| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| A MOTHER'S LOVE | 1227 WESTMORLAND DRIVE BURLINGTON, NC 27215 |

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| V 000 | INITIAL COMMENTS<br><br>An annual survey was completed on 7/18/19. Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G. 1300 Residential Treatment for Children or Adolescents. | V 000 | | |
| V 107 | 27G .0202 (A-E) Personnel Requirements<br><br>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS<br>(a) All facilities shall have a written job description for the director and each staff position which:<br>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;<br>(2) specifies the duties and responsibilities of the position;<br>(3) is signed by the staff member and the supervisor; and<br>(4) is retained in the staff member's file.<br>(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:<br>(1) is at least 18 years of age;<br>(2) is able to read, write, understand and follow directions;<br>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and<br>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.<br>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based | V 107 | | |

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| V 107 | Continued From page 1<br>upon the offense in relationship to the job for which the applicant is applying.<br>(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.<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews, observation and interviews, the facility management failed to maintain a file for 1 of 3 (#1) audited staff. The findings are:<br><br>Observation on 7/18/19 at approximately 5:00 PM of staff working in the facility revealed:<br>- One staff (Staff #1) person engaged in assisting a client in preparing dinner for residents in the facility.<br><br>During interview on 7/18/19, Staff #1 reported:<br>- She began working in the facility on 6/10/19 as a paraprofessional.<br>- She works both 2nd and 3rd shift and on an as-needed basis.<br><br>During interview on 7/18/19, the Licensee confirmed: | V 107 | | |

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| V 107 | Continued From page 2<br>- Staff #1 began working in the facility in the past month. She has known Staff #1 who has worked for the Licensee on an as-needed basis in her other facility for several years.<br>- She did not have a file for Staff #1 with a written job description, documentation of the training, experience, other requirements and qualifications for the position. | V 107 | | |
| V 108 | 27G .0202 (F-I) Personnel Requirements<br><br>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS<br>(f) Continuing education shall be documented.<br>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:<br>(1) general organizational orientation;<br>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;<br>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and<br>(4) training in infectious diseases and bloodborne pathogens.<br>(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.<br>(i) The governing body shall develop and implement policies and procedures for identifying, | V 108 | | |

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| V 108 | Continued From page 3<br>reporting, investigating and controlling infectious and communicable diseases of personnel and clients.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews, observation and interviews, the facility management failed to assure 1 of 3 (#1) audited staff was currently trained in basic first and cardiopulmonary resuscitation (CPR.) The findings are:<br><br>Observation on 7/18/19 at approximately 5:00 PM of staff working in the facility revealed:<br>- One staff (Staff #1) person engaged in assisting a client in preparing dinner for residents in the facility.<br><br>During interview on 7/18/19, Staff #1 reported:<br>- She began working in the facility on 6/10/19 as a paraprofessional.<br>- She may work on 2nd or 3rd shift and is the only staff in the facility when she is working.<br><br>During interview on 7/18/19, the Licensee confirmed:<br>- Staff #1 began working in the facility in the past month.<br>- There was no documentation Staff #1 was currently trained to provide CPR 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.<br>- Staff #1 may work alone in the facility when she is working. | V 108 | | |

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| V 131 | Continued From page 4 | V 131 | | |
| V 131 | G.S. 131E-256 (D2) HCPR - Prior Employment Verification<br><br>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews, observation and interviews, the facility management failed to a HCPR check was completed prior to hire for 1 of 3 (#1) audited staff. The findings are:<br><br>Observation on 7/18/19 at approximately 5:00 PM of staff working in the facility revealed:<br>- One staff (Staff #1) person engaged in assisting a client in preparing dinner for residents in the facility.<br><br>During interview on 7/18/19, Staff #1 reported:<br>- She began working in the facility on 6/10/19 as a paraprofessional.<br>- She may work on 2nd or 3rd shift and is the only staff in the facility when she is working.<br><br>During interview on 7/18/19, the Licensee confirmed:<br>- Staff #1 began working in the facility in the past month. | V 131 | | |

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| V 131 | Continued From page 5<br>- There was no documentation a HCPR check was completed prior to hire for Staff #1. | V 131 | | |
| V 133 | G.S. 122C-80 Criminal History Record Check<br><br>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.<br>(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.<br>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private | V 133 | | |

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| V 133 | Continued From page 6 | V 133 | | |

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 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.
(c) Action. - If an applicant's criminal history record check reveals one or more convictions of

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| V 133 | Continued From page 7 | V 133 | | |

a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:
(1) The level and seriousness of the crime.
(2) The date of the crime.
(3) The age of the person at the time of the conviction.
(4) The circumstances surrounding the commission of the crime, if known.
(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.
(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.
(7) The subsequent commission by the person of a relevant offense.
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.
(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:
(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.
(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.
(e) Relevant Offense. - As used in this section,

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| V 133 | Continued From page 8<br>"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; 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 | V 133 | | |

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| V 133 | Continued From page 9<br>violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.<br>(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.<br>(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:<br>(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.<br>(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.)<br><br>This Rule is not met as evidenced by:<br>Based on record reviews, observation and interviews, the facility management failed to assure a state and national criminal record check was completed within five days of the offer of employment for 1 of 3 (#1) audited staff. The findings are:<br><br>Observation on 7/18/19 at approximately 5:00 PM | V 133 | | |

