

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HELMS HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>611 PRESBYTERIAN ROAD MOORESVILLE, NC 28115</b>
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 6/28/19. The complaint was substantiated (intake #NC00152026). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or 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"> <li>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;</li> <li>(2) specifies the duties and responsibilities of the position;</li> <li>(3) is signed by the staff member and the supervisor; and</li> <li>(4) is retained in the staff member's file.</li> </ul> <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"> <li>(1) is at least 18 years of age;</li> <li>(2) is able to read, write, understand and follow directions;</li> <li>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</li> <li>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</li> </ul> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal</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>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 reviews and interviews, the facility failed to ensure a complete personnel file was maintained for 4 of 5 audited staff (staff #1, #2, #3, and #4). The findings are:</p> <p>Review on 6/27/19 of staff #1's personnel record revealed: -A hire date of 4/24/19; -No job description or documentation that indicated the staff met the minimum level of education was available.</p> <p>Review on 6/27/19 of staff #2's personnel record revealed: -A hire date of 4/25/19; -No job description or documentation that indicated the staff met the minimum level of</p>	V 107		

Division of Health Service Regulation

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V 107	<p>Continued From page 2</p> <p>education was available.</p> <p>Review on 6/27/19 of staff #3's personnel record revealed: -A hire date of 4/16/19; -No documentation that indicated the staff met the minimum level of education was available.</p> <p>Review on 6/27/19 of staff #4's personnel record revealed: -A hire date of 5/8/19; -No job description or documentation that indicated the staff met the minimum level of education was available.</p> <p>Interview on 6/28/19 with staff #1 revealed: -She had read and signed the job description for a Paraprofessional that was in her new hire packet; -She had submitted the information in her new hire packet to the Qualified Professional (QP) #1; -She had completed her high school education; -Approximately 1 1/2 weeks ago, the QP #2 had requested verification of her education; -"On my behalf, I haven't given it (proof of education) to her (the QP #2);" -She had not been asked to provide verification of her education prior to 1 1/2 week ago; -"[The QP #2] thought it was on record and I guess that's why she didn't make a big deal."</p> <p>Interview on 6/28/19 with staff #2 revealed: -She thought she had read and signed the job description for a Paraprofessional, but she wasn't sure; -She was interviewed and hired by the QP #2; -The QP #2 had sent her a text message on 6/17/19 informing her she needed to sign a job description and provide verification of her education;</p>	V 107		

Division of Health Service Regulation

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V 107	<p>Continued From page 3</p> <p>-She had not been asked to provide verification of her education prior to 6/17/19.</p> <p>Interview on 6/27/19 with staff #3 revealed: -She had completed her high school education; -She had been contacted earlier in the day (6/27/19) by the QP #2 and was informed that she had to provide verification of her education; -She had not been asked to provide verification of her education prior to today (6/27/19).</p> <p>Interview on 6/28/19 with staff #4 revealed: -She thought she had read and signed a job description for a Paraprofessional, but she wasn't sure; -She had completed her high school education and was enrolled in college; -She was interviewed and hired by the QP #2; -The QP #2 had requested she complete a new hire packet and return it to her along with verification of education when she was interviewed; -The QP #2 had followed up with her around the end of May 2019 to remind her of information that she still needed; -She thought she had provided everything that was requested to the QP #2.</p> <p>Interview on 6/28/19 with the QP #1 revealed: -Until the past couple of weeks, it had been the responsibility of the QP #2 to hire staff and ensure their personnel files were complete prior to beginning work; -"In her (the QP #2) defense, she may not be aware of what was needed (in personnel files)."</p> <p>Interview on 6/27/19 with the QP #2 revealed: -She had not been informed of what was required to be in personnel files before staff began working until approximately 2 weeks ago;</p>	V 107		

Division of Health Service Regulation

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V 107	<p>Continued From page 4</p> <p>-She had been going through the personnel files since that time to ensure they were complete.</p> <p>Interview on 6/27/19 with the Operations Manager revealed:</p> <p>-He was aware that there were issues in the past with personnel records not being complete, but he thought they had gotten slightly better;</p> <p>-"I thought I had farmed that (ensuring personnel records were complete before employees began working) out (to the QP #2) but I didn't make it clear enough;"</p> <p>-It had been discovered during the past 2 weeks that the QP #2 overseeing hiring wasn't working so they were now taking a team approach and he along with the QP #1 and #2 were working together to hire employees;</p> <p>-"My QP's are rushing them (new employees) through to get them started."</p> <p>This deficiency is crossed referenced into 10A NCAC 27G .0201 Scope (V293) for a Type B and must be corrected within 45 days.</p>	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> <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>	V 108		

Division of Health Service Regulation

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V 108	<p>Continued From page 5</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 reviews and interviews, the facility failed to ensure 4 of 5 audited staff (staff #1, #2, #3, and #4) had completed minimum employee training and failed to ensure at least 1 employee trained in basic first aid was available in the facility while clients were present affecting 5 of 5 audited staff (staff #1, #2, #3, #4, and #5). The findings are:</p> <p>Review on 6/27/19 of staff #1's personnel record revealed: -A hire date of 4/24/19; -No documentation the staff had completed training on how to meet the mh/dd/sa needs of the clients as specified in the treatment plan or training in basic first aid.</p>	V 108		

