

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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NAME OF PROVIDER OR SUPPLIER STICKNEY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 ROCKWELL LOOP MOORESVILLE, NC 28115
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 6/28/19. The complaints were substantiated (intake #NC00151099; intake #NC00152027 and intake #NC00153065). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</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</p>	V 107		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Division of Health Service Regulation

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V 107	<p>Continued From page 1</p> <p>applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based 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 ensure a complete personnel file was maintained for 3 of 5 audited staff (the House Manager, staff #1 and the Licensed Professional (LP)). The findings are:</p> <p>Review on 6/17/19 of the House Manager's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 7/2/18 as a Paraprofessional - No documentation that indicated the House Manager met the minimum level of education, competency, work experience, skills and other qualifications for the position <p>Review on 6/20/19 of staff #1's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 12/5/18 as a Paraprofessional 	V 107		

Division of Health Service Regulation

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V 107	<p>Continued From page 2</p> <ul style="list-style-type: none"> - No documentation that indicated staff #1 met the minimum level of education, competency, work experience, skills and other qualifications for the position <p>Review on 6/21/19 of the LP's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 5/15/19 as a Licensed Professional - A job description which listed the job responsibilities of a Paraprofessional - No documentation which listed the job responsibilities of a LP <p>Interviews on 6/21/19 and on 6/28/19 with the Operations Manager revealed:</p> <ul style="list-style-type: none"> - He was aware of the state of the employee records and realized the agency was still having "difficulty with getting the files together." - The Qualified Professional #1 (QP #1) had been the "point person" in ensuring the records were up to date; however, there appeared to have been a "miscommunication" between he and the QP #1 about how to go about making sure the employee records were complete and "in order." - He along with the QPs (Qualified Professionals) #1 and #2 were now in the process of reviewing all employee records and would be working to ensure all of the required information was placed in the records. 	V 107		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p>	V 108		

Division of Health Service Regulation

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V 108	<p>Continued From page 3</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 4 of 5 audited staff (the House Manager, staff #2, the Qualified Professional #1 (QP #1) and the Licensed Professional LP (LP) had completed minimum training, The findings are:</p> <p>Review on 6/17/19 of the House Manager's record revealed: - A hire date of 7/2/18</p>	V 108		

Division of Health Service Regulation

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V 108	<p>Continued From page 4</p> <ul style="list-style-type: none"> - No documentation the House Manager had completed training to meet the mh/dd/sa (mental health/developmental disabilities/substance abuse) needs of the clients as specified in the client's treatment plan <p>Review on 6/20/19 of staff #2's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 4/13/18 - No documentation that staff #2 had completed training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan and training in infectious diseases and bloodborne pathogens <p>Review on 6/20/19 of the Qualified Professional #1 (QP #1's) record revealed:</p> <ul style="list-style-type: none"> - A hire date of 9/28/18 - No documentation that the QP #1 had completed training in infectious diseases and bloodborne pathogens <p>Review on 6/21/19 of the Licensed Professional's (LP's) record revealed:</p> <ul style="list-style-type: none"> - A hire date of 5/15/19 - No documentation that the LP had completed training in infectious diseases and bloodborne pathogens <p>Interviews on 6/21/19 and on 6/28/19 with the Operations Manager revealed:</p> <ul style="list-style-type: none"> - He was aware of the state of the employee records and realized the agency was still having "difficulty with getting the files together." - The QP #1 had been the "point person" in ensuring the records were up to date; however, there appeared to have been a "miscommunication" between he and the QP #1 about how to go about ensuring the employee records were complete and "in order." - He along with the QPs (Qualified 	V 108		

Division of Health Service Regulation

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V 108	Continued From page 5 Professionals) #1 and #2 were reviewing employee records and working to ensure all required training had been completed and training certificates were placed in the employee records.	V 108		
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		

Division of Health Service Regulation

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V 110	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 4 of 5 audited paraprofessional staff (the House Manager, staff #1, staff #3 and staff #4) demonstrated the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Finding #1:</p> <p>Review on 6/17/19 of the House Manager's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 7/2/18 as a Paraprofessional <p>Review on 6/20/19 of staff #1's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 12/5/18 as a Paraprofessional <p>Review on 6/19/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 12/17/18 - Diagnoses of Oppositional Defiant Disorder (D/O); Attention Deficit Hyperactivity D/O (ADHD) -Combined Presentation; Other Specified D/O, Short Duration; and Unspecified Trauma-Stressor Related D/O - Client #1 was 15 years old <p>Review on 6/19/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 4/15/19 - Diagnoses of Bipolar D/O with Psychotic Features; ADHD - Combined Presentation; and Disruptive Mood Dysregulation D/O - Client #2 was 15 years old <p>Interview on 6/19/19 with client #2 revealed:</p> <ul style="list-style-type: none"> - He had observed staff (unnamed) recording FC #3 with their cell phone while FC #3 was 	V 110		

