

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/23/2019
NAME OF PROVIDER OR SUPPLIER GARVINS MENTAL MANAGEMENT		STREET ADDRESS, CITY, STATE, ZIP CODE 4527 COUNTRY CLUB ROAD WINSTON-SALEM, NC 27104		
(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 follow up survey was completed on 8/23/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 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 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	V 107		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 107	<p>Continued From page 1</p> <p>upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure complete personnel files were maintained for 1 of 3 audited staff (staff #1). The findings are:</p> <p>Review on 8/21/19 of staff #1's record revealed:</p> <ul style="list-style-type: none"> - An application dated 10/21/16 - No date of hire listed - No job description, which specified the minimum level of education, competency, work experience, skills and other qualifications for the position and signed by staff #1 and retained in staff #1's record <p>Interview on 8/21/19 with Licensee #1 revealed:</p> <ul style="list-style-type: none"> - He had spoken with the Licensee #2 and it was her understanding information had been in the staff record; however, it had since been misplaced. 	V 107		

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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> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility</p>	V 108			

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V 108	Continued From page 3 failed to ensure complete personnel files were maintained for 2 of 3 audited staff (staff #1 and the Qualified Professional). The findings are: Review on 8/21/19 of staff #1's record revealed: - An application dated 10/21/16 - No date of hire listed - No documentation staff #1 had completed training in general organizational orientation; training to meet the mh/dd/sa needs of the clients as specified in the treatment/habilitation plan and bloodborne pathogens - His training in basic first aid and cardiopulmonary resuscitation (CPR) had expired on 1/27/19 Review on 8/21/19 of the Qualified Professional's (QP's) record revealed: - No documentation the QP had completed training in bloodborne pathogens Interview on 8/21/19 with Licensee #1 revealed: - He had spoken with the Licensee #2 and it was her understanding some of the training information had been in the staff records; however, it had since been misplaced - He believed staff #1 had completed first aid/CPR with his other employer and had not provided the facility with a copy of his first aid/CPR training certificate.	V 108		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.	V 290		

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V 290	Continued From page 4 (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.	V 290		

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V 290	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to document that the client was capable of remaining in the home or community without supervision affecting 2 of 2 clients (#1 and #2). The findings are:</p> <p>Review on 8/21/19 and on 8/23/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 1/26/16 - A diagnosis of Schizophrenia - A treatment plan dated 1/1/19 which documented client #1 could have "...15 hours a week of independent unsupervised time ..." - No evidence an assessment of client #1's capability to have unsupervised time in the home or the community had been completed for the current treatment plan <p>Review on 8/21/19 and on 8/23/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 3/5/05 - A diagnosis of Schizophrenia - A treatment plan dated 1/1/19 which documented client #2 could have "...15 hours a week of independent unsupervised time ..." - No evidence an assessment of client #2's capability to have unsupervised time in the home or the community had been completed for the current treatment plan <p>Interview on 8/20/19 with client #1 revealed:</p> <ul style="list-style-type: none"> - He walked to a park and a store located near the facility as well as using public transportation (bus) in order to get to his day program without staff being present 	V 290			

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V 290	Continued From page 6 Interview on 8/20/19 with client #2 revealed: - He used public transportation (bus) to get to his day program without staff being present. A review of the facility's sign-in/sign-out log revealed: - Sign-in/sign-out logs for 2016 and 2017; however, no logs for 2019 were available for review Interview on 8/21/19 with the Licensee #1 revealed: - Clients (#1 and #2) had up to 15 hours of unsupervised time to be used in the home and/or community. Interview on 8/21/19 with the Qualified Professional revealed: - Client #1 had up to two hours of unsupervised time in the home and in the community - She worked with him to ensure he used his unsupervised time "wisely and carefully" and to use the sign-in/sign-out log.	V 290		
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	V 536		

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V 536	Continued From page 7 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 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	V 536		

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V 536	Continued From page 8 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 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:	V 536		

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V 536	Continued From page 9 (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 train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers.	V 536		

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V 536	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 3 audited staff (staff #1 and the Licensee #1) had completed a formal refresher training in alternatives to restrictive interventions. The findings are:</p> <p>Review on 8/21/19 of staff #1's record revealed</p> <ul style="list-style-type: none"> - An application dated 10/21/16 - No date of hire listed - A certificate signed by an instructor which reflected staff #1 had completed training in alternatives to restrictive interventions; however, there was no training date listed on the certificate <p>Review on 8/21/19 of the Licensee #1's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 9/17/11 - A certificate signed by an instructor which reflected the Licensee #1 had completed training in alternatives to restrictive interventions; however, there was no training date listed on the certificate <p>Interview on 8/21/19 with the Licensee #1 revealed:</p> <ul style="list-style-type: none"> - He acknowledged staff had not received annual refresher training in alternatives to restrictive interventions since being cited during the 2018 survey - He and the Licensee #2 had found it difficult to locate someone who offered the required training. <p>This is a re-cited deficiency and must be</p>	V 536		

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V 536	Continued From page 11 corrected within 30 days.	V 536			