Division of Health Service Regulation

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V 108	<p>Continued From page 6</p> <p>Interview on 6/28/19 with staff #1 revealed: -She had not completed training on how to meet the mh/dd/sa needs of the clients or basic first aid; -She was scheduled to complete basic first aid training on 6/29/19 but may not be able to attend the training due to a lack of transportation.</p> <p>Review on 6/27/19 of staff #2's personnel record revealed: -A hire date of 4/25/19; -No documentation the staff had completed training on how to meet the mh/dd/sa needs of the clients as specified in the treatment plan or training in basic first aid.</p> <p>Interview on 6/28/19 with staff #2 revealed: -She had not completed training on how to meet the mh/dd/sa needs of the clients or basic first aid; -She was scheduled to complete basic first aid training on 6/29/19.</p> <p>Review on 6/27/19 of staff #3's personnel record revealed: -A hire date of 4/16/19; -No documentation the staff had completed training on how to meet the mh/dd/sa needs of the clients as specified in the treatment plan or training in basic first aid.</p> <p>Interview on 6/27/19 with staff #3 revealed: -She had not completed training on how to meet the mh/dd/sa needs of the clients or basic first aid; -She was scheduled to complete basic first aid training on 6/29/19.</p> <p>Review on 6/27/19 of staff #4's personnel record</p>	V 108		

Division of Health Service Regulation

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V 108	<p>Continued From page 7</p> <p>revealed: -A hire date of 5/8/19; -No documentation the staff had completed training on how to meet the mh/dd/sa needs of the clients as specified in the treatment plan or training in basic first aid.</p> <p>Interview on 6/28/19 with staff #4 revealed: -She had not completed training on how to meet the mh/dd/sa needs of the clients or basic first aid; -She was aware that there was a basic first aid training scheduled for 6/29/19 but she had informed the QP #2 that she was not able to attend due to her religion not allowing her to work on Saturdays; -"I'm hoping they schedule the next basic first aid training for a day other than Saturday.</p> <p>Review on 6/27/19 of staff #5's personnel record revealed: -A hire date of 5/1/19; -No documentation the staff had completed training in basic first aid.</p> <p>Attempted interviews on 6/27/19 and 6/28/19 with staff #5 were not successful.</p> <p>Review on 6/27/19 of the staff schedule for June 2019 revealed there were 6 shifts in which there were no staff available that had been trained in first aid.</p> <p>Interview on 6/27/19 with the Office Administrator revealed: -She had checked with the Qualified Professional (QP) #1 to ensure that the June 2019 schedule was correct and indicated the correct staff that worked; -Staff #1, #2, #3, #4, and #5 were scheduled to</p>	V 108		



Division of Health Service Regulation

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V 108	<p>Continued From page 8</p> <p>complete training in basic first aid on 6/29/19.</p> <p>Interview on 6/28/19 with the QP #1 revealed: -Until the past couple of weeks, it had been the responsibility of the QP #2 to hire staff and ensure their personnel files were complete prior to beginning work; -"In her (the QP #2) defense, she may not be aware of what was needed (in personnel files); -She was not aware that Paraprofessionals were required to complete training in mh/dd/sa needs of the clients.</p> <p>Interview on 6/27/19 with the QP #2 revealed: -She had not been informed of what was required to be in personnel files before staff began working until approximately 2 weeks ago; -She had been going through the personnel files since that time to ensure they were complete.</p> <p>Interview on 6/27/19 with the Operations Manager revealed: -He was aware that staff were required to complete training in mh/dd/sa needs of the clients; -He was aware that at least one staff trained in basic first aid was always required to be available; -"I thought I had farmed that (ensuring personnel records were complete before employees began working) out (to the Qualified Professional #2) but I didn't make it clear enough;" -It was discovered within the past couple of weeks that the QP #2 overseeing hiring and personnel records wasn't working so that had been changed and he along with the QP #1 and #2 were working together as a team; -"My QP's are rushing them (new employees) through to get them started."</p>	V 108		