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V 110	<p>Continued From page 7</p> <p>upset</p> <ul style="list-style-type: none"> - "He (FC #3) got very destructive when he got mad." <p>Review on 6/17/19 of Former Client #3's (FC #3's) record revealed:</p> <ul style="list-style-type: none"> - An admission date of 3/26/19 - Diagnoses of Autism Spectrum D/O Without Accompanying Intellectual Impairment; Anxiety D/O, Unspecified; Mood D/O, Unspecified; ADHD, Combined Type by History; and Oppositional Defiant D/O by history versus Conduct D/O - A discharge date of 5/8/19 - Client was 14 years old - A "Behavior Support Plan" completed on 8/2/18 and last reviewed on 3/17/19 by the Program Director and FC #3's Therapist/Case Manager at his previous residential placement which documented FC#3's target behaviors which included "agitation - yelling, screaming, cursing and threatening others; out of area - leaving area without permission (greater than six feet); inappropriate social behavior - name calling, bragging, snitching on others, purposely leaving someone out, staring at others to intimidate, laughing at others when they make a mistake; property destruction - throwing items not meant to be thrown specifically at a person, kicking and hitting walls and objects, slamming doors, furniture or other objects that might not result in damages to the object; aggression - throwing items at an individual with attempt to harm (does not include throwing items at walls, on the floor, etc.), grabbing, hitting, spitting, kicking, etc. with the intent to harm; suicidal ideation - verbalizing thoughts of harming self or attempting to harm himself ..." <p>Interview on 6/17/19 with the House Manager</p>	V 110		

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V 110	<p>Continued From page 8</p> <p>revealed:</p> <ul style="list-style-type: none"> - FC #3 had a history of engaging in "fits" where he would begin yelling, punching walls, slamming doors, etc. - When FC #3 spoke to his mother about his behavior and if he had been placed on restriction (loss of privileges), his mother would "coddle" FC #3 and "wrote off things as if it were nothing." - FC #3's mother would tell him, "Oh sweetheart, don't worry about it..." - "His (FC #3's) mother had his back and wrote all things as if it were nothing." - The House Manager did not disclose that he had ever recorded FC #3 on his phone as a means of having evidence of FC #3's behaviors <p>Interview on 6/20/19 with FC #3's mother revealed:</p> <ul style="list-style-type: none"> - FC #3 told her that the House Manager and another staff (staff #1) had recorded him on their cell phone - She was concerned about how this recording could be used later. <p>An attempt to re-interview the House Manager on 6/24/19 via telephone was unsuccessful as a request for a return phone call went unmet.</p> <p>An attempt to interview staff #1 on 6/24/19 via telephone was unsuccessful as a request for a return phone call went unmet.</p> <p>Interview on 6/21/19 with the Qualified Professional #1 (QP #1) revealed:</p> <ul style="list-style-type: none"> - She was not aware of any staff having recorded a client using their personal cell phone - Staff could record the damage a client had done; however, they should never record a client during the course of a behavior, including property destruction 	V 110		

Division of Health Service Regulation

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V 110	<p>Continued From page 9</p> <ul style="list-style-type: none"> - Staff should "never ever" video a client as it would be a "breach of their confidentiality." <p>Interview on 6/28/19 with the Qualified Professional #2 (QP #2) revealed:</p> <ul style="list-style-type: none"> - FC #3's behaviors were no different than ones he had previously displayed in other placements - There would "be no justification" for recording FC #3's behaviors as his behaviors were known by staff. <p>Interview on 6/21/19 and on 6/28/19 with the Operations Manager revealed:</p> <ul style="list-style-type: none"> - He had spoken with the House Manager and staff #1 and had directed them to delete any recordings they may have of FC #3 and to never record a client as it was a breach of the client's confidentiality and their client rights. <p>Finding #2:</p> <p>Review on 6/28/19 of staff #3's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 1/28/13 as a Paraprofessional <p>Review on 6/28/19 of staff #4's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 12/6/16 as a Paraprofessional <p>Review on 6/27/19 of Former Client #4's (FC #4's) record revealed:</p> <ul style="list-style-type: none"> - An admission date of 5/20/19 - Diagnoses of Conduct Disorder (D/O); THC (Tetrahydrocannabinol) Use and Hallucinogen Use - A discharge date of 6/17/19 - FC #4 was 16 years old - A pre-admission screening completed by the Qualified Professional #2 (QP) and the House Manager and dated 5/15/19 documented FC #4 had a history of elopement from a residential 	V 110		

Division of Health Service Regulation

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V 110	<p>Continued From page 10</p> <p>placement and had been assigned a Department of Juvenile Justice (DJJ) officer as he was currently on probation for property destruction</p> <p>Review on 6/27/19 of an incident report completed by the QP #2 and last submitted to the North Carolina Incident Response Improvement System (IRIS) on 6/9/19 revealed:</p> <p>- "...As reported by staff (staff unnamed): Approx (Approximately) 8 pm [FC #4] had got upset with staff (staff unnamed) and was being disrespectful and defiant toward staff. After contacting the house manager, the PS4 (PlayStation 4) was put up. This upset [FC #4] even more began to curse at staff and become more defiant. Peer [client #3] was sitting across the room, and attempted to calm his peer down and talked about disrespecting female staff even if he was upset. [FC #4] walked over to peer (client #3) and began to punch him in the face. Staff were able to get peers away from each other and across the room, [FC #4] walked over to [client #3] and began to punch him multiple times again. Staff removed [client #3] from the house, and stood in the driveway. Police were called. Officer took pictures, and stated he would be contacting Juvenile Justice ..."</p> <p>Review on 6/27/19 of an incident report completed by QP #2 and last submitted to the North Carolina Incident Response Improvement System (IRIS) on 6/11/19 revealed:</p> <p>- "...As reported by staff (staff #3): At the beginning of 3rd shift staff did bed checks and he (FC #4) was still up. This was at 11:30 pm. He was up and fully dressed and moving about the house. When staff asked him why he was still up he started a conversation about cell phone use. Staff redirected him back to his bed room several times. He came out at one point with a bag of</p>	V 110		

