

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/27/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SMITH HOME

9167 HYDRANGEA DRIVE

HARRISBURG, NC 28075

(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 survey was completed on 3/27/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living.	V 000		
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, 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	V 108		

DHSR - Mental Health

APR 15 2019

Lic. & Cert. Section

Division of Health Service Regulation

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

TITLE

(X6) DATE

Nathan Will - Stoop Residential Director

April 10th, 2019

STATE FORM

6899

COFL11

If continuation sheet 1 of 18

Division of Health Service Regulation

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V 108	<p>Continued From page 1</p> <p>clients.</p> <p>This Rule is not met as evidenced by: Based on interviews, observations and record reviews, the facility failed to ensure all staff completed trainings in general organizational orientation, training in client rights and confidentiality, training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan, training in infectious diseases and bloodborne pathogens and the facility also failed to ensure at least one staff member 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 was available in the facility at all times when clients were present affecting 2 of 2 clients (#1, #2) The findings are:</p> <p>Observation on 3/25/19 at 3:00pm revealed a male adult in the facility with staff #1.</p> <p>Review on 3/22/19 of client #1's record revealed: -admission date of 11/10/14 with diagnoses of COPD, Encephalopathy, Osteoarthritis, Asthma, Schizoaffective Disorder, Depressive Disorder, Borderline Personality Disorder and Intellectual Developmental Disabilities(IDD)-Moderate.</p> <p>Review on 3/22/19 of client #2's record revealed: -admission date of 4/5/18 with diagnoses of PTSD, Personality Disorder, Bipolar Disorder, Psychosis Disorder, Depression, Acid Reflux, Hypothyroidism, Obesity, Anxiety, IDD-Moderate, Migraines and Adjustment Disorder.</p>	V 108	<p>V108 27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G. 0202 PERSONNEL REQUIREMENTS</p> <p>Correction: Support Staff is scheduled to receive FA/CPR on April 9, 2019. Client Specific training will be provided once all required trainings are completed.</p> <p>Prevention: TSG will ensure all Back-up staff are trained on Personnel Requirements to ensure individuals served are healthy and safe.</p> <p>Who Will Monitor: The Office Manager will verify and monitor that requirements are completed and current.</p> <p>The QP and/or the monitoring specialist will monitor if new Back-up staff is identified to ensure requirements are fulfilled before support is provided. Monitoring to be conducted monthly or as needed.</p>	

Division of Health Service Regulation

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V 108	Continued From page 2 Interview on 3/25/19 with client #1 revealed when staff #1 goes places, "[the adult male] watches them sometimes." Interview on 3/25/19 with client #2 revealed if staff #1 has to run an errand, "[the adult male] watches them." Interview with staff #1 revealed the adult male was her boyfriend and watched client #1 and #2 sometimes if she has to run a quick errand. Request on 3/27/19 to review the personnel record and trainings of the adult male in the facility providing care for clients #1 and #2 was unsuccessful as there was not a personnel record or trainings to review. Interview on 3/27/19 with the Residential Director revealed: -staff #1's boyfriend does not live in the facility; -he only visits from time to time; -considered a "natural support;" -can watch clients #1 and #2 up to three hours per their policy and no training required; -this policy was created by a former administrator regarding an issue at another facility; -do not have a personnel record on the adult male in the facility; -the adult male in the facility does not have any completed trainings.	V 108			
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall	V 118			