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V 108	Continued From page 9  This deficiency is crossed referenced into 10A NCAC 27G .0201 Scope (V293) for a Type B and must be corrected within 45 days.	V 108		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.  This Rule is not met as evidenced by: Based on interviews and record reviews, the	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 10</p> <p>facility failed to develop and implement goals to reflect the needs of the clients affecting 1 of 4 clients (client #1). The findings are:</p> <p>Review on 6/27/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>-An age of 12 years old;</li> <li>-An admission date of 3/8/19;</li> <li>-Diagnoses included Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Major Depressive Disorder, multiple personalities and a history of sexual and physical abuse;</li> <li>-A Comprehensive Clinical Assessment dated 9/5/18 revealed the client had a history of urinating on her clothing and in her room;</li> <li>-A Comprehensive Clinical Assessment Addendum dated 1/10/19 revealed: <ul style="list-style-type: none"> <li>-"[Client #1] will lapse into different personalities; one is a teenage boy, who [client #1] will lapse into frequently over the past couple of months;"</li> <li>-"[Client #1] will have an entire day where she is in this personality, and only wants to be addressed by [the boy's name];"</li> <li>-"One is a baby; it is reported that it does not last as long as the teenage boy personality;"</li> </ul> </li> <li>-A Treatment Plan dated 2/27/19 that included the goals of: <ul style="list-style-type: none"> <li>-"[Client #1] will learn personal boundaries and acceptable behaviors to decrease instances of inappropriate sexual orsexualized behaviors to zero;"</li> <li>-"[Client #1] will improve her communication skills and be able to discuss feelings towards transition from psychiatric residential treatment facility into level 3 group home and learn to verbalize her needs and desires in an appropriate manner in 3 of 5 situations;"</li> <li>-"Client will gain skills necessary to cope with traumatic event as evidenced by ability to function in daily life without persistent worries, flashbacks</li> </ul> </li> </ul>	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 11</p> <p>and avoidance of event for 5 out of 7 days a week for 3 consecutive months;"</p> <p>-No goals related to the client urinating on her clothing and in her room or her multiple personalities.</p> <p>Review on 6/28/19 of an Incident Report Form revealed:</p> <p>-Date/Time of Incident: 6/23/19 at 3:00am;</p> <p>-"In the middle of the night client (#1) got bored, left her room and took the keys for the house and let herself in the office and med (medication) closet and got the scissors;"</p> <p>-"Client (#1) then cut her hair and dress like a boy;"</p> <p>-"Client (#1) then hide the keys and went to bed."</p> <p>Interview on 6/27/19 with the House Manager/Associate Professional revealed:</p> <p>-The facility was in the process of replacing the floor in client #1's bedroom because she had been urinating on the carpet and in the vent;</p> <p>-She was not aware that client #1 had a history of urinating on her clothing and in her room;</p> <p>-She had informed client #1's therapist within the last 2 weeks that she had started urinating on the floor and vent of her bedroom and the behavior had never been exhibited before;</p> <p>-She thought she should have been notified by the Qualified Professionals (QP) of all of client #1's presenting problems;</p> <p>-"There is no accountability (by management)."</p> <p>Interview on 6/28/19 with the QP #1 revealed:</p> <p>-She was aware that the client had a history of urinating on her clothing and in her room;</p> <p>-She was not sure why the House Manager/Associate Professional had not been made aware;</p> <p>-She was not aware that client #1 had a history of</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HELMS HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>611 PRESBYTERIAN ROAD MOORESVILLE, NC 28115</b>
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V 112	Continued From page 12  multiple personalities until this week when it was brought to her attention by the client's guardian; -It was her responsibility to review the information received during the assessment, complete a Treatment Plan based on the information and relay the information to the House Manager/Associate Professional and the Paraprofessionals.  This deficiency is crossed referenced into 10A NCAC 27G .0201 Scope (V293) for a Type B and must be corrected within 45 days.	V 112		
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 118	<p>Continued From page 13</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure 1 of 5 audited staff (#3) received medication training prior to administering medications affecting 4 of 4 clients (clients #1, #2, #3, and #4). The findings are:</p> <p>Review on 6/27/19 of staff #3's personnel record revealed: -A hire date of 4/16/19; -No documentation that medication training had been completed was available.</p> <p>Review on 6/27/19 of clients #2 and #3's MARs for the month of June revealed staff #3 had indicated that she administered medications to the clients.</p> <p>Interview on 6/27/19 with staff #3 revealed: -She had been administering medications to clients; -She had completed medication training but was unable to provide the date of completion.</p> <p>Interviews on 6/27/19 with clients #2 and #3 revealed staff #3 had administered medications to them.</p> <p>Interview on 6/27/19 with the Qualified</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 118	Continued From page 14  Professional #2 revealed: -She was sure that staff #3 had completed medication training; -After contacting the trainer of the medication training, she was not able to provide verification of the training.  This deficiency is crossed referenced into 10A NCAC 27G .0201 Scope (V293) for a Type B and must be corrected within 45 days.	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  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.  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to hire for 4 of 5 audited staff (staff #1, #2, #3, and #4). The findings are:  Review on 6/27/19 of staff #1's personnel record revealed: -A hire date of 4/24/19; -The HCPR was accessed on 6/27/19.	V 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 131	<p>Continued From page 15</p> <p>Review on 6/27/19 of staff #2's personnel record revealed: -A hire date of 4/25/19; -The HCPR was accessed on 5/17/19.</p> <p>Review on 6/27/19 of staff #3's personnel record revealed: -A hire date of 4/16/19; -The HCPR was accessed on 5/17/19.</p> <p>Review on 6/27/19 of staff #4's personnel record revealed: -A hire date of 5/8/19; -The HCPR was accessed on 5/17/19.</p> <p>Interview on 6/28/19 with the Qualified Professional (QP) #1 revealed: -Until the past couple of weeks, it had been the responsibility of the QP #2 to hire staff and ensure their personnel files were complete prior to beginning work; -"In her (the QP #2) defense, she may not be aware of what was needed (in personnel files)."</p> <p>Interview on 6/27/19 with the QP #2 revealed: -She had not been informed of what was required to be in personnel files before staff began working until approximately 2 weeks ago; -She had been going through the personnel files since that time to ensure they were complete.</p> <p>Interview on 6/27/19 with the Operations Manager revealed: -He was aware that there were issues in the past with personnel records not being completed but he thought they had gotten... "slightly better;" -"I thought I had farmed that (ensuring personnel records were complete before employees began working) out (to the QP #2) but I didn't make it</p>	V 131		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 131	Continued From page 16  clear enough;" -It had been discovered during the past 2 weeks that the QP #2 overseeing hiring wasn't working so they were now taking a team approach and he along with the QP's #1 and #2 were working together to hire employees; -"My QP's are rushing them (new employees) through to get them started."  This deficiency constitutes a re-cited deficiency.  This deficiency is crossed referenced into 10A NCAC 27G .0201 Scope (V293) for a Type B and must be corrected within 45 days.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check  G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 133	Continued From page 17  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 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	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 133	<p>Continued From page 18</p> <p>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"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol> <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>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