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V 110	<p>Continued From page 11</p> <p>trash and wanted to go throw this away. Staff redirected him and informed him that he could throw that away in the morning, tonight was not the best time to do this. He brushed by staff and took the bag to the trash Staff kept an eye on him. He stood by the trash, staff asked him to return and he took off walking away. Staff attempted to redirect him to return to the facility. Once he was out of sight, the police were called. The police were called at 12:40 and arrived at 1:58 a. [Name of Deputy], was the officer who came out ..."</p> <p>- "...Incident Prevention: Staff will escort clients to trash if clients insist they need to take trash out. Staff need to follow clients and process with them. Process with staff, or contact home manager to speak to the client ..."</p> <p>An attempt to interview staff #3 via telephone on 6/27/19 was unsuccessful as a request for a return phone call went unmet prior to the close of the survey.</p> <p>An attempt to interview staff #4 via telephone on 6/27/19 was unsuccessful as her telephone number was no longer in order.</p> <p>Interview on 6/27/19 with the Qualified Professional #2 (QP #2) revealed:</p> <ul style="list-style-type: none"> - Staff #3 and #4 were the staff working third shift (beginning at 11:30 pm on 6/9/19) and ending at 7:30 am the morning of 6/10/19 - Staff #3 was the awake staff and staff #4 was the sleep staff - She had met with staff #3 (on 6/17/19) to discuss FC #4's elopement from the facility during her shift - Staff #3 reported to her that when she came on shift at 11:30 pm, FC #4 was still up and fully dressed and requested to take the trash out 	V 110		

