

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/15/2019
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NAME OF PROVIDER OR SUPPLIER HOPEWELL	STREET ADDRESS, CITY, STATE, ZIP CODE 292 DOGWOOD LANE SNOW HILL, NC 28580
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V 000	INITIAL COMMENTS A compliant survey was completed on May 15, 2019. The complaint was unsubstantiated. (Intake #NC 00151182). 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 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112	V 112-- The following measures will be put in place to correct this deficiency: -The short range outcomes will be updated to address a toileting schedule, elopment risk, wandering, stealing, and OCD symptoms/behaviors. -all staff will be trained by the Qualified Professional on all the added outcomes and the coresponding strategies/staff responsibilities. -A toileting schedule will be completed by staff each day at 2 hour intervals within the residential setting. -Verification that toileting schedule is being adhered to will be conducted via a "Toileting schedule form". This toileting schedule form will require staff to initial each time they follow the schedule and client #5 uses the restroom. The "toileting schedule form" will be submitted to the QP each month and the QP will sign and store this record in the individual's clinical record. If staff fail to accurately complete this form, staff will be corrected, and if necessary, disciplined if continued failure occurs. Measures to be put into place to prevent the problem from occurring again include: -A yearly review of the short range outcomes which coincide with the yearly ISP meeting held with the entire team. -Qualified Professional will review the entire ISP upon receipt from the Care	6/15/19 6/15/19 6/15/19 6/15/19 10/1/19 at time of yearly ISP

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Mickela Rowsey Owens, BSW/CP
STATE FORM 6899

TITLE
Qualified Professional
TN3711

(X6) DATE
5/24/19

DHSR - Mental Health If continuation sheet 1 of 10

MAY 30 2019

Lic. & Cert. Section

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies based on assessment affecting 1 of 4 clients (#5). The findings are: Review on 5/8/19 of client #5's record revealed: - 53 year old male admitted to the facility 3/23/00. - Diagnoses included Autism Spectrum Disorder, severe with behavior disturbances, Obsessive Compulsive Disorder, severe, and severe Intellectual/Developmental Disability. - Individual Support Plan completed by the Local Management Entity Care Coordinator effective 10/1/18, included: "I wear Attend pull-ups to assist with incontinence. . . . however, I am prompted by staff to use the bathroom about every two hours even during the night hours because I am having accidents where I wet the bed every night. I continue to require full support with toileting to ensure that I am clean and dry throughout the day and night. . . . I will elope from the day program and from the group home if I feel like it . . . I will get up and wander at night . . . Even though I don't like it when people try and take my things, I don't have a problem taking their belongings, like food and snacks and then eating it. I'm actually pretty sneaky when it comes to taking food. I will watch the person and make sure that they aren't looking and then take their food. . . . People need to know that I exhibit symptoms of OCD [obsessive-compulsive disorder] and present with the following repetitive behaviors and compulsions: Seeing people with their legs or arms cross is sometimes disturbing to me and I will uncross them. . . . I will straighten someone's collar if it is crooked or pull their shirt down and straighten the hem I have been	V 112	Coordinator to ensure that all areas of concern are identified within the Short Range Outcomes. Monitoring will be conducted by the Qualified Professional to ensure these deficiencies do not occur again. This monitoring will take place atleast yearly and when an ISP update occurs.	

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V 112	<p>Continued From page 2</p> <p>having bathroom accidents every night. I will need for staff to awaken me every 2 hours to use bathroom to prevent this." - "Short Range Goals/Interventions" effective 10/1/18 with no strategies to address client #5's toileting schedule, elopement risk, wandering, stealing, or OCD symptoms/behaviors.</p> <p>Client #5 declined to participate in an interview.</p> <p>During interview on 5/8/19 staff #3 stated he worked the overnight shift at the facility. He would get client #5 up at 3:00 am "he's been in bed a little while by then. That's the only time I get him up during the night."</p> <p>During interviews on 5/7/19 and 5/8/19 the Qualified Professional stated there was a camera in client #5's bedroom at the guardian's request. The guardian wanted the camera placed in client #5's bedroom to ensure staff were getting him up every 2 hours according to his toileting schedule.</p>	V 112		
V 503	<p>27D .0103 Client Rights - Search And Seizure Policy</p> <p>10A NCAC 27D .0103 SEARCH AND SEIZURE POLICY</p> <p>(a) Each client shall be free from unwarranted invasion of privacy.</p> <p>(b) The governing body shall develop and implement policy that specifies the conditions under which searches of the client or his living area may occur, and if permitted, the procedures for seizure of the client's belongings, or property in the possession of the client.</p> <p>(c) Every search or seizure shall be documented. Documentation shall include:</p> <p>(1) scope of search;</p>	V 503	<p>V 503-- The following measures will be put in place to correct deficiency:</p> <p>-The camera has been removed from client #5's bedroom.</p> <p>-The guardian has been notified of this change and discussion took place on procedures that can be implemented to assist in ensuring she felt comfortable with the care client #5 was receiving.</p> <p>Measures to prevent the problem from occurring again include:</p> <p>-Quarterly client rights committee meetings to be held to discuss any potential invasions of privacy.</p> <p>-Regular house checks conducted by the Qualified Professional to ensure all</p>	<p>5/24/19</p> <p>5/24/19</p>