--------------------------------------------------	-----------------------------------------------------------------------------	-----------------------------------------------------------------------	------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>HELMS HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>611 PRESBYTERIAN ROAD MOORESVILLE, NC 28115</b>
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V 133	<p>Continued From page 19</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 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;</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
--------------------------------------------------	-----------------------------------------------------------------------------	-----------------------------------------------------------------------	------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>HELMS HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>611 PRESBYTERIAN ROAD MOORESVILLE, NC 28115</b>
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V 133	<p>Continued From page 20</p> <p>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 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.</p> <p>(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>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
--------------------------------------------------	-----------------------------------------------------------------------------	-----------------------------------------------------------------------	------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>HELMS HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>611 PRESBYTERIAN ROAD MOORESVILLE, NC 28115</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 133	<p>Continued From page 21</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 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 4 of 5 audited staff (staff #1, #2, #4, and #5). The facility also failed to ensure a request for a criminal history record check that included the applicant's fingerprints for applicant's that had been a resident of this State for less than five years, was completed within five business days of a conditional offer of employment affecting 1 of 5 audited staff (staff #3). The findings are:</p> <p>Review on 6/27/19 of staff #1's personnel record revealed: -A hire date of 4/24/19; -No documentation that a request for a criminal history record check was completed.</p> <p>Review on 6/27/19 of staff #2's personnel record revealed: -A hire date of 4/25/19; -A request for a criminal history record check was completed on 6/4/19.</p> <p>Review on 6/27/19 of staff #3's personnel record revealed: -A hire date of 4/16/19; -The application indicated the staff had resided in another state between 3/2017 - 11/2018; -No documentation that a request for a criminal history record check that included the staff's fingerprints was completed.</p> <p>Review on 6/27/19 of staff #4's personnel record</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
--------------------------------------------------	-----------------------------------------------------------------------------	-----------------------------------------------------------------------	------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>HELMS HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>611 PRESBYTERIAN ROAD MOORESVILLE, NC 28115</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 133	<p>Continued From page 22</p> <p>revealed: -A hire date of 5/8/19; -No documentation that a request for a criminal history record check was completed.</p> <p>Review on 6/27/19 of staff #5's personnel record revealed: -A hire date of 5/1/19; -A request for a criminal history record check was completed on 6/4/19.</p> <p>Interview on 6/28/19 with the Qualified Professional (QP) #1 revealed: -Until the past couple of weeks, it had been the responsibility of the QP #2 to hire staff and ensure their personnel files were complete prior to beginning work; -"In her (the QP #2) defense, she may not be aware of what was needed (in personnel files)."</p> <p>Interview on 6/27/19 with the QP #2 revealed: -She had not been informed of what was required to be in personnel files before staff began working until approximately 2 weeks ago; -She had been going through the personnel files since that time to ensure they were complete.</p> <p>Interview on 6/27/19 with the Operations Manager revealed: -He was aware that there were issues in the past with personnel records not being completed but he thought they had gotten slightly better; -"I thought I had farmed that (ensuring personnel records were complete before employees began working) out (to the QP #2) but I didn't make it clear enough;" -It had been discovered during the past 2 weeks that the QP #2 overseeing hiring wasn't working so they were now taking a team approach and he along with the QP's #1 and #2 were working</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HELMS HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>611 PRESBYTERIAN ROAD MOORESVILLE, NC 28115</b>
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V 133	Continued From page 23  together to hire employees; -"My QP's are rushing them (new employees) through to get them started."  This deficiency constitutes a re-cited deficiency.  This deficiency is crossed referenced into 10A NCAC 27G .0201 Scope (V293) for a Type B and must be corrected within 45 days.	V 133		
V 293	27G .1701 Residential Tx. Child/Adol - Scope  10A NCAC 27G .1701 SCOPE (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 shall not be the primary residence of an individual who is not a client of the facility. (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. (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. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and	V 293		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 293	<p>Continued From page 24</p> <p>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> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide intensive, active therapeutic treatment and interventions inside the scope of residential services and failed to ensure continuous supervision affecting 4 of 4 clients (clients #1, #2, #3, and #4). The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G .0202 Personnel Requirements (V107). Based on record reviews and interviews, the facility failed to ensure a complete personnel file was maintained for 4 of 5 audited staff (staff #1, #2, #3, and #4).</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 293	<p>Continued From page 25</p> <p>CROSS REFERENCE: 10A NCAC 27G .0202 Personnel Requirements (V108). Based on record reviews and interviews, the facility failed to ensure 4 of 5 audited staff (staff #1, #2, #3, and #4) had completed minimum employee training and failed to ensure at least 1 employee trained in basic first aid was available in the facility while clients were present affecting 5 of 5 audited staff (staff #1, #2, #3, #4, and #5).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112). Based on interviews and record reviews, the facility failed to develop and implement goals to reflect the needs of the clients affecting 1 of 4 clients (client #1).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0209 Medication Requirements (V118). Based on record review and interviews the facility failed to ensure 1 of 5 audited staff ( #3) received medication training prior to administering medications affecting 4 of 4 clients (clients #1, #2, #3, and #4).</p> <p>CROSS REFERENCE: G.S. 131E-256 Health Care Personnel Registry (V131). Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to hire for 4 of 5 audited staff (staff #1, #2, #3, and #4).