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| V 133 | Continued From page 10<br>of staff working in the facility revealed:<br>- One staff (Staff #1) person engaged in assisting a client in preparing dinner for residents in the facility.<br><br>During interview on 7/18/19, Staff #1 reported:<br>- She began working in the facility on 6/10/19 as a paraprofessional.<br>- She may work on 2nd or 3rd shift and is the only staff in the facility when she is working.<br><br>During interview on 7/18/19, the Licensee confirmed:<br>- Staff #1 began working in the facility in the past month.<br>- There was no documentation a state and national criminal record check as completed for Staff #1 in the time frame required by rule. | V 133 | | |
| V 366 | 27G .0603 Incident Response Requirments<br><br>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(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:<br>(1) attending to the health and safety needs of individuals involved in the incident;<br>(2) determining the cause of the incident;<br>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;<br>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;<br>(5) assigning person(s) to be responsible for implementation of the corrections and | V 366 | | |

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| V 366 | Continued From page 11 | V 366 | | |

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 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:
(1) immediately securing the client record by:
(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;
(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:
(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the

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| V 366 | Continued From page 12<br>occurrence of future incidents;<br>(B) gather other information needed;<br>(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<br>(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 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<br>(3) immediately notifying the following:<br>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;<br>(B) the LME where the client resides, if different;<br>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;<br>(D) the Department;<br>(E) the client's legal guardian, as applicable; and<br>(F) any other authorities required by law. | V 366 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL001-259 | A. BUILDING: _____ B. WING _____ | 07/18/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| A MOTHER'S LOVE | 1227 WESTMORLAND DRIVE BURLINGTON, NC 27215 |

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| V 366 | Continued From page 13<br><br>This Rule is not met as evidenced by:<br>Based on record reviews, observation and interviews, the facility failed to implement written policies governing their response to incidents. The findings are:<br><br>Review on 7/18/19 of Client #1's record revealed:<br>- Admission date of 6/12/19<br>- Age 12<br>- Diagnoses of Other Specified Disruptive Impulsive Control and Conduct Disorder; Unspecified Trauma and Stress-Related Disorder; Attention Deficit Hyperactivity Disorder,by History.<br>- Assessment documenting the following:<br>1. Has made "passive" suicidal statements - last on 4/9/19 resulting in engagement with Mobile Crisis Unit.<br>2. Exhibits "clinically significant" symptoms of depression.<br>3. Received a charged for "misdemeanor larceny" and is under juvenile supervision/monitoring for stealing "items" from snack box at school.<br><br>Observation on 7/18/19 of Client #1's bedroom revealed:<br>- Window was easily opened by pushing bottom window up leaving an opening of approximately 24 to 30 inches.<br>- Bedroom window ledge was a drop-down of approximately 5 to 6 feet from the ground.<br>- Window did not have a window screen or an alarm to alert it had been opened.<br><br>During interview on 7/18/19, the Licensee confirmed: | V 366 | | |

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| V 366 | Continued From page 14<br>- Client #1 has attempted to elope from the facility by jumping out of her bedroom window on at least two occasions since her admission to the facility.<br>- The facility's incident response policy requires the facility to:<br>a. develop and implement measures to prevent similar incidents and<br>b. maintain documentation regarding the incident (incident report)<br>- The incidents and measures to prevent Client #1 from repeatedly engaging in elopement attempts had not been documented. | V 366 | | |
| V 536 | 27E .0107 Client Rights - Training on Alt to Rest. Int.<br><br>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS<br>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.<br>(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.<br>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.<br>(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 | | |

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| V 536 | Continued From page 15<br>methods to determine passing or failing the course.<br>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).<br>(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.<br>(g) Staff shall demonstrate competence in the following core areas:<br>(1) knowledge and understanding of the people being served;<br>(2) recognizing and interpreting human behavior;<br>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;<br>(4) strategies for building positive relationships with persons with disabilities;<br>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;<br>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;<br>(7) skills in assessing individual risk for escalating behavior;<br>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and<br>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).<br>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.<br>(1) Documentation shall include: | V 536 | | |

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| V 536 | Continued From page 16<br>(A) who participated in the training and the outcomes (pass/fail);<br>(B) when and where they attended; and<br>(C) instructor's name;<br>(2) The Division of MH/DD/SAS may review/request this documentation at any time.<br>(i) Instructor Qualifications and Training Requirements:<br>(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.<br>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.<br>(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.<br>(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.<br>(5) Acceptable instructor training programs shall include but are not limited to presentation of:<br>(A) understanding the adult learner;<br>(B) methods for teaching content of the course;<br>(C) methods for evaluating trainee performance; and<br>(D) documentation procedures.<br>(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.<br>(7) Trainers shall teach a training program | V 536 | | |

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| V 536 | Continued From page 17<br>aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.<br>(8) Trainers shall complete a refresher instructor training at least every two years.<br>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the outcomes (pass/fail);<br>(B) when and where attended; and<br>(C) instructor's name.<br>(2) The Division of MH/DD/SAS may request and review this documentation any time.<br>(k) Qualifications of Coaches:<br>(1) Coaches shall meet all preparation requirements as a trainer.<br>(2) Coaches shall teach at least three times the course which is being coached.<br>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.<br>(l) Documentation shall be the same preparation as for trainers.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews, observation and interviews, the facility management failed to assure 1 of 3 (#1) audited staff was trained in alternatives to restrictive intervention prior to providing services to clients in the facility. The findings are: | V 536 | | |

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| V 536 | Continued From page 18<br><br>Observation on 7/18/19 at approximately 5:00 PM of staff working in the facility revealed:<br>- One staff (Staff #1) person engaged in assisting a client in preparing dinner for residents in the facility.<br><br>During interview on 7/18/19, Staff #1 reported:<br>- She began working in the facility on 6/10/19 as a paraprofessional.<br>- She may work on 2nd or 3rd shift and is the only staff in the facility when she is working.<br><br>During interview on 7/18/19, the Licensee confirmed:<br>- Staff #1 began working in the facility in the past month.<br>- There was no documentation Staff #1 was trained in alternatives to restrictive intervention.<br>- Staff #1 may work alone in the facility when she is working. | V 536 | | |