

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-256	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/12/2019
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NAME OF PROVIDER OR SUPPLIER R & S INDEPENDENT HEALTH SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 636 GUNN STREET BURLINGTON, NC 27217
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow-up survey was completed on September 12, 2019. The complaint was unsubstantiated (intake #NC00154232.) Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. <p>(c) All facilities or services shall require that all 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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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 records review and interview, the facility failed to have a complete personnel record affecting three of three audited staff (Staff #1, #2 and #3). The findings are:</p> <p>a. Review of the facility's personnel records on 8/27/19 revealed: -Staff #1 had a hire date of 10/10/17. -Staff #1 was hired as a Paraprofessional/Habilitation Technician. -There was no proof of education for Staff #1.</p> <p>b. Review of the facility's personnel records on 8/27/19 revealed: -Staff #2 had a hire date of 6/14/18. -Staff #2 was hired as a Paraprofessional/Habilitation Technician.</p>	V 107		

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V 107	Continued From page 2 -There was no proof of education for Staff #2. c. Review of the facility's personnel records on 8/27/19 revealed: -Staff #3 had a hire date of 8/16/17. -Staff #3 was hired as a Paraprofessional/Habilitation Technician. -There was no proof of education for Staff #3. Interview on 8/27/19 with the Director/Owner revealed: -He thought personnel files were complete. -He confirmed there were no proof of education for Staff #1, #2 and #3.	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	V 108		

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V 108	<p>Continued From page 3</p> <p>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.</p> <p>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 two of three audited staff (#2 and #3). The findings are:</p> <p>Review of the facility's personnel records on 9/12/19 revealed: -Staff #2 had a hire date of 6/14/18. -Staff #2 was hired as a Paraprofessional/Habilitation Technician. . -Documentation of Cardiopulmonary Resuscitation and First Aid training on file for staff #2 expired on November 12, 2018.</p> <p>Review of the facility's personnel records on 9/12/19 revealed: -Staff #3 had a hire date of 8/16/17. -Staff #3 was hired as a Paraprofessional/Habilitation Technician. -Documentation of Cardiopulmonary Resuscitation and First Aid training on file for staff #2 expired on August, 2019.</p> <p>Interview on 9/12/19 with the Director/Owner</p>	V 108		

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V 108	Continued From page 4 revealed: -He thought staff #2 and #3 had updated their training in Cardiopulmonary Resuscitation and First Aid. -Staff #2 and #3 worked alone at the home. -He confirmed staff #2 and #3's training in Cardiopulmonary Resuscitation and First Aid had expired.	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.	V 112		

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V 112	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to: (a) 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 two audited clients (#2 and #3) ; (b) develop a treatment plan within 30 days of admission affecting one of one audited client (#1)The findings are:</p> <p>Review on 9/12/19 of Client #1's record revealed the following: -Admission date of 5/1/19. -Diagnoses of Schizoaffective Disorder- Bipolar Type, Polysubstance Abuse. -Client #1 did not have a Person Centered Plan on file.</p> <p>Review on 9/12/19 of Client #2's record revealed the following: -Admission date of 11/25/16 -Diagnoses of Ataxia, Paranoid Schizophrenia, Personality Disorder, Abnormality of Gait, Symbolic Dysfunction, Morbid Obesity, Hyperlipidemia, Sleep Apnea, Type 2 Diabetes, Hypertension. -Client #2 had a Person Centered Plan that expired 1/25/18.</p> <p>Review on 9/12/19 of Client #3's record revealed the following: -Admission date of 1/3/17. -Diagnoses of Schizophrenia, Moderate Intellectual Disabilities, Hypertension, Acne Vulgaris, Hypertension, Allergic Rhinitis, Alcohol Use Disorder, Moderate.</p>	V 112		

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V 112	<p>Continued From page 6</p> <p>-There was no Person Centered Plan on file.</p> <p>Interview on 9/12/19 with the Director/Owner revealed:</p> <p>-He was responsible for completing the Person Center Plans.</p> <p>-The Qualified Professional was responsible for completing unsupervised assessments for clients.</p> <p>-Person Center Plans for Clients #1, #2 and #3 had been written, but not signed.</p> <p>-The Qualified Professional had been sick and missed days from work.</p> <p>-Person Centered Plans were at the Qualified Professional's office.</p> <p>-Qualified Professional had not brought them to the group home for clients to sign.</p> <p>-He would have clients at the home sign their Person Centered Plans and place them in their folder.</p> <p>-He confirmed the facility failed to: (a) 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 and (b) develop a treatment plan within 30 days of admission.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 112		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <p>(A) name (last, first, middle, maiden);</p> <p>(B) client record number;</p>	V 113		

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V 113	<p>Continued From page 7</p> <p>(C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility</p>	V 113		

