

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-187	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/24/2020
NAME OF PROVIDER OR SUPPLIER THE RINGER CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 213 EAST BESSEMER AVENUE GREENSBORO, NC 27401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual survey was completed on 1/24/20. Deficiencies were cited. This facility is licensed for the following service categories: - 10A NCAC 27G .3300 Outpatient Detoxification for Substance Abuse; and - 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders	V 000	We do not offer any Day Treatment Programs We do not now nor will we ever allow anyone working here to put their hands on a client, or anyone else for that matter. No restraint procedures would be taught as that would then imply they are allowed to use them. Our P & P clearly states this is a forbidden practice at any time.	02/01/2020
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	V 536	We will have the office support staff attend some De Escalation Training using one of the organizations on the list or one certified to provide this training. This is now scheduled with Scales Training for March 8, 2020.	2/04/2020

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S
SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

T00W11

If continuation sheet 1 of 12

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V 536	Continued From page 1 by each service provider periodically (minimum annually). (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. (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	V 536		
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V 536	Continued From page 2 (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (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.	V 536	
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V 536	<p>Continued From page 3</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include: (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>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff completed training at least annually, in the use of alternatives to restrictive interventions for 3 of 3 staff (Clinical Director, Counselor and Nurse Practitioner). The findings are:</p> <p>Review on 1/23/20 of the Licensee/Clinical Director's record revealed: - Hire Date: 1996</p>	V 536	<p>The Clinical Director is a master level clinician and he attests to competence outlined in 10A NCAC 27E .0107 (g)</p>	
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V 536	<p>Continued From page 4</p> <ul style="list-style-type: none"> - Position: Clinical Director - There was no documentation of alternatives to restrictive interventions training. - There was no attestation that documented competence in the following core areas: - knowledge and understanding of the people being served; - recognizing and interpreting human behavior; - recognizing the effect of internal and external stressors that may affect people with disabilities; - strategies for building positive relationships with persons with disabilities; - recognizing cultural, environmental and organizational factors that may affect people with disabilities; - recognizing the importance of and assisting in the person's involvement in making decisions about their life; - skills in assessing individual risk for escalating behavior; - communication strategies for defusing and de-escalating potentially dangerous behavior; and -- positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). <p>Review on 1/23/20 of the Counselor's record revealed:</p> <ul style="list-style-type: none"> - Hire Date: 1/2/20 - There was no documentation of alternatives to restrictive interventions training. - There was no attestation that documented competence in the following core areas: - knowledge and understanding of the people being served; - recognizing and interpreting human behavior; - recognizing the effect of internal and external stressors that may affect people with disabilities; - strategies for building positive relationships with 	V 536	<p>We and the counselor(s) attest to competence in the areas outlined in 10A NCAC 27E .0107 (g)</p>	
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V 536	<p>Continued From page 5</p> <p>persons with disabilities;</p> <ul style="list-style-type: none"> - recognizing cultural, environmental and organizational factors that may affect people with disabilities; - recognizing the importance of and assisting in the person's involvement in making decisions about their life; - skills in assessing individual risk for escalating behavior; - communication strategies for defusing and de-escalating potentially dangerous behavior; and -- positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). <p>Review on 1/23/20 of the Nurse Practitioner's record revealed:</p> <ul style="list-style-type: none"> - Hire Date: 5/20/19 - There was no documentation of alternatives to restrictive interventions training. - There was no attestation that documented competence in the following core areas: - knowledge and understanding of the people being served; - recognizing and interpreting human behavior; - recognizing the effect of internal and external stressors that may affect people with disabilities; - strategies for building positive relationships with persons with disabilities; - recognizing cultural, and organizational factors that may affect people with disabilities; - recognizing the importance of and assisting in the person's involvement in making decisions about their life; - skills in assessing individual risk for escalating behavior; - communication strategies for defusing and 	V 536	<p>We and the Nurse Practitioner attest to competence in the areas outlined in 10A NCAC 27E .0107 (g). The NP has, however, opted to also attend the training here on March 8, 2020.</p>	
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V 536	<p>Continued From page 6</p> <p>de-escalating potentially dangerous behavior; and</p> <p>- positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>Interview on 1/24/20 with the Licensee/Clinical Director revealed:</p> <ul style="list-style-type: none"> - The staff (licensed and unlicensed) did not have training in alternatives to restrictive interventions. - The staff who were Licensed Professionals did not have an attestation that documented competence in the following core areas: - knowledge and understanding of the people being served; - recognizing and interpreting human behavior; - recognizing the effect of internal and external stressors that may affect people with disabilities; - strategies for building positive relationships with persons with disabilities; - recognizing cultural, environmental and organizational factors that may affect people with disabilities; - recognizing the importance of and assisting in the person's involvement in making decisions about their life; - skills in assessing individual risk for escalating behavior; - communication strategies for defusing and de-escalating potentially dangerous behavior; and - positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). 	V 536		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest & ITO</p> <p>10A NCAC 27E .0108 TRAINING IN</p>	V 537		

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V 537	<p>Continued From page 7</p> <p>SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT</p> <p>(a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.</p> <p>(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.</p> <p>(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.</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 plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <p>(1) refresher information on alternatives to</p>	V 537	<p>We are not a residential program We do not have any restraint, seclusion or isolation time-out here at The Ringer Center. We do not treat any DD clients here and our Policy and Procedures do not allow for any restraint, seclusion or isolation time out.</p>
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V 537	<p>Continued From page 8</p> <p>the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.(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(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 Qualification 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 100% on testing in a training program teaching the use of seclusion, physical restraint</p>	V 537		
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V 537	Continued From page 9 and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (4) 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. (5) 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 (j)(6) of this Rule. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10) Trainers shall teach a program on the use of restrictive interventions at least once annually. (11) Trainers shall complete a refresher instructor training at least every two years. (k) Service providers shall maintain	V 537	We will be utilizing the annual services of Scales to continue our updating for our office staff and any others who are not qualified due to their clinical training.
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V 537	<p>Continued From page 10</p> <p>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 outcome (pass/fail);</p> <p>(B) when and where they attended; and (C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) 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. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff completed training in restrictive interventions for 3 of 3 staff (Clinical Director, Counselor and Nurse Practitioner). The findings are:</p> <p> </p> <p>Review on 1/23/20 of the Licensee/Clinical Director's record revealed:</p> <ul style="list-style-type: none"> - Hire Date: 1996 - Position: Clinical Director - There was no documentation of restrictive interventions training. <p> </p> <p>Review on 1/23/20 of the Counselor's record revealed:</p> <ul style="list-style-type: none"> - Hire Date: 1/2/20 	V 537		
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V 537	<p>Continued From page 11</p> <ul style="list-style-type: none">- There was no documentation of restrictive interventions training. <p>Review on 1/23/20 of the Nurse Practitioner's record revealed:</p> <ul style="list-style-type: none">- Hire Date: 5/20/19- There was no documentation of restrictive interventions training. <p>Interview on 1/24/20 with the Licensee/Clinical Director revealed:</p> <ul style="list-style-type: none">- The program did not allow the use of restraints. <p>Review on 1/24/20 of the Program's Restraint Policy revealed:</p> <ul style="list-style-type: none">- There was not a written policy to address restrictive interventions.	V 537	<p>There is a written policy that does state that there are no restraints, seclusions or other restrictive interventions allowed at The Ringer Center.</p>	2/03/2020
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