STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl082-042	A. BUILDING: _____ B. WING _____	10/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAMPSON GROUP HOME	300 JACOBS STREET CLINTON, NC 28328

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V 000	INITIAL COMMENTS An annual survey was completed on October 17, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.	V 000		
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 course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service	V 536		

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V 536	Continued From page 1 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 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.	V 536		

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V 536	Continued From page 2 (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: (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	V 536		

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V 536	Continued From page 3 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. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure 2 of 3 audited staff (the Residential Services Coordinator [RSC], and the Qualified Professional/Executive Director) received annual training updates in alternatives to restrictive interventions. The findings are: Review on 10/17/19 of the RSC's personnel record revealed: - Titles of Residential Services Coordinator and Administrative Assistant, hire date 6/30/14. - Training in North Carolina Interventions (NCI) Core+/Modified Physical Techniques parts A & B,	V 536		

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V 536	Continued From page 4 dated 2/14/18. - No documentation of updated training in alternatives to restrictive interventions. During interview on 10/17/19 the RSC stated: - She was the RSC for the facility and a sister facility. - Her responsibilities as RSC included accompanying clients to appointments. - The Licensee had a "hands off" policy, no restrictive interventions were used. - The clients were like siblings, they didn't physically fight, but "get on each others' nerves." Review on 10/16/19 of the Qualified Professional/Executive Director's personnel record revealed: - Title of Executive Director, hire date 10/15/12. - NCI Core+/Modified Physical Techniques, parts A & B, completed 2/14/18. - No documentation of updated training in alternatives to restrictive interventions. During interviews on 10/16/19 and 10/17/19 the Qualified Professional/Executive Director stated: - She was the Residential Services Coordinator and the Qualified Professional for the facility. - None of the staff had current training in alternatives to restrictive interventions. - The Licensee had a "hands off" policy and restrictive interventions were not used. - She could not identify a qualified provider to train staff in alternatives to restrictive interventions. - She would contact an instructor and schedule training for all staff as soon as possible.	V 536		
V 736	27G .0303(c) Facility and Grounds Maintenance	V 736		

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V 736	Continued From page 5 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. This Rule is not met as evidenced by: Based on observation and interviews the facility was not maintained in a safe, clean, attractive manner. The findings are: Observations of the facility on 10/17/19 between 9:00 am - 9:20 am revealed: - Dried brown liquid stain and particulate matter in the kitchen drawers beside the sink and stove. - Heavy dark staining on the control panel of the coffee maker; the plastic label on the coffee maker control panel was peeling off. - Cabinet surfaces, particularly close to the stove, were sticky to the touch. - Particulate matter on the dining room chairs; the finish on the dining table was worn. - Water damage to the side of the vanity in bathroom #1. - A dead "water bug" on the edge of the trash can. - Dingy gray staining in the bathtub; white powdery substance on the bathtub spout. - Client #4's chest of drawers was missing 9 of 10 drawer pulls; scratches to the finish at the corners of one drawer. - Damage to the wooden molding at the corner of the shower in bathroom #2. - Heavy mildew at the base of the shower entrance. - Organic matter that appeared consistent with dead insects inside the light fixture in the shower	V 736		

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V 736	Continued From page 6 in bathroom #2. - Cobwebs on the exhaust fan. - A dark rust stain at the drain in the sink. - Toilet seats in both bathrooms were too small for the toilets. - The carpet was wrinkled in places creating a tripping hazard. During interview on 10/17/19 the Residential Services Coordinator stated: - The Licensee had requested the property owner to replace the carpet in the facility. - New windows had been installed in the facility to correct a deficiency cited during a prior survey. - She did not know client #4's chest of drawers was missing drawer pulls; she did not know how to open the drawers. During interview on 10/17/19 the Qualified Professional/Executive Director stated: - New windows were installed in the facility to ensure client and staff safety. - She was not sure how to mitigate the mildew in bathroom #2 without causing damage to the walls and caulking. - She had seen crumbs and other particulate matter on the dining room chairs. - She would discuss the issues cited with staff and have the facility cleaned.	V 736		