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V 503	<p>Continued From page 3</p> <p>(2) reason for search; (3) procedures followed in the search; (4) a description of any property seized; and (5) an account of the disposition of seized property.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 4 audited clients (#5) was free from unwarranted invasion of privacy. The findings are:</p> <p>Review on 5/8/19 of client #5's record revealed: - 53 year old male admitted to the facility 3/23/00. - Diagnoses included Autism Spectrum Disorder, severe with behavior disturbances, Obsessive Compulsive Disorder, severe, and severe Intellectual/Developmental Disability. - Individual Support Plan completed by the Local Management Entity Care Coordinator effective 10/1/18, included: "I wear Attend pull-ups to assist with incontinence. . . . however, I am prompted by staff to use the bathroom about every two hours even during the night hours because I am having accidents where I wet the bed every night. I continue to require full support with toileting to ensure that I am clean and dry throughout the day and night. . . . I will get up and wander at night . . . I have been having bathroom accidents every night. I will need for staff to awaken me every 2 hours to use bathroom to prevent this."</p> <p>Client #5 declined to participate in an interview.</p> <p>During interviews on 5/7/19 and 5/8/19 the Qualified Professional stated in addition to the cameras in common areas of the facility, at the</p>	V 503	<p>V 503 continued... individuals' privacy is respected.</p> <p>Monitoring of this situation will occur atleast quarterly by the Qualified Professional, as well as, quarterly client rights committee meetings.</p>	

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V 503	Continued From page 4 guardian's request, there was a camera in client #5's bedroom. "That camera always works." The guardian wanted the camera placed in client #5's bedroom to ensure staff were getting him up every 2 hours according to his toileting schedule. She was not sure if client #5 agreed to the placement of a camera in his bedroom; she could not find any documentation regarding the camera. He was "as aware as he can be" of the camera.	V 503		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 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 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. (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. (d) The training shall be competency-based, include measurable learning objectives,	V 537	V 537--The following measures will be put in place to correct the deficit: -Client #5's Short Range Outcomes identify that "staff will not utilize restraint unless it is to prevent harm to himself or others." This strategy will be updated to not include physical restraints. At which point all staff have been trained in the NCI+ techniques, if physical restraints are recommended by the entire treatment team, the short term outcome will be update again to include these techniques. -Client #5's Short Range outcomes will detail strategies and staff responsibilities related to de-escalation techniques and redirection to assist in preventing any need for physical restraints. -Qualified Professional will ensure that all staff are trained on the new outcomes, strategies and staff responsibilities. The following measure will be put in place to prevent the problem from occurring again: -When Ambleside's Human Rights committee convenes on June 16, 2019, we will discuss and receive approval to add Restrictive interventions and	7 6/15/19 6/15/19 9/1/19

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V 537	Continued From page 5 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 plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of: (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 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; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (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	V 537	V 537 continued... and Defensive techniques into our NCI+ training regimen. Once approval has been received, Ambleside's trainer will be trained in these techniques so that they can teach all Hopewell home staff. Once this training has been developed by Ambleside's NCI instructor, Hopewell home staff will be retrained in NCI+ to verify competency in Restrictive and Defensive trainings. This situation will be monitored through a system set up through the Ambleside Human Resources department to track employee training and alert employees when it is time to re-certify their trainings before the training expires. Human Resources has a database of all employees and their training expirations. If any employee expires on a major training (ie. NCI+) their supervisor will be contacted and they will be removed from the schedule.	

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V 537	<p>Continued From page 6</p> <p>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> <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</p>	V 537		

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V 537	<p>Continued From page 7</p> <p>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 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> </p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 2 of 3 audited staff (#3 and #10)</p>	V 537		
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V 537	<p>Continued From page 8</p> <p>received training in physical restraint, seclusion and isolation time-out prior to the delivery of services to a person whose treatment plan included restrictive interventions. The findings are:</p> <p>Review on 5/7/19 of client #5's record revealed; - 53 year old male admitted to the facility 3/23/00. - Diagnoses included Autism Spectrum Disorder, severe with behavior disturbances, Obsessive Compulsive Disorder, severe, and severe Intellectual/Developmental Disability - "Short Range Goals/Interventions" effective 10/1/18 included: "Short Range Goal [client #5] will have 30% fewer episodes of behavior during the plan year Intervention: . . . Staff will not utilize restraint unless it is to prevent harm to himself or others."</p> <p>Review on 5/8/19 of staff #3's personnel record revealed: - Title of Paraprofessional, hired 2/25/19. - Training in NCI (North Carolina Interventions)+ Interventions, Preventions and Alternatives, part A completed 2/25/19. - No documented training in NCI+ Interventions Restrictive training including physical techniques or Defensive training.</p> <p>During interview on 5/8/19 staff #3 stated: - He worked the overnight shift at the facility. - He had completed NCI+ training, including defensive training during his orientation period. - He had never used any physical restraint techniques. - He tried to de-escalate situations and talk with the clients.</p> <p>Review on 5/8/19 of staff #10's personnel record revealed:</p>	V 537		

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V 537	<p>Continued From page 9</p> <ul style="list-style-type: none"> - Title of Paraprofessional, hired 10/3/18. - Training in NCI+ Interventions, Preventions and Alternatives, part A, and Defensive training parts A & B, 10/12/18. - No documented training in NCI+ Interventions Restrictive Training, including physical techniques. <p>During interview on 5/8/19 staff #10 stated:</p> <ul style="list-style-type: none"> - She worked at the facility in the morning and afternoon. - She had completed "all the training" before she actually started working with clients. - She had not used NCI+ Interventions "hands-on" techniques at the facility. <p>During interview on 5/8/19 the Human Resources Assistant stated he could not locate documentation of NCI+ defensive training or NCI+ restrictive training for staff #3 or #10. He thought perhaps the Licensee was trying to eliminate the use of hands-on interventions at the facility.</p>	V 537		