night at bedtime (QHS); - Risperidone 1 mg was documented as having been administered from 2/1/2019 to 2/14/2019, prior to the order date; and - Ziprasidone 80 mg was documented as having been discontinued on the January and February MARs; there was no documentation of</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOVING HEARTS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5221-B FOX HUNT DRIVE GREENSBORO, NC 27407
---	--

(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 118	<p>Continued From page 2</p> <p>administration from 1/1/2019 to 3/6/2019; and a start date of 3/7/2019.</p> <p>Interview on 3/26/2019 with client #1 revealed: - Client #1 ignored all questions and was unable to provide any information regarding his medications.</p> <p>Interview on 3/27/2019 with the Pharmacist revealed: - Client #1's divalproex sodium order had been for 500 mg, 1 tablet BID since the original order on 9/6/2018; - Client #1's risperidone order started on 2/15/2019; - Client #1's ziprasidone 80 mg, 1 tablet BID had originally been ordered on 8/15/2019, had not been discontinued at any point since then, and had been increased to a total of 100 mg BID on 3/5/2019, which was supplied by one 80 mg tablet and one 20 mg tablet to be administered together twice daily.</p> <p>Interview on 3/26/2019 with staff #1 revealed: - He did not think that there had been any problems with the administration of client #1's medications; - The Qualified Professional (QP) addressed any concerns about medications as needed; - Client #1's doctors sent medication orders straight to the Pharmacy without providing copies to the facility; - Client #1 had been getting his medications correctly.</p> <p>Interview on 3/27/2019 with the QP revealed: - The QP reviewed MARs regularly, but did not realize that there were documentation errors on the January, February and March MARs; - The ziprasidone administration instructions had</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOVING HEARTS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5221-B FOX HUNT DRIVE GREENSBORO, NC 27407
---	--

(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 118	<p>Continued From page 3</p> <p>been erroneously noted as discontinued on client #1's December 2018 MAR, and the documentation error was carried over to the January and February MARs;</p> <ul style="list-style-type: none"> - The QP believed that client #1 had been administered the correct medications despite the errors in documentation on the MARs; - The QP would ensure that the MARs were corrected. <p>Interview on 3/27/2019 with the Director revealed:</p> <ul style="list-style-type: none"> - The Director was not aware of the errors on client #1's MARs; <p>The QP was in contact with the Pharmacy and client #1's doctors, and would ensure the correct medication information was on the MARs.</p>	V 118		
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>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOVING HEARTS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5221-B FOX HUNT DRIVE GREENSBORO, NC 27407
---	--

(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 536	<p>Continued From page 4</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 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). 	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOVING HEARTS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5221-B FOX HUNT DRIVE GREENSBORO, NC 27407
---	--

(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 536	<p>Continued From page 5</p> <p>(h) Service providers shall maintain documentation of initial and refresher 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 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,</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOVING HEARTS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5221-B FOX HUNT DRIVE GREENSBORO, NC 27407
---	--

(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 536	<p>Continued From page 6</p> <p>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 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 reviews and interviews, the facility failed to ensure staff received annual refresher training on alternatives to restrictive</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOVING HEARTS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5221-B FOX HUNT DRIVE GREENSBORO, NC 27407
---	--

(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 536	<p>Continued From page 7</p> <p>interventions affecting 2 of 3 audited staff (#1 & the Qualified Professional (QP)). The findings are:</p> <p>Review on 3/26/2019 of staff #1's employee file revealed:</p> <ul style="list-style-type: none"> - Hire date: 8/18/2017; - Documentation of training in alternatives to restrictive interventions using the NCI+ curriculum had expired on 1/5/2019; - There was no documentation of refresher training in NCI+. <p>Review on 3/26/2019 of the QP's employee file revealed:</p> <ul style="list-style-type: none"> - Hire date: 12/17/2015; - Documentation of training in alternatives to restrictive interventions using the NCI+ curriculum had expired on 3/15/2019; - There was no documentation of refresher training in NCI+. <p>Interview on 3/26/2019 with staff #1 revealed:</p> <ul style="list-style-type: none"> - He had attempted to attend refresher NCI+ training several times since his training expired in January, but had not been able to attend due to miscommunication about the date of the trainings; - He was responsible for keeping track of when his trainings were due for renewal; - The Management Company's Human Resources (HR) staff also kept track of when trainings were due; - He was scheduled to attend an NCI+ training on 3/27/2019. <p>Interviews on 3/26/2019 and 3/27/2019 with the QP revealed:</p> <ul style="list-style-type: none"> - Staff #1 was scheduled to attend an NCI+ class 	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOVING HEARTS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5221-B FOX HUNT DRIVE GREENSBORO, NC 27407
---	--

