

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-857	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2019
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NAME OF PROVIDER OR SUPPLIER ANN'S HAVEN OF REST II	STREET ADDRESS, CITY, STATE, ZIP CODE 1919 BOAZ ROAD RALEIGH, NC 27610
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V 000	<p>INITIAL COMMENTS</p> <p>An Annual and Follow Up Survey was completed 6/7/19. Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Mentally Ill Adults.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based</p>	V 107		

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

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V 107	<p>Continued From page 1</p> <p>upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure one of three staff (#3) that provided services to clients on behalf of the facility had no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry (HCPR). The findings are:</p> <p>Review on 06/06/19 of staff #3's record revealed: -hired: no specific hire date but evidence of gathering personnel information as early as 02/06/19 -HCPR dated 06/04/19 one substantiated abuse, neglect entered 01/08/19 "nursing family care entered 01/18/19"</p> <p>During interview on 05/29/19, staff #1 reported she: -had worked off and on for the facility for the past few years.</p>	V 107		

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V 107	<p>Continued From page 2</p> <p>-recently returned and worked as needed since the beginning of 2019</p> <p>During interview on 06/06/19 of the facility's Sandra reported:</p> <p>-in addition to mental health licensure, the agency also provided Adult Care Section (Family Care Home) licensed by Division of Health Service Regulation (DHSR)</p> <p>-staff #3 had worked at their agency on and off for a few years for both DHSR licensed services. Not sure of the exact date staff #3 returned to work at the agency</p> <p>-in review of staff #3's record prior to this interview, it was discovered a HCPR was not in her record.</p> <p>-she completed staff #3's 06/04/19 HCPR but did not notice the substantiated finding until the time of this interview</p> <p>-staff #3 just started vacation out of the country. Later reported staff #3 quit as of 06/05/19 due to disagreement to rewrite a note per text.</p> <p>During interview on 06/07/19 the HCPR personnel:</p> <p>-verified the 01/18/19 substantiated finding referencing staff #3</p> <p>-reported in the HCPR case regarding staff #3, all appeals had been exhausted and the case had been closed</p> <p>-disclosed per licensure regulations, staff #3 would not be eligible to work in any service regulated by DHSR or entity in which the HCPR would be accessed prior to hiring</p>	V 107		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.	V 536		

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V 536	<p>Continued From page 3</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> <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> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and</p>	V 536		

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V 536	<p>Continued From page 4</p> <p>external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</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</p>	V 536		

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

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V 536	<p>Continued From page 6</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>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure three of three audited staff (staff #1, staff #2, staff #3) had training in the same alternatives to restrictive interventions prior to providing services. The findings are:</p> <p>a. Review on 06/05/19 of the facility's personnel files revealed the following for staff #1: - hired 07/19/16 -primarily worked the morning shift. -had a MANDT training certificate that expired on 03/21/20.</p> <p>-</p> <p>b. Review on 06/05/19 of the facility's personnel files revealed the following for staff #2: -hired June 2016. -primarily worked the overnight shift. -had a Evidence Based Protective Interventions Training certificate issued on 03/06/19.</p> <p>c. Review on 06/05/19 of the facility's personnel files revealed the following for staff #3:</p>	V 536		

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V 536	<p>Continued From page 7</p> <ul style="list-style-type: none"> -no specified hire date- documentation of training as early as 02/06/19 . -primarily worked as needed. -had a Evidence Based Protective Interventions Training certificate issued 02/06/19. <p>Interview with the Executive Director on 06/05/19 revealed:</p> <ul style="list-style-type: none"> -staff worked alone on each shift -the facility used Evidence Based Protective Interventions training on the use of alternatives to restrictive interventions. -she was not aware all staff had to be trained in the same alternative to restrictive intervention curriculum 	V 536		