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <p>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> <p>This Rule is not met as evidenced by: Based on records review, observation and interviews, the facility failed to ensure medications were administered as ordered affecting 1 of 2 clients (#1). The findings are:</p> <p>Review on 3/22/19 of client #1's record revealed: -admission date of 11/10/14 with diagnoses of COPD, Encephalopathy, Osteoarthritis, Asthma,</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 4</p> <p>Schizoaffective Disorder, Depressive Disorder, Borderline Personality Disorder and Intellectual Developmental Disabilities-Moderate; -physicians' orders dated 1/9/19 for Triamcinolone ointment apply twice daily to groin and Ketoconazole cream apply once daily to right groin.</p> <p>Observation on 3/25/19 at 2:58pm of client #1's medications on site revealed: -Triamcinolone ointment apply twice daily to groin not on site; -Ketoconazole cream apply once daily to right groin not on site.</p> <p>Review on 3/22/19 and 3/25/19 of client #1's MARS from 1/1/19-3/22/19 revealed: -Triamcinolone ointment apply twice daily and Ketoconazole cream apply once daily not listed on MARs for 1/2019, 2/2019 and 3/2019; -no documentation on the 1/2019, 2/2019 and 3/2019 MARs Triamcinolone ointment apply twice daily and Ketoconazole cream apply once daily was administered.</p> <p>Interview on 3/25/19 with client #1 revealed she was not aware of any missed medications.</p> <p>Interview on 3/27/19 with the Nurse revealed: -not sure why medications were not on MARs; -not sure why medications were not administered; -will ensure correct medications were listed on MARS and medications administered as prescribed.</p>	V 118	<p>V118 27G .0209 (C) Medication Requirements</p> <p>10 NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>Correction: Medications sited Triamcinolone ointment and Ketoconazole cream is available in the home. Medication listed above is now added to the Medication Administration Record.</p> <p>Prevention: TSG will ensure the AFL Staff keep medication current in the home. Along with all current prescriptions, orders, and discontinue orders. TSG will ensure all AFL Staff are trained on Medication management including ensuring all Medication is added to the MAR accurately.</p> <p>Who Will Monitor: The On-Site Nurse will monitor and observe Medication, Orders and MAR's Monthly or as needed to ensure compliance.</p>		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL</p>	V 131			

Division of Health Service Regulation

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V 131	<p>Continued From page 5</p> <p>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 records review, observations and interviews, the facility failed to access the HCPR(Health Care Personnel Registry). The findings are:</p> <p>Observation on 3/25/19 at 3:00pm revealed a male adult in the facility with staff #1.</p> <p>Review on 3/22/19 of client #1's record revealed: -admission date of 11/10/14 with diagnoses of COPD, Encephalopathy, Osteoarthritis, Asthma, Schizoaffective Disorder, Depressive Disorder, Borderline Personality Disorder and Intellectual Developmental Disabilities(IDD)-Moderate.</p> <p>Review on 3/22/19 of client #2's record revealed: -admission date of 4/5/18 with diagnoses of PTSD, Personality Disorder, Bipolar Disorder, Psychosis Disorder, Depression, Acid Reflux, Hypothyroidism, Obesity, Anxiety, IDD-Moderate, Migraines and Adjustment Disorder.</p> <p>Interview on 3/25/19 with client #1 revealed when staff #1 goes places, "[the adult male] watches them sometimes."</p> <p>Interview on 3/25/19 with client #2 revealed if staff</p>	V 131	<p>V 131 G.S. 131E-256 (D2) HCPR Prior Employment Verification</p> <p>G.S. 131E-256 (D2) HEALTH CARE PERSONNEL REGISTRY</p> <p>Correction: Therapeutic Services Group (TSG) retrieved a Health Care Personnel Registry (HCPR).</p> <p>Prevention: TSG will ensure a HCPR be accessed and results documented for each back-up staff prior to providing support for the AFL Contractor.</p> <p>Who Will Monitor: The Office Manager will verify and monitor that requirements are completed and current annually.</p> <p>The QP and/or the monitoring specialist will monitor if new Back-up staff is identified to ensure requirements are fulfilled before support is provided. Monitoring to be conducted monthly or as needed.</p>	

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V 131	Continued From page 6 #1 has to run an errand, "[the adult male] watches them." Interview with staff #1 revealed the adult male was her boyfriend and watched client #1 and #2 sometimes if she has to run a quick errand. Request on 3/27/19 to review the personnel record and HCPR check of the adult male in the facility providing care to clients #1 and #2 was unsuccessful as there was not a personnel record or HCPR check to review. Interview on 3/27/19 with the Residential Director revealed: -staff #1's boyfriend does not live in the facility; -he only visits from time to time; -considered a "natural support;" -can watch clients #1 and #2 up to three hours per their policy; -this policy was created by a former administrator regarding an issue at another facility; -do not have a personnel record on the adult male in the facility; -the adult male in the facility does not have a HCPR check since he does not reside in the facility.	V 131			
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "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.	V 133			

