

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL077-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2019
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NAME OF PROVIDER OR SUPPLIER SAMARITAN COLONY	STREET ADDRESS, CITY, STATE, ZIP CODE 136 SAMARITAN DRIVE ROCKINGHAM, NC 28379
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on May 31, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders and 10A NCAC 27G .3700 Day Treatment Facility for Individuals with Substance Abuse Disorders.</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</p>	V 118		

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

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V 118	<p>Continued From page 1</p> <p>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 observation, record review and interviews the facility failed to have physician's orders affecting one of three clients (#1). The findings are:</p> <p>Review on 5/30/19 of client # 1's record revealed: -Admission date of 5/23/19. -Diagnoses of Alcohol Use Disorder-Severe and Type II Diabetes. -The May 2019 MAR had the following medications and administration directions listed: Lisinopril 20 mg, one tablet daily; Metoprolol 100 mg, two tablets daily; Mirtazapine 30 mg, one tablet daily; Novolog Flex Pen, one injection daily; Trazodone 50 mg, one tablet as needed; Multivitamin, one tablet daily; Folic Acid 400 mcg, one tablet daily and Metformin HCL 500mg, one tablet two times daily. Staff had administered the medications listed above to client #1 May 23-30. -There were no physician's orders for any of the administered medications listed above.</p> <p>Observation on 5/30/19 of the medication area at approximately 4:00 PM revealed: -All of the medications listed above were in client #1's medication box.</p> <p>Interview with client #1 on 5/31/19 revealed: -He was admitted into the program on 5/23/19. -He brought several medications with him to the</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>program.</p> <p>-He started taking his medications the first day of his admission.</p> <p>-Staff had been administering his medication to him on a daily basis.</p> <p>Interview with the Executive Director on 5/30/19 and 5/31/19 revealed:</p> <p>-The Residential Services Technician would normally check-in the medication for a client at admission.</p> <p>-The Residential Services Technician would record each clients medication on a form.</p> <p>-The Residential Services Technician would call the Physician's Assistant to get a verbal order to give the medication.</p> <p>-The Physician's Assistant would normally come to the facility and sign the order within 1-2 days.</p> <p>-The Physician's Assistant had not been to the facility since last week.</p> <p>-The Physician's Assistant had not signed any orders for clients who were recently admitted.</p> <p>-Client #1 came to the facility with the above medications.</p> <p>-Client #1 had been taking his medication since his first day of admission.</p> <p>-He confirmed the facility failed to have physician's orders for client #1.</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</p>	V 536		

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V 536	<p>Continued From page 3</p> <p>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> <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; 	V 536		

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V 536	<p>Continued From page 4</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</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 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</p>	V 536		

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V 536	<p>Continued From page 5</p> <p>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> <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>	V 536		

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V 536	<p>Continued From page 6</p> <p>(I) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure four of four audited staff (staff #1, staff #2, the Counselor and the Executive Director) had training on the use of alternatives to restrictive interventions prior to providing services. The findings are:</p> <p>a. Review on 5/31/19 of the facility's personnel files revealed: -Staff #1 had a hire date of 7/19/16. -Staff #1 was hired as a Night Shift Aide. -Staff #1 had a Evidence Based Protective Interventions Training certificate that expired on 5/30/19. -There was no documentation staff #1 had current training on the use of alternatives to restrictive interventions.</p> <p>b. Review on 5/31/19 of the facility's personnel files revealed: -Staff #2 had a hire date of 2/6/08. -Staff #2 was hired as a Cook. -Staff #2 had a Evidence Based Protective Interventions Training certificate that expired on 5/30/19. -There was no documentation staff #2 had current training on the use of alternatives to restrictive interventions.</p> <p>c. Review on 5/31/19 of the facility's personnel</p>	V 536		

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V 536	<p>Continued From page 7</p> <p>files revealed: -The Counselor had a hire date of 6/13/03. -The Counselor had a Evidence Based Protective Interventions Training certificate that expired on 5/30/19. -There was no documentation that the Counselor had current training on the use of alternatives to restrictive interventions.</p> <p>d. Review on 5/31/19 of the facility's personnel files revealed: -The Executive Director had a hire date of 4/21/81. -The Executive Director had a Evidence Based Protective Interventions Training certificate that expired on 5/30/19. -There was no documentation that the Executive Director had current training on the use of alternatives to restrictive interventions.</p> <p>Interview with the Executive Director on 5/31/19 revealed: -The facility used Evidence Based Protective Interventions training on the use of alternatives to restrictive interventions. -He had been very busy with other duties and just recently realized the training for everyone had expired. -He confirmed there was no documentation of current training on the use of alternative to restrictive intervention for staff #1, staff #2, the Counselor and Executive Director.</p>	V 536		