(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 536	Continued From page 8 on 3/28/2019; - The HR department kept track of and notified staff when they were due for refresher trainings prior to training expiration dates; - The QP did realize that his own NCI training had just expired, and he would be attending refresher training this week. Interview on 3/27/2019 with the Director revealed: - Throughout each month, the HR department checked on staff training due dates and notified staff of the need to attend refresher training; - An NCI+ training was scheduled for this week; - The QP and staff #1 would attend the refresher training.	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.	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOVING HEARTS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5221-B FOX HUNT DRIVE GREENSBORO, NC 27407
---	--

(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 537	<p>Continued From page 9</p> <p>(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.</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 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 	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOVING HEARTS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5221-B FOX HUNT DRIVE GREENSBORO, NC 27407
---	--

(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 537	<p>Continued From page 10</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher 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 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</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOVING HEARTS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5221-B FOX HUNT DRIVE GREENSBORO, NC 27407
---	--

(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 537	<p>Continued From page 11</p> <p>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 time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) 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 outcome (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>(l) 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>(m) Documentation shall be the same preparation as for trainers.</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOVING HEARTS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5221-B FOX HUNT DRIVE GREENSBORO, NC 27407
---	--

(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 537	<p>Continued From page 12</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff received annual refresher training in seclusion, physical restraint and isolation time out affecting 2 of 3 audited staff (#1 & the Qualified Professional (QP)). The findings are:</p> <p>Review on 3/26/2019 of staff #1's employee file revealed: - Hire date: 8/18/2017; - Documentation of training in seclusion, physical restraint and isolation time out using the NCI+ curriculum had expired on 1/5/2019; - There was no documentation of refresher training in NCI+.</p> <p>Review on 3/26/2019 of the QP's employee file revealed: - Hire date: 12/17/2015; - Documentation of training in seclusion, physical restraint and isolation time out using the NCI+ curriculum had expired on 3/15/2019; - There was no documentation of refresher training in NCI+.</p> <p>Interview on 3/26/2019 with staff #1 revealed: - He had attempted to attend refresher NCI+ training several times since his training expired in January, but had not been able to attend due to miscommunication about the date of the trainings; - He was responsible for keeping track of when his trainings were due for renewal; - The Management Company's Human</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LOVING HEARTS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5221-B FOX HUNT DRIVE GREENSBORO, NC 27407
---	--

(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 537	<p>Continued From page 13</p> <p>Resources (HR) staff also kept track of when trainings were due;</p> <ul style="list-style-type: none"> - He was scheduled to attend an NCI+ training on 3/27/2019; - Staff #1 never had to physically restrain client #1. <p>Interviews on 3/26/2019 and 3/27/2019 with the QP revealed:</p> <ul style="list-style-type: none"> - Staff #1 was scheduled to attend an NCI+ class on 3/28/2019; - The HR department kept track of and notified staff when they were due for refresher trainings prior to training expiration dates; - The QP did realize that his own NCI training had just expired, and he would be attending refresher training this week; - Client #1 had not demonstrated any behaviors that required staff to use physical restraint; - The facility did not use isolation time out or seclusion. <p>Interview on 3/27/2019 with the Director revealed:</p> <ul style="list-style-type: none"> - Throughout each month, the HR department checked on staff training due dates and notified staff of the need to attend refresher training; - An NCI+ training was scheduled for this week; - The QP and staff #1 would attend the refresher training; - Seclusion and isolation time out were not used at the facility; - Client #1 had not needed to be physically restrained. 	V 537		