Division of Health Service Regulation

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V 133	Continued From page 7 (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 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	V 133		

Division of Health Service Regulation

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V 133	Continued From page 8 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. (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: (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. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the	V 133			

Division of Health Service Regulation

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V 133	Continued From page 9 person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. 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. (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: (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. (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. (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 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,	V 133		

Division of Health Service Regulation

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V 133	Continued From page 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. (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. (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:	V 133			

Division of Health Service Regulation

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V 133	<p>Continued From page 11</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 records review, observations and interviews, the facility failed to request the required criminal records check. The findings are:</p> <p>Observation on 3/25/19 at 3:00pm revealed a male adult in the facility with staff #1.</p> <p>Review on 3/22/19 of client #1's record revealed: -admission date of 11/10/14 with diagnoses of COPD, Encephalopathy, Osteoarthritis, Asthma, Schizoaffective Disorder, Depressive Disorder, Borderline Personality Disorder and Intellectual Developmental Disabilities(IDD)-Moderate.</p> <p>Review on 3/22/19 of client #2's record revealed: -admission date of 4/5/18 with diagnoses of PTSD, Personality Disorder, Bipolar Disorder, Psychosis Disorder, Depression, Acid Reflux, Hypothyroidism, Obesity, Anxiety, IDD-Moderate, Migraines and Adjustment Disorder.</p> <p>Interview on 3/25/19 with client #1 revealed when staff #1 goes places, "[the adult male] watches</p>	V 133	<p>V 133 G.S. 122C-80 Criminal History Record Check</p> <p>G.S. 122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>Correction: Therapeutic Services Group (TSG) retrieved a Criminal History Record Check.</p> <p>Prevention: TSG will ensure a Criminal History Record check be accessed and results documented for each back-up staff prior to providing support for the AFL Contractor.</p> <p>Who Will Monitor: The Office Manager will verify and monitor that requirements are completed and current.</p> <p>The QP and/or the monitoring specialist will monitor if new Back- staff is identified to ensure requirements are fulfilled before support is provided. Monitoring to be conducted monthly or as needed.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/27/2019
NAME OF PROVIDER OR SUPPLIER SMITH HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 9167 HYDRANGEA DRIVE HARRISBURG, NC 28075			
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V 133	Continued From page 12 them sometimes." Interview on 3/25/19 with client #2 revealed if staff #1 has to run an errand, "[the adult male] watches them." Interview with staff #1 revealed the adult male was her boyfriend and watched client #1 and #2 sometimes if she has to run a quick errand. Request on 3/27/19 to review the personnel record and criminal records check of the adult male providing care to clients #1 and #2 in the facility was unsuccessful as there was not a personnel record or criminal records check to review. Interview on 3/27/19 with the Residential Director revealed: -staff #1's boyfriend does not live in the facility; -he only visits from time to time; -considered a "natural support;" -can watch clients #1 and #2 up to three hours per their policy; -this policy was created by a former administrator regarding an issue at another facility; -do not have a personnel record on the adult male in the facility; -the adult male in the facility does not have a criminal records check since he does not reside in the facility.	V 133			
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	V 536			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/27/2019
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V 536	Continued From page 13 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. (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;	V 536		

Division of Health Service Regulation

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V 536	Continued From page 14 (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). (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	V 536		

