MHL-001-258
Motivational Residential Care II

RECEIVED
By DHSR - Mental Health Lic. & Cert. Section at 12:52 pm, Jun 11, 2019

Plan of Correction

Reference to out of compliance issues: Deficiency Description: 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.

Comment: This Rule was not met as evidenced by: the facility failed to have written consent or agreement by the client or responsible party affecting three of three clients (#1, #2 and #3)

Procedure: a. Review on 05/07/19 of client #1's record revealed: -
Client #1's record revealed: -Admission date of 1/3/19. -Diagnoses of Intellectual Developmental Disability; Type 1 Diabetes; Intermittent Explosive Disorder; Seizure Disorder; Hyperlipidemia; Glycogen Storage Disease Type 3. -Person Centered Plan expired on 3/16/18.

Systematic Change to Prevent the Out-of Compliance Issues:

Motivational Residential Care QP will review and revise all PCP's and have each client and team members signs all plans. This will be completed by May 10, 2019. QP will conduct audit review each month to assure compliance. Each new admit will have a PCP signed within 72 hours of admit date. If PCP is unable to get signed in a timely fashion, a note will be made and placed into the book.

Reference to out of compliance is:
10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use.

Comment:
This Rule is not met as evidenced by: Based on record review and interview the facility failed to conduct fire and disaster drills on every shift at least quarterly. The findings are: Review on 5/7/19 of the facility's fire drills record revealed: -2/10/19- 1st shift. -There were no fire drills on the fourth quarter of 2018 for 1st, 2nd or 3rd shift. -There were no fire drills on the first quarter of 2019 for 2nd or 3rd shift. Review on 5/7/19 of the facility's disaster drills record revealed: -

There were no disaster drills conducted on 1st, 2nd or 3rd shift of the last quarter of 2018. -There were no disaster drills conducted on 1st, 2nd or 3rd shirt for the first quarter of 2019.

Systematic Change to Prevent the Out-Of Compliance Issues:
Director will ensure that all drills are done on a quarterly basis. This will be corrected by the May 10, 2019 and done quarterly thereafter for all shifts where clients are present.

Reference to Out of Compliance:
G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.

Comment:
This Rule is not met as evidenced by: V 131 Based on review of record and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for two of three audited staff (#1, #2).

Systematic Change to Prevent the Out-of Compliance Issues:
Director will make sure that all HCPR is completed before hire date and thereafter yearly on all employees.

Reference to Out of Compliance:

G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section.

Comment:
Based on record review and interview, the facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment affecting one of three staff (#1). The findings are: Review on 5/7/19 of Staff #1's personnel records revealed: -Hire date of 4/23/19. -Staff #1 was hired as a Paraprofessional. -Criminal background check for Staff #1 was conducted on 5/7/19. Interview on 5/7/19 with the Owner/Facility Director confirmed: -The Criminal background check for Staff #1 was not completed prior to hiring.

Systematic Change to Prevent the Out-of Compliance Issues:
Director will ensure that all background checks are completed before offer of employment is extended. Director will conduct background checks annually thereafter.

Reference to out of Compliance:

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 which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data (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. (e) Formal refresher training must be completed by each service provider periodically (minimum annually).

Comment:

This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure two of three staff (#1 and #2) had current training on the use of alternatives to restrictive interventions prior to providing services. The findings are: Review on 5/7/19 of Staff #1's personnel records revealed: -Hire date of 4/23/19. -Staff #1 was hired as a Paraprofessional. -There was no documentation that Staff #1 had training on the use of alternatives to restrictive interventions. Review on 5/7/19 of Staff #2's personnel records revealed: -Hire date of 4/23/19. -Staff #2 was hired as a Paraprofessional. -There was no documentation that Staff #2 had current training on the use of alternatives to restrictive interventions. Interview on 5/7/19 with the Owner/Facility Director revealed: -The group home had a "no hands on" policy. -Group home only applied alternatives to restrictive interventions. -Staff #1 and #2 were scheduled to attend training on alternatives to restrictive interventions on 5/10/19. -She confirmed Staff #1 and #2 had no current training on the use of alternatives to restrictive interventions.

Systemic Change to prevent the Out of Compliance:

Director will ensure that all NCI's are done within 30 days of hire. Director will make sure that training is renewed annually thereafter.

Motivational Residential Care

2502 Briarwood Dr.
Burlington, NC. 27215

North Carolina Department of Health and Human Services
Re: Annual Survey

Greetings:, Facility Survey Consultant I

Thank you for allowing Motivational Residential Care the opportunity to submit a plan of correction for the areas cited within our facility, on May 7, 2019
Thank you,

Enclosed: Plan of Correction