</p> <p>CROSS REFERENCE: G.S. 122C-80 Criminal History Record Check Required for Certain Applicants for Employment (V133). Based on record reviews and interviews, 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 4 of 5 audited staff (staff #1, #2, #4, and #5). The facility</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 293	<p>Continued From page 26</p> <p>also failed to ensure a request for a criminal history record check that included the applicant's fingerprints for applicant's that had been a resident of this State for less than five years, was completed within five business days of a conditional offer of employment affecting 1 of 5 audited staff (staff #3).</p> <p>CROSS REFERENCE: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296). Based on record reviews and interviews, the governing body failed to ensure at least two direct care staff members were present with every four children or adolescents affecting 3 of 4 surveyed clients (Clients #1, #2, and #3).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366). Based on record review and interviews the facility failed to document their response to level 1 incidents.</p> <p>CROSS REFERENCE: 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536). Based on record reviews and interview, the facility failed to ensure staff were trained in alternatives to restrictive interventions on initial basis affecting 2 of 5 audited staff (staff #1 and #4).</p> <p>CROSS REFERENCE: 10A NCAC 27E .0108 Training in Seclusion, Physical Restraint and Isolation Time-Out (V537). Based on record reviews and interview, the facility failed to ensure staff were trained in seclusion, physical restraint and isolation time-out affecting 2 of 5 audited staff (staff #1 and #4).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0304 Facility Design and Equipment (V744). Based on</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 293	<p>Continued From page 27</p> <p>observation and interviews, 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 the Plan of Protection written and dated 6/28/19 by the Operations Manager revealed: "What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm?"</p> <ul style="list-style-type: none"> <li>-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.</li> <li>-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. Until these trainings are completed, it is Rockwell Development Center policy that at least one person on shift MUST have current CPR/1st Aid/Medication Administration certification.</li> <li>-Fire Extinguishers shall be taken to have them recharged and certified for 2019 use.</li> <li>-There will be additions made to treatment plans of any clients to be transported with only one staff, along with the explanation of why such coverage is applicable/appropriate for that client, and which occasions shall be appropriate for such coverage.</li> <li>-New client information shall be presented to house managers a minimum of 72 hours prior to</li> </ul>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 293	<p>Continued From page 28</p> <p>admission. During that time there shall be notes/memos/updates made to house staff detailing diagnosis, history of behavioral tendencies, and special precautions that may need to be put in place for each client. this timeline will allow for staff feedback should they have questions or suggestions. During this 72 hours, QP's (Qualified Professional) 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.</p> <p>-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 end of shift) to management@rdckids.com, which includes the owner, Ops (Operations) Manager, Clinical Director, both Qualified Professionals and office administrator.</p> <p>Describe your plans to make sure the above happens.</p> <p>-Operations Manger and QP's 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).</p> <p>-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. QP's shall be subject to disciplinary action should any employee with a hire date after 6/28/19 be found</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 293	<p>Continued From page 29</p> <p>to be working shifts without a 100% compliant personnel file."</p> <p>Interview on 6/28/19 with the Operations Manager revealed: -He had reviewed the Plan of Protection with both QP's and they all think it is realistic; -The QP's were concerned that the Owner would demand capacity mandates and the QP's wouldn't be provided sufficient time to educate the staff prior to clients being admitted to the facility.</p> <p>This is a 24 hour, residential treatment staff secure facility which provides services to children or adolescents whose primary diagnosis is a mental illness, emotional disturbance or substance-related disorder. There are currently 4 clients residing in the facility with diagnoses including Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Major Depressive Disorder, Disruptive Mood Dysregulation Disorder, acid reflux, multiple personalities and history of physical and sexual abuse. There was no documentation that three Paraprofessionals had job descriptions. There was no documentation for four Paraprofessionals that they met the minimum education requirements or had completed training to meet the mh/dd/sa needs of clients. There was no documentation that 5 Paraprofessionals had completed basic first aid training. According to the June 2019 staff schedule, there were 6 shifts in which there was no staff available that had completed basic first aid training. There was no documentation that the Health Care Personnel Registry had been accessed for 4 Paraprofessionals prior to hiring. There was no documentation of a criminal record request for 5 Paraprofessionals within 5 business days of</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 293	<p>Continued From page 30</p> <p>making the conditional offer of employment. One of the Paraprofessionals lived outside of the state within the past 5 years so the criminal record request should have also included a fingerprint check for that staff. There was no documentation that one Paraprofessional had completed medication administration training prior to administering medications to clients. Two Paraprofessionals had not completed training on alternatives to restrictive interventions or training in seclusion, physical restraint and isolation time-out prior to providing services to clients. Goals to address client #1's presenting problems of multiple personalities and urinating in her room were not developed and implemented. Staff were not aware that there should always be 2 staff with clients unless clients were being transported and it was documented in the clients Treatment Plans that based on their strengths and needs they could be transported by 1 staff. A staff member failed to arrive to work on 3rd shift. The two 2nd shift workers left the facility, leaving one staff member to work 3rd shift. The 3rd shift staff member failed to notify anyone that she was working by herself and fell asleep while working. While the staff was sleeping, a client obtained the facility keys, unlocked the medication closet, obtained a pair of scissors and cut her hair off. An incident report for the incident was not completed in a timely manner. The cumulative effect of the Licensee's failures to maintain staff records, arrange training, develop and implement goals based on client needs, provide for client supervision, complete incident reports timely, maintain fire extinguisher or ensure client safety via personnel checks is detrimental to the health, safety and welfare of the client. 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</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 293	Continued From page 31  each day the facility is out of compliance beyond the 45th day.	