Division of Health Service Regulation

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V 536	Continued From page 15 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 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.	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 16</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(I) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure prior to providing services, staff demonstrated competence by successfully completing training in alternatives to restrictive interventions. The findings are:</p> <p>Observation on 3/25/19 at 3:00pm revealed a male adult in the facility with staff #1.</p> <p>Review on 3/22/19 of client #1's record revealed: -admission date of 11/10/14 with diagnoses of COPD, Encephalopathy, Osteoarthritis, Asthma, Schizoaffective Disorder, Depressive Disorder, Borderline Personality Disorder and Intellectual Developmental Disabilities(IDD)-Moderate.</p> <p>Review on 3/22/19 of client #2's record revealed: -admission date of 4/5/18 with diagnoses of PTSD, Personality Disorder, Bipolar Disorder, Psychosis Disorder, Depression, Acid Reflux, Hypothyroidism, Obesity, Anxiety, IDD-Moderate, Migraines and Adjustment Disorder.</p> <p>Interview on 3/25/19 with client #1 revealed when staff #1 goes places, "[the adult male] watches them sometimes."</p>	V 536	<p>V536 27E .0107 Client Rights- Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>Correction: Staff is scheduled to receive AIM/Alternative to restrictive intervention on April 10th to support AFL staff as a Back-up.</p> <p>Prevention: TSG will ensure individuals providing Back-up are trained on Personnel Requirements prior to supporting the AFL Contractor to ensure individuals served are healthy and safe.</p> <p>Who Will Monitor: The Office Manager will verify and monitor that requirements are completed and current annually.</p> <p>The QP and/or the monitoring specialist will monitor if new Back-up staff is identified to ensure requirements are fulfilled before support is provided. Monitoring to be conducted monthly or as needed.</p>		

Division of Health Service Regulation

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V 536	<p>Continued From page 17</p> <p>Interview on 3/25/19 with client #2 revealed if staff #1 has to run an errand, "[the adult male] watches them."</p> <p>Interview with staff #1 revealed the adult male was her boyfriend and watched client #1 and #2 sometimes if she has to run a quick errand.</p> <p>Request on 3/27/19 to review the personnel record and completed training in alternatives to restrictive interventions of the adult male in the facility was unsuccessful as there was not a personnel record or any trainings to review.</p> <p>Interview on 3/27/19 with the Residential Director revealed:</p> <ul style="list-style-type: none"> -staff #1's boyfriend does not live in the facility; -he only visits from time to time; -considered a "natural support;" -can watch clients #1 and #2 up to three hours per their policy; -this policy was created by a former administrator regarding an issue at another facility; -do not have a personnel record on the adult male in the facility; -the adult male in the facility does not have a any completed trainings since he does not reside in the facility. 	V 536		

TSG *Therapeutic Services Group, LLC*

April 10, 2019

NCDHHS
Division of Health Service Regulation
Mental Health Licensure and Certification Section
Attn: Gina McLain
Facility Compliance Consultant I

DHSR - Mental Health

APR 15 2019

Lic. & Cert. Section

Re: Annual Survey completed March 27, 2019
Smith Home, 9167 Hydrangea Drive, Harrisburg, NC 28075
MHL # 013-195

Dear Ms. McLain,

Thank you for the services you rendered on 3/27/19 located at the Smith Home. You noted an areas of deficiency that was in need of correction and we have responded expeditiously. Please find enclosed a copy of your letter to ensure correct identification. The summary state of deficiencies and the plan of correction.

We believe that this will conclude all necessary corrections. However, if you find that there is something else that needs our attention, Please do not hesitate to call me at 704-321-1635.

Sincerely,

A handwritten signature in cursive script that reads "Natara Williams" followed by the word "BAQOOP" in a more casual, possibly stamped or typed, font.

Natara Williams
Director of Residential Services



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

April 2, 2019

Natara Williams, Regional Director
Therapeutic Services Group, LLC
5309 Idlewild Road North
Charlotte, NC 28227

Re: Annual Survey completed 3/27/19
Smith Home, 9167 Hydrangea Drive, Harrisburg, NC 28075
MHL # 013-195
E-mail Address: natara.williams@asmallmiraclellc.com

Dear Ms. Williams:

Thank you for the cooperation and courtesy extended during the annual survey completed March 27, 2019. Deficiencies were cited.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Standard level deficiencies were cited.

Time Frames for Compliance

- The standard level deficiencies must be corrected within 60 days from the exit date of the survey, which is May 26, 2019.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

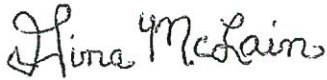
April 2, 2019
Natara Williams
Therapeutic Services Group, LLC

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at (704)596-4072.

Sincerely,



Gina McLain
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

CC: qmemail@cardinalinnovations.org