Division of Health Service Regulation

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V 110	<p>Continued From page 12</p> <ul style="list-style-type: none"> - Staff #3 kept telling FC #4, it was midnight and that he did not need to take the trash outside - When FC #4 insisted on taking the trash out staff #3 reported at this point, "she didn't know what to do." - Once FC #4 was outside with the trash, he continued to walk away from the facility and failed to follow staff #3's directive to return inside the facility - Since staff #4 and clients (#1 and #2) remained asleep in the facility, she did not feel she could follow FC #4 once he began to walk away from the facility and thus she had no indication as to what direction FC #4 walked after leaving the facility - When staff #3 and #4 realized that FC #4 was still up and in his "street clothes" at 11:30 am, staff #4 should not have gone to bed - When staff #3 realized that she was having difficulty directing FC #4, she should have awakened staff #4 and requested her assistance - Since this incident, the facility has instituted a new policy which required that the third shift sleep staff cannot go to bed, if a client was still awake at the beginning of their shift; if a client woke up during the night and remained awake for at least fifteen minutes, the awake staff had to get the sleep staff up and the sleep staff had to remain up until the client went back to bed - Staff were to be informed of this policy change at staff meetings held on 6/27/19 - She believed that FC #4 was afraid he was going to be charged for physically assaulting client #3 on 6/8/19 and that's why he eloped from the facility. <p>Review on 6/28/19 of a document completed by the QP #2 detailing her meeting with staff #3 on 6/17/19 revealed:</p> <ul style="list-style-type: none"> - Confirmation of the information the QP #2 	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 110	<p>Continued From page 13</p> <p>reported regarding the events of 6/9-6/10/19</p> <ul style="list-style-type: none"> - She "discussed with [staff #3] the importance of following kids. Waking up the sleep shift if there is an issue. Discussion previous of client not having different clothes to sleep in. As she noticed that he was acting different, to not have sleep staff go to the room ..." <p>Interview on 6/28/19 with the Operations Manager revealed:</p> <ul style="list-style-type: none"> - Reiterated what the QP #2 had reported staff (#3 and #4's) actions were on 6/9-6/10/19 and the new policy going forward concerning how staff should work together if problems arose with clients during third shift. <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type B rule violation and must be corrected within 45 days.</p>	V 110		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <ul style="list-style-type: none"> (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. 	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 114	<p>Continued From page 14</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:</p> <p>Interview on 6/19/19 with client #1 revealed: - When asked if he had participated in any fire and disaster drills, his response was "Not since I've been here (12/17/18)."</p> <p>Interview on 6/19/19 with client #2 revealed: - He had not participated in any fire or disaster drills since his admission to the facility in April 2019.</p> <p>A request for the facility's fire and disaster drill log on 6/19/19 revealed: - The House Manager reported the facility's fire and disaster drill log was located at the management company's office</p> <p>A request for the facility's fire and disaster drill log on 6/20/19 revealed: - The Qualified Professional #1 (QP #1) reported the fire and disaster drill log was located at the facility</p> <p>Interview with the QP #1 on 6/20/19 revealed: - The fire and disaster drill logs should have been at the facility - The House Manager should have ensured the drills were being held.</p> <p>No fire or disaster drill log was made available for review prior to the close of the survey.</p> <p>This deficiency is cross referenced into 10A</p>	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 114	Continued From page 15 NCAC 27G .1701 Scope (V293) for a Type B rule violation and must be corrected within 45 days.	V 114		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to hire for 3 of 5 audited staff (the House Manager, staff #1 and the Qualified Professional (QP #1)). The findings are:</p> <p>Review on 6/17/19 of the House Manager's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 7/2/18 - No documentation the HCPR was accessed <p>Review on 6/20/19 of staff #1's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 12/5/18 - The HCPR was accessed on 3/25/19 <p>Review on 6/20/19 of the QP #1's record revealed:</p>	V 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 131	<p>Continued From page 16</p> <ul style="list-style-type: none"> - A hire date of 9/28/18 - The HCPR was accessed on 3/25/19 <p>Interviews on 6/21/19 and on 6/28/19 with the Operations Manager revealed:</p> <ul style="list-style-type: none"> - He was aware of the state of the employee records and realized the agency was still having "difficulty with getting the files together." - He believed information had been obtained and was not unable to be located - The Qualified Professional #1 (QP #1) had been the "point person" in ensuring the records were up to date; however, there appeared to have been a "miscommunication" between he and the QP #1 about how to go about ensuring the employee records were complete and "in order." - He along with the QPs (Qualified Professionals) #1 and #2 were now in the process of reviewing all employee records and were working to ensure all of the required information was placed in the records. <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type B rule violation and must be corrected within 45 days.</p>	V 131		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(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.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 133	<p>Continued From page 17</p> <p>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. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 133	<p>Continued From page 18</p> <p>upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of 	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 133	<p>Continued From page 19</p> <p>a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 133	<p>Continued From page 20</p> <p>Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 133	<p>Continued From page 21</p> <p>criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a request for a criminal history record check was completed within five business days of a conditional offer of employment affecting 3 of 5 audited staff (the House Manager, staff #1 and the Qualified Professional #1 (QP #1)). The findings are:</p> <p>Review on 6/17/19 of the House Manager's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 7/2/18 - No documentation a criminal history record check was requested <p>Review on 6/20/19 of staff #1's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 12/5/18 - A request for a criminal history record check was completed on 3/19/19 <p>Review on 6/20/19 of the QP#1's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 9/28/18 - The most recent criminal history record check for the QP #1 was dated 7/14/15 - No evidence a request for a criminal history record check had been completed prior to her 	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 133	<p>Continued From page 22</p> <p>most recent date of hire</p> <p>Interview on 6/20/19 with the QP #1 revealed:</p> <ul style="list-style-type: none"> - She had been previously employed by the company who operated the facility but had left - She returned to the employ of the company in September of 2018. <p>Interviews on 6/21/19 and on 6/28/19 with the Operations Manager revealed:</p> <ul style="list-style-type: none"> - He was aware of the state of the employee records and realized the agency was still having "difficulty with getting the files together." - He believed information had been obtained but was now unable to be located - The Qualified Professional #1 (QP #1) had been the "point person" in ensuring the records were up to date; however, there appeared to have been a "miscommunication" between he and the QP #1 about how to go about ensuring the employee records were complete and "in order." - He along with the QPs (Qualified Professionals) #1 and #2 were now in the process of reviewing all employee records and were working to ensure all of the required information was placed in the records. <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type B rule violation and must be corrected within 45 days.</p>	V 133		