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V 113	<p>Continued From page 8</p> <p>failed to ensure two of three clients (#1 and #3) records contained the required information. The findings are:</p> <p>Review on 9/12/19 of client #2 ' s record revealed:</p> <ul style="list-style-type: none"> -Admission date of 5/1/19. -Diagnoses of Schizoaffective Disorder- Bipolar Type; Polysubstance Abuse. -There was no face sheet in the record. -There was no emergency information. -There were no signed consent forms for services. -There was no signed consent for granting permission to seek emergency care from a hospital or physician. -There was no treatment plan. <p>Review on 9/12/19 of client #3 ' s record revealed:</p> <ul style="list-style-type: none"> -Admission date of 1/3/17. -Diagnoses of Schizophrenia; Moderate Intellectual Disabilities; Hypertension; Acne Vulgaris; Hypertension; Allergic Rhinitis; Alcohol Use Disorder, Moderate. . -There was no face sheet in the record. -There was no emergency information. -There were no signed consent forms for services. -There was no signed consent for granting permission to seek emergency care from a hospital or physician. -There was no treatment plan. <p>Interview on 9/12/19 with the Director/Owner revealed:</p> <ul style="list-style-type: none"> -He was still gathering information from Client #1. -Client #1 had started recently at the home. -He had not filed documentation on Client #1's folder. 	V 113		

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V 113	Continued From page 9 -Client #3's folder had been completed, but had been misplaced. -He thought Client #3's complete folder was at his home. -He had completed Clients #1 and #3's treatment plans, but they had not been signed yet. -He confirmed that facility failed to ensure clients records contained the required information.	V 113		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies at least quarterly. The findings are: Record review on 9/12/19 of the facility's fire drill log revealed the following: -1/14/19- 7:00.	V 114		

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V 114	<p>Continued From page 10</p> <p>-2/5/19- 1:00. -2/6/19- 4:00. -3/4/19- 3:00. -3/5/19- 4:00. -4/1/19- 3:00. -4/11/19- 6:00. -5/5/19- 10:00. -6/7/19- 4:00. -6/8/19- 5:00. -7/9/19- 4:00. -7/10/19- 3:00. -7/11/19- 5:00. -8/2020- 2:00. -8/2020- 1:00. -Times did not reflect if the drills were performed in the morning (AM) or afternoon (PM). -Drills for the month of August reflected 2020 as the year drill was performed.</p> <p>Record review on 9/12/19 of the facility's disaster drill log revealed the following: -There were no disaster drills conducted for the 1st, 2nd quarter of 2019.</p> <p>Interview with the Owner/Director revealed: -Facility operates under one shift. -He was unable identify if fire drills conducted were in the morning (AM) or afternoon(PM.) -He confirmed staff failed to conduct fire and disaster drills under conditions that simulate emergencies at least quarterly.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p>	V 118		

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V 118	<p>Continued From page 11</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</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> </p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interview the facility failed to ensure the medication administration record (MAR) was current for three of three audited clients (#1, #2 and #3). The findings are:</p>	V 118		

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V 118	<p>Continued From page 12</p> <p>Review on 9/12/19 of Client #1's record revealed: - Admission date of 5/1/19. - Diagnoses of Schizoaffective Disorder, Bipolar Type; Polysubstance Abuse.</p> <p>Review on 9/12/19 of Client #1's physician's order dated the following: -Order dated 11/22/18: -Latanoprost 0.005% eye drop. Instill one drop in both eyes every night. -Oxybutynin 5 mg. Take one tablet every day. -Order dated 8/30/19: -Saphris 10 mg. Take one tablet in the evening. -Order dated 7/28/19: -Polyethylene Glycol 3350 Powder. Mix 17 gm in fluid every day.</p> <p>Observation on 9/12/19 at 10:30 am of Client #1's medication revealed the following was available: -Latanoprost 0.005% eye drop. -Oxybutynin 5 mg. -Saphris 10 mg. -Polyethylene Glycol 3350 Powder.</p> <p>Review on 9/12/19 of Client #1's MAR for September 2019 revealed blanks on the following dates: -Latanoprost 0.005% eye drop- 9/1- 9/11. -Oxybutynin 5 mg. 9/6. -Saphris 10 mg- 9/5- 9/8. -Polyethylene Glycol 3350 Powder. 9/1- 9/12</p> <p>Review on 9/12/19 of Client #2's record revealed: - Admission date of 11/25/16. -Diagnoses of Ataxia, Paranoid Schizophrenia, Personality Disorder, Abnormality of Gait, Symbolic Dysfunction, Morbid Obesity, Hyperlipidemia, Sleep Apnea, Type 2 Diabetes, Hypertension.</p>	V 118		

