

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-698	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/09/2019
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NAME OF PROVIDER OR SUPPLIER MONTREAL COURT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 303 NORTH MONTREAL COURT CARY, NC 27511
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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 000	INITIAL COMMENTS An Annual and Follow up survey was completed on 04-09-19. Deficiencies were cited This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Rakisha Perry-Green

TITLE

QA/QI Mgr

(X8) DATE

5/9/19

STATE FORM

5899

O4W411

If continuation sheet 1 of 10

RECEIVED

By DHSR-Mental Health Licensure at 3:36 pm, May 09, 2019

#016 P.019/031

05/09/2019 15:25

From:

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure only staff (1 of 3 audited staff (#1)) were trained by a nurse pharmacist or other qualified personnel prior to administering medications. The findings are:</p> <p>Review on 04-03-19 of staff #1 personnel record revealed - hire date 06-18-18 - training in medication administration completed on 01-18-19</p> <p>During an interview on 04-04-19, Staff #1 reported she was certified as a medication technician (this is a requirement for adult care facilities and does not meet the rule requirement for this facility).</p>	V 118	<p>Audited staff from this report have received the training and are in compliance.</p> <p>Going forward as new staff are hired, Tammy Lynn Center for Developmental Disabilities (TLCDD) will ensure that staff is trained on medication administration by a nurse, pharmacist, or other qualified professional prior to administering medications. We will track this by HR personnel and will be monitored for compliance by the QA/QI Manager on a quarterly basis.</p>	6/8/2019
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 (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</p>	V 536		

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V 536	<p>Continued From page 2</p> <p>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> <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; 	V 536		

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V 536	<p>Continued From page 3</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</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 anytime.</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>	V 536		

#016 P.022/031

05/09/2019 15:27

From:

Division of Health Service Regulation

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V 536	<p>Continued From page 4</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 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>	V 536		

#016 P.023/031

05/09/2019 15:28

From:

Division of Health Service Regulation

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V 536	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record review and interview 1 of 3 audited staff (#2) failed to maintain annual training in alternatives to restrictive interventions. The findings are:</p> <p>Review on 04-03-19 of staff #2's personnel record revealed: - Hire date May 2014 - NCI training expired January 2019</p> <p>During interview on 04-04-19, Staff #2 reported that she is signed up for a training the following week however, her NCI training is expired.</p> <p>During interview on 04-03-19 with the Human Resource Director she stated that Staff #2's training had expired January 2019.</p>	V 536	<p>The audited staff has been trained on NCI+ Part A & B. We are tracking attendance and expirations using Relias (e-learning software) to ensure that going forward, we are keeping up with expirations of all required training. The staff and their supervisor will receive alerts about upcoming trainings within 30 days of the expiration by email from the system. The QA/QI Manager and HR department will follow up any staff person and their supervisor that misses a scheduled training to ensure that they are not scheduled on a shift in the home without current trainings.</p>	6/8/2019
V 537	<p>27E .0108 Client Rights - Training in Sec Rest & ITO</p> <p>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</p>	V 537		

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V 537	<p>Continued From page 6</p> <p>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> <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 	V 537		
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V 537	<p>Continued From page 7</p> <p>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 anytime.</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</p>	V 537		

#016 P.026/031

05/09/2019 15:29

From:

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-698	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/09/2019
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V 537	<p>Continued From page 8</p> <p>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 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 anytime.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p>	V 537		

#016 P.027/031
05/09/2019 15:30
From:

Division of Health Service Regulation

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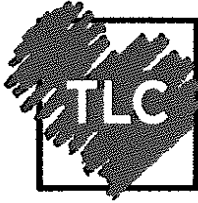
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V 537	<p>Continued From page 9</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview 1 of 3 audited staff (#2) failed to maintain annual training in seclusion physical restraint and isolation time out. The findings are:</p> <p>Review on 04-03-19 of staff #2's personnel record revealed: - Hire date May 2014 - NCI training expired January 2019</p> <p>During interview on 04-04-19 Staff #2 reported that she is signed up for a training the following week however, her NCI training is expired.</p> <p>During interview on 04-03-19 with the Human Resource Director she stated that Staff #2's training had expired January 2019.</p>	V 537	<p>The audited staff has been trained on NCI+ Part A & B. We are tracking attendance and expirations using Relias (e-learning software) to ensure that going forward, we are keeping up with expirations of all required training. The staff and their supervisor will receive alerts about upcoming trainings within 30 days of the expiration by email from the system. The QA/QI Manager and HR department will follow up any staff person and their supervisor that misses a scheduled training to ensure that they are not scheduled on a shift in the home without current trainings.</p>	6/8/2019

#016 P.028/031

05/09/2019 15:30

From:



Tammy Lynn Center for Developmental Disabilities

739 Chappell Drive | Raleigh, NC 27606 | Office (919) 832-3909 | Fax (919) 755-7421 | www.tammylynncenter.org

*Holly J. Richard, President & CEO
TLC Operations, Inc.*

May 7, 2019

Mental Health Licensure/Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718
Phone: (919) 855-3795
Fax: (919) 715-8078

Re: Annual and Follow up Survey completed: April 9, 2019

- (a) Montreal Home - 303 North Montreal Court Home, Cary NC 27511 – MHL#092-698
- (b) Rose Home - 209 Rose Street, Cary, NC 27511 – MHL#092-267
Intake #NC00149329 & NC#00148457
- (c) Ralph Home - 413 Ralph Drive, Cary, NC 27511 – MHL#092-676

To Whom It May Concern:

Enclosed please find the Plan of Correction for TLC Operations, Inc. d/b/a Tammy Lynn Center for Developmental Disabilities for our Rose, Montreal and Ralph Homes. We appreciate your efforts to ensure our Center is doing everything possible to provide the best services and support possible to the individuals we serve and their families.

If you have any questions, please do not hesitate to call.

Sincerely,

Lakisha Perry-Green
QA/QI Manager

RECEIVED

By DHSR-Mental Health Licensure at 3:36 pm, May 09, 2019