V 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE</p> <p>(a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 293	<p>Continued From page 23</p> <p>shall not be the primary residence of an individual who is not a client of the facility.</p> <p>(b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section.</p> <p>(c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.</p> <p>(d) The children or adolescents served shall require the following:</p> <p>(1) removal from home to a community-based residential setting in order to facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 293	<p>Continued From page 24</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to coordinate with other individuals and agencies within the child or adolescent's system of care affecting 1 of 4 Former Clients (Former Client #4 (FC #4)) and failed to provide services designed to minimize the occurrence of behaviors related to functional deficits and to ensure safety and de-escalate out of control behaviors affecting 3 of 3 current clients (#1, #2 and #3) and 2 of 4 Former Clients (FCs #3 and #4). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110). Based on record review and interview, the facility failed to ensure 4 of 5 audited paraprofessional staff (the House Manager, staff #1, staff #3 and staff #4) demonstrated the knowledge, skills and abilities required by the population served.</p> <p>Cross Reference: 10A NCAC 27G .0208 Emergency Plans and Supplies (V114). Based on record review and interview, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift.</p> <p>Cross Reference: General Statute 131 E-256 Health Care Personnel Registry (V131). Based on record review and interview, the facility failed to ensure the Health Care Personnel Registry</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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NAME OF PROVIDER OR SUPPLIER STICKNEY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 ROCKWELL LOOP MOORESVILLE, NC 28115
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V 293	<p>Continued From page 25</p> <p>(HCPR) was accessed prior to hire for 3 of 5 audited staff (the House Manager, staff #1 and the Qualified Professional #1 (QP #1)).</p> <p>Cross Reference: General Statute 122C-80 Criminal History Record Check Required for Certain Applicants for Employment (V133). Based on record review and interview, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to hire for 3 of 5 audited staff (the House Manager, staff #1 and the Qualified Professional #1 (QP #1)).</p> <p>Cross Reference: General Statute 122C-62 Additional Rights in 24-Hour Facilities (V364). Based on record review and interview, the facility failed to ensure clients were able to make and receive confidential telephone calls affecting 3 of 3 audited clients (#1, #2 and FC #3).</p> <p>Cross Reference: 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536). Based on record review and interview, the facility failed to ensure staff were trained in alternatives to restrictive interventions on initial and annual basis affecting 4 of 5 audited staff (staff #1, staff #2, the Qualified Professional #1 (QP #1) and the Licensed Professional (LP)).</p> <p>Cross Reference: 10A NCAC 27E. 0108 Training in Seclusion, Physical Restraint and Isolation Time-Out (V537). Based on record review and interview, the facility failed to ensure staff were trained in seclusion, physical restraint, and isolation time-out on an initial and annual basis affecting 4 of 5 audited staff (staff #1, staff #2, the Qualified Professional #1 (QP #1) and the Licensed Professional (LP)).</p> <p>Cross Reference: 10A NCAC 27G .0304 Facility</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 293	<p>Continued From page 26</p> <p>Design and Equipment (V744). Based on observation and interview, the facility failed to ensure the facility was equipped in a manner that ensured the physical safety of clients, staff and visitors.</p> <p>Review on 6/28/19 of staff #3's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 1/28/13 as a Paraprofessional <p>Review on 6/28/19 of staff #4's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 12/6/16 as a Paraprofessional <p>Review on 6/27/19 of Former Client #4's (FC #4's) record revealed:</p> <ul style="list-style-type: none"> - An admission date of 5/20/19 - Diagnoses of Conduct Disorder (D/O); THC (Tetrahydrocannabinol) Use and Hallucinogen Use - A discharge date of 6/17/19 - FC #4 was 16 years old - A pre-admission screening completed by the Qualified Professional #2 (QP) and the House Manager and dated 5/15/19 documented client #3 had a history of elopement from a residential placement and had been assigned a Department of Juvenile Justice (DJJ) officer as he was currently on probation for property destruction - FC #4 was in the custody of a Department of Social Services (DSS) <p>Review on 6/27/19 of an incident report completed by the QP #2 and last submitted to the North Carolina Incident Response Improvement System (IRIS) on 6/9/19 revealed:</p> <ul style="list-style-type: none"> - "...As reported by staff (staff unnamed): Approx (Approximately) 8 pm [FC #4] had got upset with staff (staff unnamed) and was being disrespectful and defiant toward staff. After contacting the house manager, the PS4 (PlayStation 4) was put up. This upset [FC #4] 	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 293	<p>Continued From page 27</p> <p>even more began to curse at staff and become more defiant. Peer [client #3] was sitting across the room, and attempted to calm his peer down and talked about disrespecting female staff even if he was upset. [FC #4] walked over to peer (client #3) and began to punch him in the face. Staff were able to get peers away from each other and across the room, [FC #4] walked over to [client #3] and began to punch him multiple times again. Staff removed [client #3] from the house, and stood in the driveway. Police were called. Officer took pictures, and stated he would be contacting Juvenile Justice ..."</p> <p>Review on 6/27/19 of an incident report completed by QP #2 and last submitted to the North Carolina Incident Response Improvement System (IRIS) on 6/11/19 revealed:</p> <ul style="list-style-type: none"> - "...As reported by staff (staff #3): At the beginning of 3rd shift staff did bed checks and he (FC #4) was still up. This was at 11:30 pm. He was up and fully dressed and moving about the house. When staff asked him why he was still up he started a conversation about cell phone use. Staff redirected him back to his bed room several times. He came out at one point with a bag of trash and wanted to go throw this away. Staff redirected him and informed him that he could throw that away in the morning, tonight was not the best time to do this. He brushed by staff and took the bag to the trash. Staff kept an eye on him. He stood by the trash, staff asked him to return and he took off walking away. Staff attempted to redirect him to return to the facility. Once he was out of sight, the police were called. The police were called at 12:40 and arrived at 1:58 a. [Name of Deputy], was the officer who came out ..." - "...Incident Prevention: Staff will escort clients to trash if clients insist they need to take 	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 293	<p>Continued From page 28</p> <p>trash out. Staff need to follow clients and process with them. Process with staff, or contact home manager to speak to the client ..."