V 293		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing  10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in	V 296		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 296	<p>Continued From page 32</p> <p>the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the governing body failed to ensure at least two direct care staff members were present with every four children or adolescents affecting 3 of 4 clients (Clients #1, #2, and #3). The findings are:</p> <p>Review on 6/27/19 of client #1's record revealed: -An age of 12 years old; -An admission date of 3/8/19; -Diagnoses included Post Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder, Major Depressive Disorder, a history of physical and sexual abuse, and multiple personalities; -A Comprehensive Clinical Assessment dated 9/5/18 included:     -"[Client #1] is believed to have experienced physical and sexual abuse from her step-father as well as witnessing the abuse of other children in the home, and her mother was aware of the abuse;"     -"She has difficulty respecting boundaries within a home setting, and will take things that do not belong to her;"</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 296	<p>Continued From page 33</p> <p>- "...in one placement she was found on top of another child who was sleeping;"</p> <p>- A Comprehensive Clinical Assessment Addendum dated 1/10/19 included:</p> <p>- "[Client #1] will continue to touch her peers without asking, and will make sexualized comments;"</p> <p>- "[Client #1] has written about and drawn pictures about sexualized behaviors, which included drawing pictures of penises and asking peers if they want to have sex with her;"</p> <p>- A Treatment Plan dated 2/27/19 included:</p> <p>- "[Client #1] was admitted to [a local hospital] on 7/13/18 due to increasing command auditory and visual hallucinations telling her to kill her foster mother;"</p> <p>- "[Client #1] also had started displaying increasing sexualized behaviors, which included frequent masturbation;"</p> <p>- "[Client #1] has a history of being sexually and physically abused by her stepfather;"</p> <p>- "Since then, [client #1] has exhibited symptoms including sexually acting out, watching pornography, and touching animals inappropriately;"</p> <p>- No documentation indicating that based on the client's strengths and needs she was able to be transported by one staff.</p> <p>Review on 6/27/19 of client #2's record revealed:</p> <p>- An age of 15 years old;</p> <p>- An admission date of 3/25/19;</p> <p>- Diagnoses included PTSD, Disruptive Mood Dysregulation Disorder (DMDD) and acid reflux;</p> <p>- A Treatment Plan dated 2/26/19 revealed no documentation that indicated based on the client's strengths and needs she was able to be transported by one staff.</p> <p>Review on 6/27/19 of client #3's record revealed:</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 296	<p>Continued From page 34</p> <ul style="list-style-type: none"> <li>-An age of 13 years old;</li> <li>-An admission date of 6/18/19;</li> <li>-Diagnoses included DMDD and a history of sexual abuse;</li> <li>-A Comprehensive Clinical Summary dated 5/23/19 revealed..."mood symptoms began around the age of 10 and [client #3's] behaviors progressed to aggression at home and at school, AWOL (absent without official leave), poor academic performance, and meeting up with adult males to potentially have sex with them;"</li> <li>-A Treatment Plan dated 5/23/19 revealed no documentation that indicated based on the client's strengths and needs she was able to be transported by one staff.</li> </ul> <p>Finding #1: Clients were being transported by 1 staff.</p> <p>Interviews on 6/27/19 with clients #2 and #3 revealed:</p> <ul style="list-style-type: none"> <li>-They had been transported by themselves and with 1 other client by 1 staff;</li> <li>-Staff had informed them they were required to have 1 staff for every 2 clients.</li> </ul> <p>Interview on 6/28/19 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-She thought that the staff to client ratio was always 1 staff for every 2 clients;</li> <li>-At least 1 client was usually on restriction and wasn't allowed to go on outings so 1 staff stayed at the facility with that client and the other staff transported the rest of the clients.</li> </ul> <p>Interview on 6/28/19 with staff #2 revealed:</p> <ul style="list-style-type: none"> <li>-She thought that the staff to client ratio was always 1 staff for every 2 clients;</li> <li>-She and other staff on 1st and 2nd shifts had regularly transported 1 or 2 clients with 1 staff.</li> </ul>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HELMS HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>611 PRESBYTERIAN ROAD MOORESVILLE, NC 28115</b>
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V 296	<p>Continued From page 35</p> <p>Interview on 6/27/19 with staff #3 revealed: -She had always transported clients with another staff; -She thought the only time one staff was able to transport clients was to a medical appointment.</p> <p>Interview on 6/28/19 with staff #4 revealed: -She thought the staff to client ratio was always 1 staff for 2 clients; -"One staff is never alone with more than 2 clients."</p> <p>Interview on 6/28/19 with the Qualified Professional (QP) #1 revealed: -She usually completed the client Treatment Plans; -She was not aware there needed to be documentation that indicated based on the client's strengths and needs they were able to be transported by one staff prior to the clients being transported by 1 staff.</p> <p>Interview on 6/27/19 with the Qualified Professional #2 revealed: -"We normally have 2 staff transport clients;" -"An appointment would probably be the only time one staff would transport a client;" -She was not aware there needed to be documentation that indicated based on the client's strengths and needs they were able to be transported by one staff prior to the clients being transported by 1 staff.</p> <p>Interview on 6/28/19 with the Operations Manager revealed: -He was aware that 2 staff were required to transport clients unless documentation was included in the clients Treatment Plans that indicated based on the client's strengths and needs they were able to be transported by one</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 296	<p>Continued From page 36</p> <p>staff; -Treatment Plans were usually completed by the QP #1; -"That (the QP not updating the Treatment Plans) was just a miscommunication on my part."</p> <p>Finding #2: One staff member scheduled to work 3rd shift failed to arrive to work and both the staff from 2nd shift left. The other staff member scheduled to work 3rd shift failed to notify anyone that she was working by herself and fell asleep during the shift allowing client #1 to obtain the keys to the medication closet where the scissors were stored and use them to cut her hair.</p> <p>Interview on 6/28/19 with client #1's guardian revealed: -She had received a call from staff #6 informing her that the client had cut her hair on 6/23/19; -The staff that called was not the staff that was working when the incident happened but according to her the "...staff said I turned my back and closed their eyes for a minute" and the client cut her hair before she turned back around; -"She (client #1) shouldn't have been left alone with scissors;" -She had been informed by staff at a local hospital that the client had been transported to the hospital because she informed the QP #1 during group on 6/11/19 that she wanted to go to heaven; -The client had just returned to the facility on 6/20/19.</p> <p>Review on 6/28/19 of the Incident Report completed by staff #7 revealed: -Type of incident: shaved head; -Date/Time of incident: 6/23/19/3:00am; -Date Form Completed: Blank -"In the middle of the night client (#1) got bored,</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>06/28/2019</b>
