

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/09/2019
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NAME OF PROVIDER OR SUPPLIER RHCC CAMBRIDGE PLACE CASAWORKS & PI	STREET ADDRESS, CITY, STATE, ZIP CODE CAMBRIDGE PLACE - VARIOUS SUITES SMITHFIELD, NC 27577
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on May 9, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .4100 Therapeutic Homes for Individuals With Substance Abuse Disorders And Their Children.</p>	V 000		
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> <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>	V 536		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 536	<p>Continued From page 1</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <ol style="list-style-type: none"> (1) Documentation shall include: <ol style="list-style-type: none"> (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may 	V 536		

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V 536	<p>Continued From page 2</p> <p>review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p>	V 536		

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V 536	<p>Continued From page 3</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 interview, the facility failed to ensure one of four staff (#1) had current training on the use of alternatives to restrictive interventions prior to providing services. The findings are:</p> <p> </p> <p>Review on 5/9/19 of Staff #1's personnel records revealed: -Hire date of April 2005. -Staff #1 was hired as a Behavioral Health Technician. -There was no documentation that Staff #1 had</p>	V 536		

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V 536	Continued From page 4 an updated training on the use of alternatives to restrictive interventions. Interview on 5/9/19 with the Human Resources Director revealed: -Agency only applied alternatives to restrictive interventions. -Agency used EBPI Interventions-Prevent as curriculum to meet training on alternatives to restrictive interventions. -Staff #1 had just come back from sick leave. -Staff #1 was scheduled for EBPI training at the end of May 2019. -He confirmed Staff #1 did not have an updated training on the use of alternatives to restrictive interventions.	V 536		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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. This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are: Observation on 5/9/19 between 1:15 p.m. and 2:20 p.m. revealed: - Apartment (Apt) 101 - Walls from living area and kitchen needed to be repainted as they were dirty,	V 736		

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V 736	<p>Continued From page 5</p> <p>scratched and stained.</p> <ul style="list-style-type: none"> - Upstairs walls had scratches on them. - Apt 102 - The front door had stains on it. <ul style="list-style-type: none"> - Air conditioning vents were rusted. - Air conditioning intake vent was rusted. - Apt 103 (Day care unit)- Carpet in stairs had several dark stains. - Apt 104 -Walls from living area, kitchen and upstairs bedrooms needed to be repainted as they were dirty, scratched and stained. <ul style="list-style-type: none"> -Stains were observed on the front door. - Apt 105- Walls from living area and kitchen needed to be repainted as they were dirty, scratched and stained. - Apt 106- Walls from living area, kitchen and upstairs bedrooms needed to be repainted as they were dirty, scratched and stained. - Apt 108- Walls from living area, kitchen, stairs and upstairs bedrooms needed to be repainted as they were dirty, scratched and stained. <ul style="list-style-type: none"> - Stains were observed on the front door. - Apt 110 - Frame of front door was rotten on the lower right corner. - Apt 114 - Bottom of corner wall in the kitchen was scrapped/torn off. <ul style="list-style-type: none"> - Walls from living area and kitchen needed to be repainted as they were dirty, scratched and stained. - Wood railings at entrance were stained. - Upstairs bathrooms were missing light bulbs. Bathroom #1 had only one bulb out of four. Bathroom #2 only had one bulb out of three. - Apt 116 - Paint on wall by entrance door was peeling off. <ul style="list-style-type: none"> - Stair walls were dirty, scratched and stained. - Upstairs bathrooms were missing light bulbs. Bathroom #1 had only one bulb out of four. Bathroom #2 had two bulbs out of three. - Apt 118 - Some of the railings on front steps 	V 736		

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V 736	<p>Continued From page 6</p> <p>were rotten.</p> <ul style="list-style-type: none"> - Front door was dirty and stained. - Carpet on stairs were stained. - Upstairs bathrooms were missing light bulbs. Bathroom #1 had only one bulb out of four. Bathroom #2 only had one bulb out of three. - Walls from living area and kitchen needed to be repainted as they were dirty, scratched and stained. - Apt 120 - Some of the railings on front steps were rotten. - Walls from living area and kitchen needed to be repainted as they were dirty, scratched and stained. - Wall from bedroom #2 had a section that was peeled off. - Apt 122 - Some railings on the front steps were rotten. - Blinds by the kitchen door were broken. - Blinds in bedroom #1 had broken parts. - Upstairs bathrooms were missing light bulbs. Bathroom #1 had only one bulb out of four. Bathroom #2 only had one bulb out of three. - For apartments 101-105, the outside of the building walls showed mold/mildew. 	V 736		