</p> <p>Interview on 6/27/19 with FC #4's Department of Social Services (DSS) social worker revealed:</p> <ul style="list-style-type: none"> - She received a phone call from the facility's House Manager at approximately 9 am the morning of 6/10/19 - The House Manager informed her that FC #4 had left the facility at approximately midnight on 6/10/19 - She had provided the facility with her contact information and requested that she be contacted, when anything happened with FC #4, regardless of what time it was - If facility staff had not wanted to wake her, they could have called DSS's emergency on-call line to report FC #4's elopement from the facility - Facility staff had also not informed her of the altercation that occurred between FC #4 and a peer (client #3) until three days after when she received the police report - If she had been made aware of this situation, she may have been able to address the situation more quickly -- She believed that FC #4 walked away from the facility because he was afraid that he was going to be charged as a result of the physical altercation he was involved in on 6/8/19 with client #3 - "[FC #4] is a good kid ...he was scared of getting charges." <p>Interview on 6/28/19 with a DSS Supervisor revealed:</p> <ul style="list-style-type: none"> - Not being notified immediately that FC #4 had left the facility and the reason why he may have chosen to leave can influence how to look for him i.e., if the client is "actively hiding," due to being 	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 293	<p>Continued From page 29</p> <p>afraid of impending charges could have a determination as to where he or she might go.</p> <ul style="list-style-type: none"> - "The primary issue is communication." <p>Interview on 6/28/19 with the House Manager revealed:</p> <ul style="list-style-type: none"> - After FC #4 left the facility, it would have been staff #3's responsibility to contact him immediately - He was not made aware of FC #4's having left the facility until the morning of 6/10/19 - He telephoned FC #4's DSS social worker and informed her the morning of 6/10/19 - He later learned that FC #4 had taken the battery from the facility's cordless phone and staff #3 had to have staff at a sister facility make telephone calls on her behalf (911 or sheriff's department) - As staff #3 did not have a telephone available for her immediate use, this may have been why she did not advise him of FC #4's elopement from the facility until the morning <p>An attempt to interview staff #3 via telephone on 6/27/19 was unsuccessful as a request for a return phone call went unmet prior to the close of the survey.</p> <p>An attempt to interview staff #4 via telephone on 6/27/19 was unsuccessful as her telephone number was no longer in order.</p> <p>Interview on 6/27/19 with the Qualified Professional #2 (QP #2) revealed:</p> <ul style="list-style-type: none"> - Staff #3 and #4 were the staff working third shift (beginning at 11:30 pm on 6/9/19) and ending at 7:30 am the morning of 6/10/19 - Staff #3 reported to her that when she came on shift at 11:30 pm, FC #4 was still up and fully dressed and requested to take the trash out - Staff #3 kept telling FC #4, it was midnight 	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 293	<p>Continued From page 30</p> <p>and that he did not need to take the trash outside</p> <ul style="list-style-type: none"> - When FC #4 insisted on taking the trash out staff #3 reported at this point, "she didn't know what to do." - Once FC #4 was outside with the trash, he continued to walk away from the facility and failed to follow staff #3's directive to return inside the facility - Since staff #4 and clients (#1 and #2) remained asleep in the facility, she did not feel she could follow FC #4 once he began to walk away from the facility and thus she had no indication as to what direction FC #4 walk after leaving the facility - As FC #4 had taken the battery from the facility's cordless phone rendering the phone inoperable, staff #3 went next door to the sister facility and requested that staff call QP #2 and 911 - Once she received the phone call, she assumed additional phone calls were made to the facility's House Manager who was responsible for alerting others in the client's circle of care (i.e., his DSS social worker, etc.) - She was not aware that FC #4's DSS social worker was not informed the same night/early morning of FC #4's elopement from the facility. <p>Review on 6/28/19 and on 7/2/19 of the Plan of Protection completed and dated by the Operations Manager on 6/28/19 revealed:</p> <ul style="list-style-type: none"> - "What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm?" <ul style="list-style-type: none"> - a. With regard to personnel file requirements, staff will be notified of personal information that needs to be presented by them to be placed in their employee file. They will be given 7 days to present information or be removed from the schedule. 	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 293	<p>Continued From page 31</p> <ul style="list-style-type: none"> - b. Moving forward, no staff shall be permitted in the homes until the entire personnel folder requirements (other than tabs 3,7, and 8) have been entered into their files and appropriate background checks put in place. With regard to CPR (Cardiopulmonary Resuscitation)/1st Aid/Medication Administration training, these must be completed within the employee's first 90 days of employment. - i. Until these trainings are completed, it is RDC (Rockwell Development Center) policy that at least one person on shift MUST have current CPR/1st Aid/Medication Administration certification - c. Fire Extinguishers shall be taken to the Mooresville location to have them recharged and certified for 2019 use. - d. New client information shall be presented to house managers a minimum of 72 hours prior to admission. During that time there shall be notes/memos/updates made to house staff detailing the diagnosis, history of behavioral tendencies, and special precautions that may need to be put in place for each client. The timeline will allow for staff feedback should they have any questions or suggestions. - i. During this 72 hours, QP (Qualified Professionals) will discuss with house manager and LP (Licensed Professional) strategies/plans that might/will be implemented to ensure all known client behaviors are considered prior to admittance to the facility and steps are taken to plan for best possible client outcomes. - e. New house disaster drill sheets have been produced and placed in the house, staff has been re-introduced to proper procedures for both fire and severe weather drills, and house managers have been instructed of the frequency and times of drills to be run. Managers shall be required to report drills conducted at weekly meetings. It will 	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 293	<p>Continued From page 32</p> <p>be required that drills be conducted within a week of a new client admission to the house, regardless of previous drill history/frequency.</p> <ul style="list-style-type: none"> - f. Incident report policy has been recently changed to state that all reports must be completed prior to the end of the shift and be reflected in service notes and shift updates. All reports must be emailed (prior to the end of shift) to management@rdckids.com, which includes the owner, Ops (Operations) Manager, Clinical Director, both Qualified Professionals and office administrator." <p>"Describe your plans to make sure the above happens.