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V 296	<p>Continued From page 37</p> <p>left her room and took the keys for the house and let herself in the office and med closet and got the scissors;"</p> <p>"Client (#1) then cut her hair and dress like a boy;"</p> <p>"Client (#1) then hide the keys and went to bed."</p> <p>Interview on 6/28/19 with staff #2 revealed:</p> <ul style="list-style-type: none"> <li>-She had worked 2nd shift on 6/22/19 with staff #5 the night the incident with client #1 had occurred;</li> <li>-Client #2 had refused to go to sleep and had been in and out of her room the entire evening;</li> <li>-Former staff (FS) #1 and #2 were scheduled to work 3rd shift from 11:30pm - 7:30am;</li> <li>-At 11:45pm, FS #1 and #2 had not arrived to work;</li> <li>-She called FS #2 and she informed staff #2 she had just woken up and would arrive at the facility as soon as possible;</li> <li>-At 12:00am, FS #1 arrived and both staff #2 and #5 left the facility;</li> <li>-She was taught by the QP #2 if she were working and the staff she was scheduled to work with didn't arrive, she was to attempt to call the staff and then call the QP #2 if the staff hadn't arrived within 30 minutes of the start of their shift;</li> <li>-Staff were told at the last staff meeting (6/27/19) they were to stay at the facility if possible until both staff from the next shift arrived rather than leaving 1 staff by themselves.</li> </ul> <p>Interview on 6/28/19 with staff #4 revealed:</p> <ul style="list-style-type: none"> <li>-She had worked 1st shift on 6/23/19 with staff #3 the morning after the incident with client #1 had occurred;</li> <li>-When she and staff #3 arrived at the facility, FS #1 was the only staff present;</li> <li>-FS #1 informed the 1st shift staff that she didn't know where the facility keys were and insinuated</li> </ul>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 296	<p>Continued From page 38</p> <p>that 2nd shift hadn't given them to her; -According to FS #1, client #1 had been up and down all night and had been wearing a hoodie; -FS #1 had observed client #1 not wearing a hoodie right before 1st shift staff arrived and realized the client had cut her hair off; -After FS #1 left the facility and the clients were getting ready for the day, she observed client #1 in the bathroom with scissors; -Staff #4 took the scissors from the client; -Client #1 gave the facility keys to staff #3 when she asked for them.</p> <p>Interview on 6/28/19 with the House Manager/Associate Professional (HM/AP) revealed: -FS #1 and #2 were scheduled to work 3rd shift on the evening of 6/22/19; -FS #1 was scheduled as awake staff and arrived at work and FS #2 was scheduled as sleep staff and never arrived at work; -FS #1 failed to notify the HM/AP that FS #2 didn't arrive at work; -Both staff working 2nd shift left prior to ensuring that there were 2 staff at the facility; -FS #1 fell asleep and client #1 took the facility keys off the kitchen counter; -Client #1 used the keys to unlock the medication closet door where the scissors were kept, cut her hair and then hid the keys.</p> <p>Interview on 6/28/19 with the QP #1 revealed: -Client #1 informed her she wanted a change so she cut her hair; -"We helped her make an even bigger change by shaving her head (with the clients consent)."</p> <p>This deficiency constitutes a re-cited deficiency and was cited 3 times on 10/11/16, 4/10/17, and 2/15/19.</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 296	Continued From page 39  This deficiency is crossed referenced into 10A NCAC 27G .0201 Scope (V293) for a Type B and must be corrected within 45 days.	V 296		
V 366	27G .0603 Incident Response Requirments  10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall	V 366		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 366	<p>Continued From page 40</p> <p>develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 366	<p>Continued From page 41</p> <p>identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to document their response to level 1 incidents. The findings are:</p> <p>Review on 6/28/19 of Incident Report Form: Level 1 revealed: -Type of Incident: Shaved Head; -Date/Time of Incident: 6/23/19/3:00am; -"In the middle of the night client (#1) got bored, left her room and took the keys for the house and</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 366	<p>Continued From page 42</p> <p>let herself in the office and med closet and got the scissors;"</p> <p>- "Client (#1) then cut her hair and dress like a boy;"</p> <p>- "Client (#1) then hide the keys and went to bed;"</p> <p>- QP notified date/time: Blank</p> <p>- Legally responsible person notified date/time: Blank</p> <p>- Name and Title of Staff Completing Form: Staff 7</p> <p>- "staff not present but notified;"</p> <p>- Name and title of person reviewing form: Blank;</p> <p>- Signature/Date of reviewer: Blank;</p> <p>- Comments: Blank.</p> <p>Interview on 6/28/19 with the House Manager/Associate Professional revealed:</p> <p>- She had been asked by the Qualified Professional (QP) #1 to complete an Incident Report Form regarding the incident as if it had been completed the day the incident occurred and she had refused;</p> <p>- Staff #7 had completed the Incident Report Form and had documented what she was told to by the QP #1;</p> <p>- She was aware that an Incident Report Form should have been completed within 24 hours of the incident;</p> <p>- One of the staff that was scheduled to work the night of the incident failed to arrive at work;</p> <p>- The other staff that was scheduled to work was terminated after the incident and she had not been able to contact her to get details of the incident in order to complete the Incident Report Form.</p> <p>Interview on 6/28/19 with the QP #1 revealed:</p> <p>- She was not sure if an Incident Report Form had been completed regarding the incident on 6/23/19;</p> <p>- "They (staff working during the incident) should</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 366	Continued From page 43  have but I'll have to check."  Interview on 6/28/19 with the Operations Manager revealed: -He thought an Incident Report Form had been completed the date of the incident; -He was not aware that the Incident Report Form had been completed today (6/28/19).  This deficiency is crossed referenced into 10A NCAC 27G .0201 Scope (V293) for a Type B and must be corrected within 45 days.	V 366		
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	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 536	<p>Continued From page 44</p> <p>methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 536	<p>Continued From page 45</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 536	<p>Continued From page 46</p> <p>aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <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 reviews and interview, the facility failed to ensure staff were trained in alternatives to restrictive interventions on initial basis affecting 2 of 5 audited staff (staff #1 and #4). The findings are:</p> <p> </p> <p>Review on 6/27/19 of staff #1's personnel record</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HELMS HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>611 PRESBYTERIAN ROAD MOORESVILLE, NC 28115</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 536	<p>Continued From page 47</p> <p>revealed: -A hire date of 4/24/19; -No documentation that training on alternatives to restrictive interventions had been completed.</p> <p>Review on 6/27/19 of staff #4's personnel record revealed: -A hire date of 5/8/19; -No documentation that training on alternatives to restrictive interventions had been completed.</p> <p>Interviews on 6/28/19 with staff #1 and #4 revealed: -They had not completed training on alternatives to restrictive interventions; -During a staff meeting on 6/27/19, the Qualified Professional #2 had informed them that she would be scheduling the training soon.</p> <p>Interview on 6/28/19 with the Operations Manager revealed: -He was sure that both staff had been trained on alternatives to restrictive interventions; -The Owner of the facility had completed the training and had the certificates; -He had been unable to get in touch with the Owner in order to obtain the certificates.</p> <p>This deficiency is crossed referenced into 10A NCAC 27G .0201 Scope (V293) for a Type B and must be corrected within 45 days.</p>	V 536		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest &amp; ITO</p> <p>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation</p>	V 537		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 537	<p>Continued From page 48</p> <p>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.</p> <p>(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.</p> <p>(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.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider 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</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 537	<p>Continued From page 49</p> <p>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> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>06/28/2019</b>
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V 537	<p>Continued From page 50</p> <p>instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p>	V 537		

