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	MHL041-997	A. BUILDING: _____ B. WING _____	07/05/2019

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V 000	INITIAL COMMENTS An annual survey was completed on 7/5/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.	V 110		

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V 110	Continued From page 1 This Rule is not met as evidenced by: Based on interview, the facility failed to provide supervision by a Qualified Profession (QP) for 1 of 1 staff (the Owner). The findings are: Interview on 7/5/19 with the Owner revealed: -He had laid the QP off in May; -"She (the QP) would have stayed on;" -"It was just a decision where I couldn't pay her;" -"[Client #2's] Special Assistance ran out due to some situation there at the Department of Social Services;" -He had not received Special Assistance for client #2 for the months of October 2018- April 2019; -He had been forced to choose between whether he paid the rent, provided the clients with 3 meals a day, provided the clients with their medications or pay the QP and other staff; -The Owner had been the only staff working at the facility other than 1 volunteer since May 2019; -"I'm like picking 1 of the 2 lesser evils;" -He had intended to hire a new QP within the next 30-45 days. Interview on 7/5/19 with the volunteer/relief staff revealed: -"Well, right now, the things that [the Owner] is going through this year is kind of rough, the finances;" -The Owner couldn't afford to pay her or the QP, so he laid them both off.	V 110		

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V 112	Continued From page 2	V 112		
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. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to assure 2 of 2 clients (clients #1 and #2) treatment plans were revised at least annually. The findings are: Review on 7/5/19 of client #1's record revealed:	V 112		

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V 112	Continued From page 3 -An admission date of 5/11/15; -Diagnoses of Schizoaffective Disorder, Post Inflammatory Pulmonary Fibrosis, Stage 3 Hypertension, Anemia, Gastroesophageal Reflux Disease, and Coronary Atherosclerosis; -A Treatment Plan dated 3/20/18 with no updates. Review on 7/5/19 of client #2's record revealed: -An admission date of 8/4/11; -Diagnoses of Schizophrenia, Hypertension, Traumatic Brain Injury, Epilepsy and Gastroesophageal Reflux Disease; -A Treatment Plan dated 8/20/17 with no updates. Interview on 7/5/19 with the Owner revealed: -He had laid the QP off in May; -"She (the QP) would have stayed on;" -"It was just a decision where I couldn't pay her;" -Since the facility had no QP, there was no one to revise the clients Treatment Plans annually; -"She (the former QP) would pretty much just update them;" -"The goals stayed the same;" -"[Client #2's] Special Assistance ran out due to some situation there at the Department of Social Services;" -He had not received Special Assistance for client #2 for the months of October 2018- April 2019; -He had been forced to choose between whether he paid the rent, provided the clients with 3 meals a day, provided the clients with their medications or pay the QP and other staff; -The Owner had been the only staff working at the facility other than 1 volunteer since May 2019; -"I'm like picking 1 of the 2 lesser evils;" -He had intended to hire a new QP within the next 30-45 days. Interview on 7/5/19 with the volunteer/relief staff revealed:	V 112		

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V 112	Continued From page 4 -"Well, right now, the things that [the Owner] is going through this year is kind of rough, the finances;" -The Owner couldn't afford to pay her or the QP, so he laid them both off.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 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. This Rule is not met as evidenced by: Based on interview, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift. The findings are: Interview on 7/5/19 with the Owner revealed: -"We do have them but any of them documented, no;" -"I haven't had time to get around to it (documenting fire and disaster drills);" -He had not documented a fire or disaster drill since July 2018;	V 114		

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V 114	Continued From page 5 -He was aware that fire and disaster drills were required to be held at least quarterly and repeated for each shift.	V 114		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 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 gathered. (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). (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.	V 536		

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V 536	Continued From page 6 (g) Staff shall demonstrate competence in the following core areas: (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). (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 outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence	V 536		

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V 536	Continued From page 7 by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (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. (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. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (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. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include:	V 536		

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V 536	Continued From page 8 (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff and volunteers/relief staff were trained in alternatives to restrictive interventions on an annual basis affecting 1 of 1 staff (the Owner) and 1 of 1 volunteer/relief staff (staff #1). The findings are: Review on 7/5/19 of the Owners personnel record revealed: -A hire date of 6/22/11; -Documentation that training on alternatives to restrictive interventions was completed on 8/15/17. Review on 7/5/19 of staff #1's personnel record revealed:	V 536		

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V 536	Continued From page 9 -A hire date of 6/22/11; -Documentation that training on alternatives to restrictive interventions was completed on 8/15/17. Interview on 7/5/19 with the Owner revealed: -He and staff #1 had not completed training on alternatives to restrictive interventions since 8/15/17; -He had requested staff #1 schedule the training, but she had not followed through. Interview on 7/5/19 with staff #1 revealed: -She thought she and the Owner had completed training on alternatives to restrictive interventions in 2018; -She was sure that the documentation was at the facility, but the Owner had not yet filed it.	V 536		