</p> <ul style="list-style-type: none"> - a. Operations Manager and OP's [initials of OP #2 and #1] will meet every Monday morning to review files, ascertain what outstanding elements are missing, and take appropriate action (either placing newly acquired information in personnel folders, notifying/re-notifying personnel of outstanding necessary information, or transferring said personnel to the inactive list by removing them from the schedule). - b. Moving forward, new hires shall have files monitored prior to working shifts, and then all files shall be reviewed monthly to ensure all training and documentation are in place." <p>Review on 7/2/19 of additional information sent by the Operations Manager via email revealed:</p> <ul style="list-style-type: none"> - "...Previously we had a policy that all client phone calls were to be on speaker. This is a violation of our clients' rights to privacy. Moving forward, staff will still dial the phone using numbers from the phone list and ask for the person's name on the list, telling them the client wishes to talk to them. The issue in the past was that some clients would make calls and the person on the other end would give the phone to someone not on their list, hold up another phone 	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 293	<p>Continued From page 33</p> <p>so the client could talk with someone via speaker phone that wasn't on their list, and a number of other issues going against the clients' designated treatment. Our job is still to monitor the call to determine scope of conversation, tone of voice, and if they're still talking to the person they called, with the exception of conversations with case workers, guardians, DJJ workers, or other members of their treatment team; they may have those conversations in private ..."</p> <p>This facility is a 24-hour residential treatment staff secure facility which is providing services to children/adolescents between the ages of 14 and 16 years of age. The clients have mental health diagnoses which include but were not limited to the following: Attention Deficit Hyperactivity D/O Combined Presentation; Autism Spectrum D/O Without Accompanying Intellectual Impairment; Bipolar D/O with Psychotic Features; Conduct D/O; Disruptive Mood Dysregulation D/O; Oppositional Defiant D/O and Substance Use. The Licensee did not have complete healthcare personnel registry checks and requests for criminal history record checks within the required timeframe for prospective staff and also did not ensure staff had been trained to meet the mh/dd/sa needs of the clients; infectious diseases/bloodborne pathogens; alternatives to restrictive interventions and seclusion, physical restraint and isolation time-out prior to providing services to a clients with significant needs and challenging behaviors. On at least two occasions, the facility's paraprofessional staff (the House Manager and staff #1, #3 and #4) demonstrated poor decision-making skills when presented with clients' (#3 and #4) escalating behaviors. The Licensee engaged in a violation of their clients' rights when staff did not allow clients to make or receive confidential telephone calls. The Licensee</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 293	Continued From page 34 did not ensure staff conducted fire and disaster drills and the facility's fire extinguisher was kept in good working order. The cumulative effect of these actions by the Licensee is detrimental to the health, safety, and welfare of the clients. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 293		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 364	<p>Continued From page 35</p> <p>the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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NAME OF PROVIDER OR SUPPLIER STICKNEY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 ROCKWELL LOOP MOORESVILLE, NC 28115
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V 364	<p>Continued From page 36</p> <p>prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 364	<p>Continued From page 37</p> <p>may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 364	<p>Continued From page 38</p> <p>plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure clients were able to make and receive confidential telephone calls affecting 3 of 3 audited clients (#1, #2 and FC #3). The findings are:</p> <p>Review on 6/19/19 of client #1's record revealed:</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 364	<p>Continued From page 39</p> <ul style="list-style-type: none"> - An admission date of 12/17/18 - Diagnoses of Oppositional Defiant Disorder (D/O); Attention Deficit Hyperactivity D/O (ADHD) - Combined Presentation; Other Specified D/O, Short Duration; and Unspecified Trauma-Stressor Related D/O - Client #1 was 15 years old <p>Interview on 6/19/19 with client #1 revealed:</p> <ul style="list-style-type: none"> - When clients made or received telephone calls, the telephone call had to be on the speaker - He didn't "really care" that his phone calls had to be on speaker <p>Review on 6/19/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 4/15/19 - Diagnoses of Bipolar D/O with Psychotic Features; ADHD - Combined Presentation; and Disruptive Mood Dysregulation D/O - Client #2 was 15 years old <p>Interview on 6/19/19 with client #2 revealed:</p> <ul style="list-style-type: none"> - When clients made or received telephone calls, the telephone call had to be on speaker and staff "had to be around you, so they can hear your conversation." - "If we're lucky, you can sit out on the porch or in your room, but the you still have to have the phone on speaker." - "The last group home I was at, did not make us have our phone on speaker." - "I don't like it, I don't feel like it's needed." <p>Review on 6/17/19 of Former Client #3's (FC #3's) record revealed:</p> <ul style="list-style-type: none"> - An admission date of 3/26/19 - Diagnoses of Autism Spectrum D/O Without Accompanying Intellectual Impairment; Anxiety D/O, Unspecified; Mood D/O, Unspecified; ADHD, Combined Type by History; and 	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 364	<p>Continued From page 40</p> <p>Oppositional Defiant D/O by history versus Conduct D/O</p> <ul style="list-style-type: none"> - A discharge date of 5/8/19 - Client was 14 years <p>Interview on 6/20/19 with a relative of FC #3 revealed:</p> <ul style="list-style-type: none"> - Whenever she spoke with FC #3, she understood her telephone calls were always on speaker and staff were privy to what she and FC #3 were speaking about. <p>Interview on 6/20/19 with the House Manager revealed:</p> <ul style="list-style-type: none"> - When clients used the telephone, they had to have the telephone call on speaker - The clients could take their telephone call in their room or outside on the porch; however, the phone call had to be speaker - This was done to ensure the client was not speaking to anyone that was not on their approved contact list. <p>Interview on 6/20/19 with the Qualified Professional #1 (QP #1) revealed:</p> <ul style="list-style-type: none"> - Depending on the client, some telephone calls may have to be monitored by staff - A client should only have his telephone calls on speaker, if the client's legal guardian had requested their telephone calls be monitored - If the client had to make or receive telephone calls while the telephone was on speaker, it shouldn't be, so the client's phone conversation could be overheard by other clients. <p>Interview on 6/21/19 with the Operations Manager revealed:</p> <ul style="list-style-type: none"> - Having the clients conduct their telephone calls while the telephone call was on speaker was the result of an old policy prior to the new 	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 364	Continued From page 41 Executive Director taking over and the staff had continued with the policy - Having the clients' conduct their telephone calls while the telephone was on speaker was done to ensure the clients were talking to only those on their approved call list. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type B rule violation and must be corrected within 45 days.	V 364		