Division of Health Service Regulation

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V 537	<p>Continued From page 51</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>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure staff were trained in seclusion, physical restraint and isolation time-out affecting 2 of 5 audited staff (staff #1 and #4). The findings are:</p> <p>Review on 6/27/19 of staff #1's personnel record revealed: -A hire date of 4/24/19; -No documentation that training on seclusion, physical restraint and isolation time-out had been completed.</p> <p>Review on 6/27/19 of staff #4's personnel record revealed: -A hire date of 5/8/19; -No documentation that training on seclusion, physical restraint and isolation time-out had been completed.</p>	V 537		

Division of Health Service Regulation

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V 537	<p>Continued From page 52</p> <p>Interviews on 6/28/19 with staff #1 and #4 revealed: -They had not completed training on seclusion, physical restraint and isolation time-out; -During a staff meeting on 6/27/19, the Qualified Professional #2 had informed them that she would be scheduling the training soon.</p> <p>Interview on 6/28/19 with the Operations Manager revealed: -He was sure that both staff had been trained on seclusion, physical restraint and isolation time-out; -The Owner of the facility had completed the training and had the certificates; -He had been unable to get in touch with the Owner in order to obtain the certificates.</p> <p>This deficiency is crossed referenced into 10A NCAC 27G .0201 Scope (V293) for a Type B 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 (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 interviews, 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>	V 744		

Division of Health Service Regulation

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V 744	<p>Continued From page 53</p> <p>Observation on 6/27/19 at approximately 9:20am revealed: -A fire extinguisher stored underneath the sink in the kitchen; -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> <p>Interview on 6/27/19 with an individual with the fire protection equipment company listed on the hanging tag revealed: -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> <p>Interview on 6/28/19 with the Operations Manager revealed he was aware that the fire extinguisher should have been inspected in February but had not gotten around to scheduling it.</p> <p>This deficiency is crossed referenced into 10A NCAC 27G .0201 Scope (V293) for a Type B and must be corrected within 45 days.</p>	V 744		