

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-423</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/20/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MELODY HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2724 MARLIN DRIVE</b> <b>DURHAM, NC 27703</b>
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V 000	INITIAL COMMENTS  An annual and follow-up survey was completed on November 20, 2019. Deficiencies 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		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Division of Health Service Regulation

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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 assure one of three staff (#2) received training in MH/SA/DD clients. The findings are:</p> <p>Review on 11/20/19 of Staff #2 personnel record revealed: -Hired date of 6/5/19. -Position: Habilitation Technician. -Worked 2:00 -7:00 p.m. -There was no evidence of MH/SA/DD training in the record.</p> <p>Interview on 11/20/19 with the Program Coordinator revealed: -The Qualified Professional was responsible for special population training. -Confirmed there was no evidence staff #2 was trained working with MH/SA/DD clients.</p>	V 107		

Division of Health Service Regulation

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V 107	Continued From page 2  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 107		
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.  This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to have an initial treatment plan for	V 112		

Division of Health Service Regulation

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V 112	<p>Continued From page 3</p> <p>one of three audited clients (#4). The findings are:</p> <p>Review on 11/20/19 of Client # 4's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 8/12/19.</li> <li>-Diagnoses of Unspecified Schizophrenia, Hypertension and Diabetes.</li> <li>-Treatment Plan due by 9/12/19.</li> <li>-There was no initial treatment plan completed 30 days after admission.</li> </ul> <p>Interview on 11/20/19 with the Program Coordinator revealed:</p> <ul style="list-style-type: none"> <li>-The Qualified Professional was responsible for completing the treatment plan.</li> <li>-Confirmed there was no treatment plan in client #4's record.</li> </ul> <p>This deficiency has been cited two times since the original cite on April 20, 2017 and must be corrected within 30 days.</p>	V 112		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies</p>	V 114		

Division of Health Service Regulation

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V 114	Continued From page 4  accessible for use.  This Rule is not met as evidenced by: Based on record review and interviews the facility failed to conduct fire and disaster drills on each shift at least quarterly. The findings are:  Review on 11/20/19 of the facility's fire and disaster drills record revealed: -Fire drills were conducted on the following dates and shifts: -1/7/19 - 1st -2/7/19 - 1st -3/8/19 - 2nd -4/12/19 - 3rd -7/20/19 - 2nd -9/6/19 - 2nd -10/2/19 - 3rd -Disaster drills were conducted on the following dates and shifts: -1/7/19 - 1st -5/5/19 - 3rd -7/2/19 - 2nd -10/2/19 - 3rd -Fire and disaster drills were not conducted at least quarterly on each shift.  Interview on 11/20/19 with the Program Coordinator confirmed fire and disaster drills were not conducted on each shift at least quarterly.	V 114		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.  10A NCAC 27E .0107      TRAINING ON	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 5</p> <p><b>ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</b></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, 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> <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</p>	V 536		

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V 536	<p>Continued From page 6</p> <p>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 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</p>	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 7</p> <p>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 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</p>	V 536		

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V 536	<p>Continued From page 8</p> <p>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>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the Qualified Professional had current training on the use of alternatives to restrictive interventions. The findings are:</p> <p>Review on 11/20/19 of the QP's personnel record revealed: - Hired date of 2015. - Alternative restrictive Intervention expired 5/24/19. - There was no evidence of current training on the use of alternatives to restrictive interventions.</p> <p>Interview on 11/20/19 with the Program Coordinator revealed: -The facility trained staff in NCI+ only. -Confirmed the QP's NCI training expired.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 536		
V 736	27G .0303(c) Facility and Grounds Maintenance	V 736		

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V 736	<p>Continued From page 9</p> <p>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.</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 safe and attractive manner. The findings are:</p> <p>Observation on 11/20/19 at 9:00 a.m. revealed: -The kitchen and dining room is under renovations. -Kitchen cabinets were in the living space and not installed. -The dining room floor tile is missing. -Floor tiles in all three bedrooms were missing or not attached to the floor and around the door way. -Tiles were missing around the toilet in the bedroom with the master bath. -Main bathroom paint was chip around the shower and sink. -There was a white powdery substance on the corners in the 2nd bedroom to the right.</p> <p>Interview on 11/20/19 with the Program Coordinator revealed: -The house was under renovations. -There was no time frame for completing projects. -Reported the white powdery substance appeared to be to fight on insects. -No current problems with insects. -Confirmed the bedrooms, dining room and bathroom damages.</p>	V 736		

Division of Health Service Regulation

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