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V 118	<p>Continued From page 13</p> <p>Review on 9/12/19 of Client #2's physician's order dated the following: -Order dated 6/6/19: -Haloperidol 5 mg. One tablet once a day. -Vitamin B-complex/caplets. One tablet once a day. -Lithium ER 300 mg. Two tablets twice a day. -Haloperidol 5 mg. Two tablets in the evening. -Simostatin 10 mg. One tablet in the evening. -Order dated 4/12/19: -Benztropine MES i mg. One tablet twice a day.</p> <p>Observation on 9/12/19 at 10:40 am of Client #2's medication revealed the following was available: -Haloperidol 5 mg. -Vitamin B-complex/caplets. -Lithium ER 300 mg. -Haloperidol 5 mg. -Simostatin 10 mg. -Benztropine MES mg.</p> <p>Review on 9/12/19 of Client #2's MAR for September 2019 revealed blanks on the following dates: -Haloperidol 5 mg. 9/4. -Vitamin B-complex/caplets. 9/4. -Lithium ER 300 mg. 9/2 at 8 am, 9/3 at 3 pm, 9/4 at 8 am, 9/5 at 8 pm, 9/10 at 8 pm. -Haloperidol 5 mg. 9/3. -Simostatin 10 mg. 9/3, 9/10. -Benztropine MES mg. 9/3 at 8 pm, 9/4 at 8 am, 9/10 at 8 am and 8 pm, 9/11 at 8 am.</p> <p>Review on 9/12/19 of Client #3's record revealed the following: -Admission date of 1/3/17. -Diagnoses of Schizophrenia, Moderate Intellectual Disabilities, Hypertension, Acne</p>	V 118		

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V 118	<p>Continued From page 14</p> <p>Vulgaris, Hypertension, Allergic Rhinitis, Alcohol Use Disorder, Moderate.</p> <p>Review on 9/12/19 of Client #3's physician's order dated the following:</p> <ul style="list-style-type: none"> -Order dated 11/28/18: <ul style="list-style-type: none"> -Tretinoin 0.05% Cream. Apply pea size amount to entire face. -Order dated 4/9/19: <ul style="list-style-type: none"> -Trihexyphenidyl 2 mg. One tablet every day. -Clindamycin- Benzoil Perox. Apply to entire face. -Clotimazole 1 % cream. Apply to affected area twice daily. -Order dated 6/19/19: <ul style="list-style-type: none"> -Haloperidol 5 mg. One tablet three times daily. -Order dated 9/9/18: <ul style="list-style-type: none"> -Olanzapine 10 mg. One tablet every morning. -Therems. One tablet every day. -Fluticasone Propiate 50 mcg. Two sprays on each nostril daily. -Amlodipine Besylate 10 mg. One tablet daily. -Olanzapine 20 mg. One tablet in the evening. <p>Observation on 9/12/19 at 10:40 am of Client #3's medication revealed the following was available:</p> <ul style="list-style-type: none"> -Tretinoin 0.05% Cream. 9/22-9/23 -Trihexyphenidyl 2 mg. -Clindamycin- Benzoil Perox. -Clotimazole 1 % cream. -Haloperidol 5 mg. -Olanzapine 10 mg. -Therems. -Fluticasone Propiate 50 mcg. -Amlodipine Besylate 10 mg. -Olanzapine 20 mg. 	V 118		

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V 118	<p>Continued From page 15</p> <p>Review on 9/12/19 of Client #2's MAR for August and September 2019 revealed blanks on the following dates:</p> <ul style="list-style-type: none"> -Tretinoin 0.05% Cream. 8/21-8/30, 9/1-9/12. -Trihexyphenidyl 2 mg. 8/22- 8/23. -Clindamycin- Benzoil Perox. 8/22- 8/23. -Clotimazole 1 % cream. 8/22- 8/23. -Haloperidol 5 mg. 8/22- 8/23. -Olanzapine 10 mg. 8/22- 8/23. -Therems. 8/22- 8/23. -Fluticasone Propiate 50 mcg. 8/22- 8/23. -Amlodipine Besylate 10 mg. 8/22- 8/23. -Olanzapine 20 mg. 8/4, 8/7, 8/19- 8/23, 9/3. <p>Interview on 9/12/19 with the Director/Owner revealed:</p> <ul style="list-style-type: none"> -He confirmed staff did not initial the MAR for dates noted. -He confirmed that client's medication was available at the house. -He would review client's MAR to ensure accuracy. -He confirmed the facility failed to ensure the medication administration record (MAR) was current. 	V 118		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(f) Medication review:</p> <p>(1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated.</p>	V 121		

