

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-236</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 02/12/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TRINITY BEHAVIORAL HEALTHCARE PC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2716 TROXLER ROAD BURLINGTON, NC 27215</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow-up survey was completed on February 12, 2020. The complaint was substantiated (intake #NC00160716). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .1200 Psychosocial Rehabilitation. 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program. 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment</p>	V 000		
V 131	<p><b>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</b></p> <p><b>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</b> (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on records review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for one of three audited staff (Staff #1). The findings are:</p> <p>Review on 2/12/20 of the facility's personnel records revealed:</p>	V 131		

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

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V 131	<p>Continued From page 1</p> <p>-Staff #1 had a hire date of 1/13/20. -Staff #1 was hired as a Psychosocial Rehabilitation staff. -HCPR check for staff #1 was completed on 2/12/20.</p> <p>Interview on 2/12/20 with the Administrative Assistant revealed: -She was in charge of completing the HCPR checks. -She did not know that the HCPR needed to be completed prior of staff being hired. -She conformed the HCPR check was not completed for staff #1 prior to hire.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 131		
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</p>	V 536		

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V 536	<p>Continued From page 2</p> <p>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> <ol style="list-style-type: none"> <li>(1) knowledge and understanding of the people being served;</li> <li>(2) recognizing and interpreting human behavior;</li> <li>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</li> <li>(4) strategies for building positive relationships with persons with disabilities;</li> <li>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</li> <li>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</li> <li>(7) skills in assessing individual risk for escalating behavior;</li> <li>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</li> <li>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace</li> </ol>	V 536		

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V 536	<p>Continued From page 3</p> <p>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 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</p>	V 536		

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V 536	<p>Continued From page 4</p> <p>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 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 records review and interview, the facility failed to ensure one of three staff (Staff #1)</p>	V 536		

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V 536	<p>Continued From page 5</p> <p>had training on the use of alternatives to restrictive interventions prior to providing services. The findings are:</p> <p>Review on 2/12/20 of the facility's personnel records revealed the following:                      -Staff #1 had a hire date of 1/13/20.                      -Staff #1 was hired as a Psychosocial Rehabilitation staff.                      -Training on Alternatives to Restrictive Intervention was completed on 2/12/20.</p> <p>Interview on 2/12/20 with the Owner revealed:                      -Staff #1 had just started working last month.                      -Staff #1 worked at the PSR program.                      -Documentation was still being gathered for Staff #1.                      -The agency used NCI+ curriculum for training on the use of alternative to restrictive intervention.                      -He confirmed Staff #1 had no training on alternatives to restrictive intervention prior to providing services.</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 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:</p>	V 736		

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V 736	<p>Continued From page 6</p> <p>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 2/12/20 at about 12:00 pm of the facility's lobby revealed: -Several dark stains on the carpet.</p> <p>Observation on 2/12/20 at about 12:05 pm of the SAIOP area hallway revealed: -Paint was chipping off from the wall outside the bathroom.</p> <p>Observation on 2/12/20 at about 12:07 pm of bathroom located inside the SAIOP area revealed: -Several ceiling tiles were missing. -Walls had several scratches.</p> <p>Observation on 2/12/20 at about 12:15 pm of the Psychosocial Treatment (PSR) building revealed: -Microwave room had several hoses exposed from the wall. -Microwave room had peeled paper off from the sheetrock in the back wall. -Entrance to PSR lobby/waiting area had a softball size hole on the wall.</p> <p>Interview on 2/12/20 with the Owner revealed: -He was aware carpets needed to be cleaned. -Facility had tried several times to clean the carpets, but stains would return and some worst than before. -He was looking into replacing the carpets with laminates or other kind of similar flooring. Estimates were being obtained. -Building was owned by him. -Agency was responsible for maintaining and replacing items as they brake down as well as</p>	V 736		

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V 736	<p>Continued From page 7</p> <p>painting.</p> <p>-He confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		