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TRINITY BEHAVIORAL HEALTHCARE PC	2716 TROXLER ROAD BURLINGTON, NC 27215

(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 000	INITIAL COMMENTS An annual and complaints(2) survey was completed on August 27, 2019. A complaint was unsubstantiated (intake #NC00154615). A complaint was substantiated (intake #NC00144364). Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .1200 Psychosocial Rehabilitation. 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program. 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment	V 000		
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (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: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other	V 107		

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V 107	Continued From page 1 qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. (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 upon the offense in relationship to the job for which the applicant is applying. (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. (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. This Rule is not met as evidenced by: Based on records review and interview, the facility failed to have a complete personnel record affecting five of five audited staff (The Qualified Professional, Staff #3, Staff #4, Staff #9 and Staff #10). The findings are: a. Review of the facility's personnel records on 8/27/19 revealed: -The Qualified Professional had a hire date of 6/15/15. -There was no documentation of a job description	V 107		

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V 107	Continued From page 2 for the Qualified Professional. -There was no proof of education for the Qualified Professional. b. Review of the facility's personnel records on 8/27/19 revealed: -Staff #3 had a hire date of 11/27/18. -There was no documentation of a job description for Staff #3. -There was no proof of education for Staff #3. c. Review of the facility's personnel records on 8/27/19 revealed: -Staff #4 had a hire date of 12/14/18. -Staff #4 was first hired as an Administrative Assistant, but then switched to work as a Psychosocial Rehabilitation Staff. -There was no documentation of a current job description for Staff #4. -There was no proof of education for Staff #4. d. Review of the facility's personnel records on 8/27/19 revealed: -Staff #9 had a hire date of 5/1/15. -There was no proof of education for Staff #9. e.. Review of the facility's personnel records on 8/27/19 revealed: -Staff #10 had a hire date of 7/18/17. -There was no proof of education for Staff #10. Interview on 8/27/19 with the Administrative Assistant confirmed: -There were no job descriptions for the Qualified Professional, Staff #3, and Staff #4. -There were no proof of education for the Qualified Professional, Staff #3, Staff #4, Staff #9 and Staff #10. This deficiency constitutes a re-cited deficiency	V 107		

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V 107	Continued From page 3 and must be corrected within 30 days.	V 107		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (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. (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.	V 108		

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V 108	Continued From page 4 This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure staff had training in Cardiopulmonary Resuscitation and First Aid for four of five audited staff (Staff #3, Staff #4, Staff #9, and Staff #10). The findings are: a. Review of the facility's personnel records on 8/27/19 revealed: -Staff #3 had a hire date of 11/27/18. -Staff #3 was hired as a Group Counselor. -There was no documentation Staff #3 had training in Cardiopulmonary Resuscitation and First Aid. b. Review of the facility's personnel records on 8/27/19 revealed: -Staff #4 had a hire date of 12/14/18. -Staff #4 was first hired as an Administrative Assistant, but then switched to work as a Psychosocial Rehabilitation Staff. -There was no documentation Staff #4 had training in Cardiopulmonary Resuscitation and First Aid. c. Review of the facility's personnel records on 8/27/19 revealed: -Staff #9 had a hire date of 5/1/15. -Staff #9 was hired as a Psychosocial Rehabilitation Staff. -There was no documentation Staff #9 had training in Cardiopulmonary Resuscitation and First Aid. d. Review of the facility's personnel records on 8/27/19 revealed: -Staff #10 had a hire date of 7/18/17. -Staff #10 was hired as a Psychosocial Rehabilitation Staff.	V 108		

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V 108	Continued From page 5 -There was no documentation Staff #10 had training in Cardiopulmonary Resuscitation and First Aid. Interview on 8/27/19 with the Administrative Assistant revealed: -She was unaware all direct service staff had to complete training in Cardiopulmonary Resuscitation and First Aid. -Staff #4 was first hired to work behind the window, but was recently transferred to work with the Psychosocial Rehabilitation program. -Staff #3, Staff #4, Staff #9, and Staff #10 spent time alone with clients. -Staff would be enrolled for training on Cardiopulmonary Resuscitation and First Aid. -She confirmed Staff #3, Staff #4, Staff #9, and Staff #10 had no training in Cardiopulmonary Resuscitation and First Aid.	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	V 112		

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V 112	Continued From page 6 responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to have a Person Centered Plan with 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 affecting two of five clients (#2, #5). The findings are: Review on 8/27/19 of Client #2's record revealed: -Admission date of 3/16/18. -Diagnosis of Alcohol Dependence. -Client #2 had a Person Centered Plan dated 3/23/18. -Client #2's Person Centered Plan had no current written consent or agreement by the client or responsible party. Review on 8/27/19 of Client #5's record revealed: -Admission date of 1/16/15. -Diagnosis of Schizoaffective Disorder, Bipolar Type. -Client #4 had a Person Centered Plan dated 2/8/18, but there was no evidence of a current written consent or agreement by the client or responsible party.	V 112		

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V 112	Continued From page 7 Interview on 8/27/19 with the Administrative Assistant revealed: -Qualified Professional was responsible for completing the Person Center Plans. -She confirmed that the Person Centered Plans for Clients #2 and #5 had no written consent or agreement by the client or responsible party.	V 112		
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 review of record and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for two of five audited staff (#3, #4). a. Review of the facility's personnel records on 8/27/19 revealed: -Staff #3 had a hire date of 11/27/18. -Staff #3 was hired as a Group Counselor. -The HCPR check was not completed for Staff #3.	V 131		

