

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-263	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/04/2019
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NAME OF PROVIDER OR SUPPLIER WATTS STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 506 WATTS STREET DURHAM, NC 27701
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on October 4, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program.</p> <p>Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p>	V 119		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 119	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews the facility staff failed to dispose of prescription medications in a manner that guards against diversion or accidental ingestion affecting one of three clients (#1). The findings are:</p> <p>Review on 10/3/19 of client # 1's record revealed: -Admission date of 5/6/19. -Diagnosis of Mild Intellectual and Developmental Disability. -Physician's order dated 3/25/19 for Aspirin 81 mg, one tablet daily at 8 am. -The October, September and August 2019 MAR's indicated the Aspirin 81 mg tablets were administered to client #1 daily.</p> <p>Observation on 10/3/19 at approximately 10:12 AM of the medication area revealed: -The bottle of Aspirin for client #1 expired June 2019.</p> <p>Interview with staff #1 on 10/3/19 revealed: -He normally did medication administration for the group home clients. -Client #1 was administered the Aspirin on a daily basis. -He did not realize clients #1's Aspirin had expired June 2019. -He confirmed the facility staff failed to ensure medications were disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>Interview with the Division Director on 10/3/19 revealed: -Staff #1 and staff #2 were responsible for medication administration. -Client #1 had been taking the Aspirin daily.</p>	V 119		

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V 119	Continued From page 2 -They did not realize clients #1's Aspirin had expired June 2019. -He confirmed the facility staff failed to ensure medications were disposed of in a manner that guards against diversion or accidental ingestion. Interview on 10/4/19 with the Executive Director confirmed: -Facility staff failed to ensure medications were disposed of in a manner that guards against diversion or accidental ingestion.	V 119		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the	V 536		

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

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

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V 536	<p>Continued From page 5</p> <p>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 interviews, the facility failed to ensure one of three audited staff (staff #1) had training on the use of alternatives to restrictive interventions prior to providing services. The findings are:</p> <p> </p> <p>Review on 10/2/19 of the facility's personnel files revealed:</p>	V 536		

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V 536	<p>Continued From page 6</p> <ul style="list-style-type: none"> -Staff #1 had a hire date of 5/1/18. -Staff #1 was hired as a Home Manager. -Staff #1 had a Mindset Safety Management Training certificate that expired on 9/26/19. -There was no documentation staff #1 had current training on the use of alternatives to restrictive interventions. <p>Interview with the Assistant Director on 10/2/19 revealed:</p> <ul style="list-style-type: none"> -The facility used Mindset Safety Management training on the use of alternatives to restrictive interventions. -Staff #1 was out of the country for about three weeks. -While staff #1 was out of the country the recertification for Mindset Safety Management Training was completed for staff. -She confirmed there was no documentation of current training on the use of alternative to restrictive intervention for staff #1. <p>Interview with the Executive Director on 10/4/19 confirmed:</p> <ul style="list-style-type: none"> -There was no documentation of current training on the use of alternative to restrictive intervention for staff #1 	V 536		