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.	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 536	<p>Continued From page 42</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; (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). <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <ol style="list-style-type: none"> (1) Documentation shall include: <ol style="list-style-type: none"> (A) who participated in the training and the outcomes (pass/fail); 	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 536	<p>Continued From page 43</p> <p>(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 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</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 536	<p>Continued From page 44</p> <p>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> <p>(l) 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 staff were trained in alternatives to restrictive interventions on initial and annual basis affecting 4 of 5 audited staff (staff #1, staff #2, the Qualified Professional #1 (QP #1) and the Licensed Professional (LP)). The findings are:</p> <p> </p> <p>Review on 6/20/19 of staff #1's record revealed: - A hire date of 12/5/18</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 536	<p>Continued From page 45</p> <ul style="list-style-type: none"> - A certificate dated 11/30/18 which documented that staff #1 had completed training in alternatives to restrictive interventions; however, there was no instructor's signature listed on the certificate <p>Review on 6/20/19 of staff #2's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 4/13/18 - A certificate dated 4/13/18 which documented that staff #2 had completed training in alternatives to restrictive interventions - No evidence that staff #2 had completed a formal refresher training since his training had expired in April of 2019 <p>Review on 6/20/19 of the QP #1's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 9/28/18 - A certificate dated 9/28/18 which documented that the QP had completed training in alternatives to restrictive interventions; however, there was no instructor's signature listed on the certificate <p>Review on 6/21/19 of the LP's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 5/15/19 - No documentation that the LP had completed training in alternatives to restrictive interventions <p>Interviews on 6/21/19 and on 6/28/19 with the Operations Manager revealed:</p> <p>He was aware of the state of the employee records and realized the agency was still having "difficulty with getting the files together."</p> <ul style="list-style-type: none"> - The QP #1 had been the "point person" in ensuring the records were up to date; however, there appeared to have been a "miscommunication" between he and the QP #1 about how to go about ensuring the employee records were complete and "in order." - He along with the QPs (Qualified 	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 536	Continued From page 46 Professionals) #1 and #2 were reviewing employee records and working to ensure all required training had been completed and training certificates were placed in the employee records. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type B rule violation and must be corrected within 45 days.	V 536		
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, measurable testing (written and by observation of	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 537	<p>Continued From page 47</p> <p>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 plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <p>(1) refresher information on alternatives to the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(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);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(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;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</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>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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V 537	<p>Continued From page 48</p> <p>(B) when and where they attended; and (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; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (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 time-out, as specified in Paragraph (a) of this</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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NAME OF PROVIDER OR SUPPLIER STICKNEY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 ROCKWELL LOOP MOORESVILLE, NC 28115
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V 537	<p>Continued From page 49</p> <p>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 staff were trained in seclusion, physical restraint, and isolation time-out on an</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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NAME OF PROVIDER OR SUPPLIER STICKNEY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 ROCKWELL LOOP MOORESVILLE, NC 28115
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V 537	<p>Continued From page 50</p> <p>initial and annual basis affecting 4 of 5 audited staff (staff #1, staff #2, the Qualified Professional #1 (QP #1) and the Licensed Professional (LP)). The findings are:</p> <p>Review on 6/20/19 of staff #1's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 12/5/18 - A certificate dated 11/30/18 which documented that staff #1 had completed training in seclusion, physical restraint, and isolation time-out; however, there was no instructor's signature listed on the certificate <p>Review on 6/20/19 of staff #2's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 4/13/18 - A certificate dated 4/13/18 which documented that staff #2 had completed training in seclusion, physical restraint, and isolation time-out - No evidence that staff #2 had completed a formal refresher training since his training had expired in April of 2019 <p>Review on 6/20/19 of the QP #1's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 9/28/18 - A certificate dated 9/28/18 which documented that the QP #1 had completed training in seclusion, physical restraint, and isolation time-out; however, there was no instructor's signature listed on the certificate <p>Review on 6/21/19 of the LP's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 5/15/19 - No documentation that the LP had completed training in seclusion, physical restraint, and isolation time-out interventions <p>Interviews on 6/21/19 and on 6/28/19 with the Operations Manager revealed: He was aware of the state of the employee</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl049-098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2019
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NAME OF PROVIDER OR SUPPLIER STICKNEY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 ROCKWELL LOOP MOORESVILLE, NC 28115
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V 537	<p>Continued From page 51</p> <p>records and realized the agency was still having "difficulty with getting the files together."</p> <ul style="list-style-type: none"> - The QP #1 had been the "point person" in ensuring the records were up to date; however, there appeared to have been a "miscommunication" between he and the QP #1 about how to go about ensuring the employee records were complete and "in order." - He along with the QPs (Qualified Professionals) #1 and #2 were reviewing employee records and working to ensure all required training had been completed and training certificates were placed in the employee records. <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type B rule violation and must be corrected within 45 days.</p>	V 537		
V 744	<p>27G .0304(b) Safety</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the facility was equipped in a manner that ensured the physical safety of clients, staff and visitors. The findings are:</p> <p>Observation on 6/19/19 at approximately 1:29 pm revealed:</p> <ul style="list-style-type: none"> - A fire extinguisher stored underneath the sink in the kitchen 	V 744		

Division of Health Service Regulation

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V 744	<p>Continued From page 52</p> <ul style="list-style-type: none"> - A hanging tag from a fire protection company attached to the fire extinguisher - The hanging tag revealed the fire extinguisher was last serviced in February 2018 <p>Interview on 6/19/19 with an individual with the fire protection equipment company listed on the hanging tag revealed:</p> <ul style="list-style-type: none"> - A representative from the company had last serviced the fire extinguisher in February 2018 - The fire extinguisher would have been due for service in February 2019 as fire extinguishers needed to be inspected and serviced on an annual basis. <p>Interview on 6/21/19 with the Operations Manager revealed:</p> <ul style="list-style-type: none"> - He would ensure the fire extinguisher was serviced as soon as possible. <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type B rule violation and must be corrected within 45 days.</p>	V 744		