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V 131	Continued From page 8 b. Review of the facility's personnel records on 8/27/19 revealed: -Staff #4 had a hire date of 12/14/18. -Staff #4 was first hired as an Administrative Assistant, but then switched to work as a Psychosocial Rehabilitation Staff. -The HCPR check was not completed for Staff #4. Interview on 8/27/19 with the Administrative Assistant confirmed: -The HCPR check for Staff #3 and #4 was not completed prior to their hiring.	V 131		
V 175	27G .1202 Psychosocial Rehab - Staff 10A NCAC 27G .1202 STAFF (a) Each facility shall have a designated program director. (b) A minimum of one staff member on-site to each eight or fewer clients in average daily attendance shall be maintained. This Rule is not met as evidenced by: Based on record review and interview the governing body failed to ensure a minimum of one staff member to each eight client was maintained. The findings are: Review on 8/27/19 of the client's attendance log revealed: -8/27/19- 26 clients attended the program. -8/26/19- 27 were in attendance. -8/23/19- 30 were in attendance. -8/22/19- 29 were in attendance. -8/21/19- 30 were in attendance.	V 175		

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V 175	Continued From page 9 -8/20/19- 29 were in attendance. -8/19/19- 30 were in attendance. Review on 8/27/19 of the active employees list revealed: -Only Staff #4, #9 and #10 worked at the Psychosocial Rehabilitation (PSR). Observation on 8/27/19 at 1:50 pm revealed: -There was only one client left at the facility waiting to be picked up. -There were two staff working at the PSR. Interview on 8/27/19 with the Administrative Assistant revealed: -There are usually three staff working at the PSR. -Average daily attendance ranged around 30 clients daily. -Whenever one of the PSR called in absent, she would work at the PSR. -Facility was searching to hire a new staff for PSR. -MCO had already informed concerns to the facility about the personnel issue. -She was aware the PSR facility was short staffed. -She confirmed the governing body failed to ensure a minimum of one staff member to each eight client was maintained.	V 175		
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.	V 536		

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V 536	Continued From page 10 (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with	V 536		

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V 536	Continued From page 11 disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the	V 536		

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V 536	Continued From page 12 service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or	V 536		

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V 536	Continued From page 13 train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure four of five staff (#3, #4, #9 and #10) had current training on the use of alternatives to restrictive interventions prior to providing services. The findings are: a. Review of the facility's personnel records on 8/27/19 revealed: -Staff #3 had a hire date of 11/27/18. -Staff #3 was hired as a Group Counselor. -There was no documentation that Staff #3 had current training on the use of alternatives to restrictive interventions. b. Review of the facility's personnel records on 8/27/19 revealed: -Staff #4 had a hire date of 12/14/18. -Staff #4 was first hired as an Administrative Assistant, but then switched to work as a Psychosocial Rehabilitation Staff. -There was no documentation that Staff #4 had current training on the use of alternatives to restrictive interventions. c. Review of the facility's personnel records on 8/27/19 revealed: -Staff #9 had a hire date of 5/1/15. -Staff #9 was hired as a Psychosocial Rehabilitation Staff.	V 536		

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V 536	Continued From page 14 -There was no documentation that Staff #9 had current training on the use of alternatives to restrictive interventions. d. Review of the facility's personnel records on 8/27/19 revealed: -Staff #10 had a hire date of 7/18/17. -Staff #10 was hired as a Psychosocial Rehabilitation Staff. -There was no documentation that Staff #10 had current training on the use of alternatives to restrictive interventions. Interview on 8/27/19 with the Administrative Assistant revealed: -Agency only applied alternatives to restrictive interventions. -Agency used EBPI + Interventions-Prevent as curriculum to meet training on alternatives to restrictive interventions. -Staff #4 had recently transitioned from a behind desk position to staff for the Psychosocial Rehabilitation program. -She confirmed Staff #3, #4, #9 and #10 did not have an updated training on the use of alternatives to restrictive interventions.	V 536		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-236	A. BUILDING: _____ B. WING _____	08/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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V 736	Continued From page 15 This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are: Observation on 8/27/19 at about 1:30 pm of the facility's lobby revealed: -Several dark stains on the carpet. Observation on 8/27/19 at about 1:32 pm of the bathroom located in the lobby revealed: -There was a horizontal hole about four inches long on the wall behind the door made by the door handle. Observation on 8/27/19 at about 1:35 pm of the Group's room revealed: -Several stains on the carpet. Observation on 8/27/19 at about 1:37 pm of bathroom located inside the Group's room revealed: -Several ceiling tiles were missing. Observation on 8/27/19 at about 1:40 pm of bathrooms located by the offices revealed: -One of the staff bathrooms had a sign stating that it was "out of order." -The bathroom had wallpaper peeled off. Observation on 8/27/19 at about 1:50 pm of the Psychosocial Treatment (PSR) building revealed: -Microwave room had several hoses exposed from the wall. -Microwave room had peeled paper off from the sheetrock. -Entrance to PSR lobby/waiting area had cable tv wiring exposed from the wall. -Entrance to PSR lobby/waiting area had a	V 736		

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V 736	Continued From page 16 softball size hole on the wall. Interview on 8/27/19 with the Administrative Assistant revealed: -She was aware carpets needed to be cleaned. -Facility had tried several times to clean the carpets, but stains would return and some worst than before. -Building was owned by the facility's CEO. -Agency was responsible for maintaining and replacing items as they brake down as well as painting. -She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.	V 736		