

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2019
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NAME OF PROVIDER OR SUPPLIER LEE COUNTY GROUP HOME II	STREET ADDRESS, CITY, STATE, ZIP CODE 2412 KNOLLWOOD DRIVE SANFORD, NC 27330
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on 4/15/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(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.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and</p>	V 108		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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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 record reviews and interviews, the facility management failed to assure 1 of 3 staff (#3) was currently trained to provide cardiopulmonary resuscitation (CPR) and first aid. The findings are:</p> <p>Review on 4/15/18 of Staff #3's personnel record revealed:</p> <ul style="list-style-type: none"> - Hire date 9/26/14 - Certificate documenting training and CPR expired on - The staff is the only staff when working on shift. <p>During interview on 4/15/19, the Executive Director said:</p> <ul style="list-style-type: none"> - The above staff attended the training however, her certificate was not in her personnel file. - He said he would provide the documentation, however no additional documentation was received by the close of the survey. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 108		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p>	V 114		

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V 114	<p>Continued From page 2</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility staff failed to assure fire and disaster drills were conducted at least quarterly on each shift. The findings are:</p> <p>Review of fire drill logs revealed: - the last fire drill was documented as held in the facility on 12/1/18 - No fire drills were documented for the first quarter of 2019 - No disaster drills were documented for any quarter in 2018 nor 2019.</p> <p>Interview with the Executive Director on 4/15/19 confirmed: - Fire drills had not been conducted in the facility since 2018. - The facility had not conducted any disaster drills.</p>	V 114		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest & ITO</p> <p>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND</p>	V 537		

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V 537	<p>Continued From page 3</p> <p>ISOLATION TIME-OUT</p> <p>(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.</p> <p>(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.</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> <p>(1) refresher information on alternatives to the use of restrictive interventions;</p>	V 537		

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V 537	<p>Continued From page 4</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(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);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(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;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</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>	V 537		

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V 537	<p>Continued From page 5</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 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</p>	V 537		

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V 537	<p>Continued From page 6</p> <p>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> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility management failed to assure 3 of 3 staff (Executive Director, #2 & #3) received annual training in physical restraints and alternatives to restrictive interventions. The findings are:</p> <p>Review on 4/15/18 of Executive Director's personnel record revealed: - Hire date 04/30/13 - Certificate documenting training in restrictive intervention and alternatives expired on 6/22/18</p> <p>Review on 4/15/18 of Staff #2's personnel record revealed: - Hire date 11/20/13 - Certificate documenting training training in restrictive intervention and alternatives expired on</p>	V 537		

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V 537	<p>Continued From page 7</p> <p>6/22/18</p> <p>Review on 4/15/18 of Staff #3's personnel record revealed:</p> <ul style="list-style-type: none"> - Hire date 9/26/14 - Certificate documenting training in restrictive intervention and alternatives expired on 12/10/18 <p>During interview on 4/15/19, the Executive Director said:</p> <ul style="list-style-type: none"> - The above staff attended the training however, their certificates were not in their personnel files. - He said he would provide the documentation, however no additional documentation was received by the close of the survey. <p>During interview on 4/15/19, the Executive Director said:</p> <ul style="list-style-type: none"> - confirmed the above staff had not received retraining in physical restraint techniques and alternatives to restrictive intervention. 	V 537		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to be maintained in a safe, clean and orderly manner. The findings are:</p>	V 736		

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V 736	<p>Continued From page 8</p> <p>Observation on 4/15/19 at 4:30 PM revealed:</p> <ul style="list-style-type: none"> - The sofa sectional in the living room was worn with large patches of vinyl/leather-like covering shedding and peeling. - The bottom plate/covering on the refrigerator was missing. - Kitchen stove burners and oven are in poor condition. <p>Interview with the Executive Director on 4/15/19 confirmed:</p> <ul style="list-style-type: none"> - The above conditions in the facility. 	V 736		