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V 121	<p>Continued From page 16</p> <p>(2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to obtain drug reviews every six months for one of three clients (Client #3) who received psychotropic drugs. The findings are:</p> <p>Review on 9/12/19 of Client #3's record revealed the following: -Admission date of 1/3/17. -Diagnoses of Schizophrenia, Moderate Intellectual Disabilities, Hypertension, Acne Vulgaris, Hypertension, Allergic Rhinitis, Alcohol Use Disorder, Moderate. -Physician's order dated 9/19/18 for: -Olanzapine 10 mg, 1 tablet every morning. -Olanzapine 20 mg, 1 tablet every night. -Physician's order dated 6/19/19 for Haloperidol 5 mg, 1 tablet three times a day -The July, August and September Medication Administration Record (MAR) revealed Client #3 was administered the above medications daily. -There was no evidence of a six months psychotropic drug review for Client #3.</p> <p>Interview on 9/12/19 with the Director/Owner revealed: -He was not aware that a drug review of psychotropic medications had to be conducted to the clients by a pharmacist or physician every six months. -He would have pharmacist review Client #3's psychotropic medications. -He confirmed the six months psychotropic drug</p>	V 121		

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V 121	Continued From page 17 review for Client #3 was not completed.	V 121		
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 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	V 133		

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V 133	<p>Continued From page 18</p> <p>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.</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</p>	V 133		
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V 133	<p>Continued From page 19</p> <p>of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <ol style="list-style-type: none"> (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. <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or</p>	V 133		

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V 133	Continued From page 20 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 violation of G.S. 18B-302 or driving while	V 133		

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V 133	<p>Continued From page 21</p> <p>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> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment affecting one of three staff (Staff #2). The findings are:</p> <p>Review of the facility's personnel records on 9/12/19 revealed:</p>	V 133		

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V 133	<p>Continued From page 22</p> <p>-Staff #2 had a hire date of 6/14/18. -Staff #2 was hired as a Paraprofessional/Habilitation Technician. -Staff #2 had no documentation of a criminal record check completed within five business days of making the conditional offer of employment.</p> <p>Interview on 9/12/19 with the Director/Owner revealed: -He was responsible for requesting the criminal record check. -Staff #1 spends time alone with the clients at the house. -He confirmed Staff #1 did not have a criminal background check completed prior to hiring.</p>	V 133		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(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.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based,</p>	V 536		

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V 536	<p>Continued From page 23</p> <p>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 wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). <p>(h) Service providers shall maintain</p>	V 536		

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V 536	<p>Continued From page 24</p> <p>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 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</p>	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-256	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/12/2019
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NAME OF PROVIDER OR SUPPLIER R & S INDEPENDENT HEALTH SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 636 GUNN STREET BURLINGTON, NC 27217
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V 536	<p>Continued From page 25</p> <p>interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program 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 review and interview, the facility failed to ensure two of three audited staff (#1 and #2) had current training in the use of alternatives to restrictive interventions. The findings are:</p>	V 536		

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V 536	<p>Continued From page 26</p> <p>Review of the facility's personnel records on 9/12/19 revealed: -Staff #1 had a hire date of 10/10/17. -Staff #1 was hired as a Paraprofessional/Habilitation Technician. -There was no updated documentation of Training on Alternatives to Restrictive Intervention on file.</p> <p>Review of the facility's personnel records on 9/12/19 revealed: -Staff #2 had a hire date of 6/14/18. -Staff #2 was hired as a Paraprofessional/Habilitation Technician. -There was no updated documentation of Training on Alternatives to Restrictive Intervention on file.</p> <p>Interview on 9/12/19 with the Director/Owner revealed: -The group home was using "Adaptive De-escalation Alternative- Protection" for training in Alternative to Restrictive Interventions. -All staff with expired training on alternatives to restrictive intervention were scheduled to have the class in October. -He confirmed Staff #1 and #2 did not have current training on Alternatives to Restrictive Intervention.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 536		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be</p>	V 736		

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V 736	<p>Continued From page 27</p> <p>maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>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:</p> <p>Observation on 9/12/19 at 11:15 a.m. of the Dining area revealed: -Stains on wall behind dining table.</p> <p>Observation on 9/12/19 at 11:20 a.m. of hallway leading to bedrooms revealed: -Light fixture on ceiling was not working. -Old television placed on the floor towards exit door. -Stains and scratches on the wall.</p> <p>Observation on 9/12/19 at 11:22 a.m. of Bedroom #1 (hallway to left) revealed: -Room was disorganized with clothing on the floor.</p> <p>Observation on 9/12/19 at 11:30 a.m. of the backyard revealed: -Overgrown weeds were over five feet tall.</p> <p>Interview on 9/12/19 with the Director/Owner revealed: -He was aware of light fixture not working and was in process of having it repaired. -Clients were responsible for maintaining their bedrooms clean. -Old t.v. was going to be thrown away as</p>	V 736		

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V 736	Continued From page 28 residents had gotten new televisions -Landlord was responsible for having weeds/grass mowed in the backyard. -He would contact landlord to have backyard mowed. -He confirmed the facility failed to ensure grounds were maintained in a clean, safe and attractive manner.	V 736		