

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

February 11, 2020

David Casper, Executive Director Union Diversified Industries 2815 Walkup Avenue Monroe, NC 28110 DHSR - Mental Health

FEB 19 2020

Lic. & Cert. Section

Re:

Annual Survey completed 2/5/20

Union Diversified Industries, 2815 Walkup Avenue, Monroe, NC 28110

MHL # 090-145

E-mail Address: david.casper@udinc.org

Dear Mr. Casper:

Thank you for the cooperation and courtesy extended during the annual survey completed February 5, 2020. Deficiencies were cited.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

## Type of Deficiencies Found

Standard level deficiencies were cited.

## **Time Frames for Compliance**

 Standard level deficiencies must be corrected within 60 days from the exit date of the survey, which is April 5, 2020.

## What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes
  in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to prevent the problem from occurring again.
- Indicate who will monitor the situation to ensure it will not occur again.
- Indicate how often the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email. Send the <u>original</u> completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at (704)596-4072.

Sincerely,

Gina McLain

Facility Compliance Consultant I

Hima McLain

Mental Health Licensure & Certification Section

**Enclosures** 

CC:

qmemail@cardinalinnovations.org

File

PRINTED: 02/10/2020 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 090-145 02/05/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2815 WALKUP AVENUE UNION DIVERSIFIED INDUSTRIES MONROE, NC 28110 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 **DHSR** - Mental Health An annual survey was completed on 2/5/20. FEB 19 2020 Deficiencies were cited. This facility is licensed for the following service Lic. & Cert. Section category: 10A NCAC 27G .2300 Adult Developmental Vocational Program. V 536 27E .0107 Client Rights - Training on Alt to Rest. UDI uses MIIT training. MIIT was V 536 4/5/2020 Int approved by NC DHHS in 2002. UDI operated under the belief that 10A NCAC 27E .0107 TRAINING ON the training remained an approved ALTERNATIVES TO RESTRICTIVE training after the 2017 ending of **INTERVENTIONS** NCI. UDI has communicated with (a) Facilities shall implement policies and NC DHHS MH/IDD/SU on 2/12/20 practices that emphasize the use of alternatives about the steps needed to have to restrictive interventions. MIIT added to the list of approved (b) Prior to providing services to people with trainings. UDI is in the process of disabilities, staff including service providers, resubmitting the training along employees, students or volunteers, shall with the original approval letter for demonstrate competence by successfully review. UDI anticipates that MIIT completing training in communication skills and will be re-approved and added back other strategies for creating an environment in to the list of approved trainings. which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or UDI has a training coordinator in property damage is prevented. place that will begin monitoring any (c) Provider agencies shall establish training changes in requirements by NC based on state competencies, monitor for internal compliance and demonstrate they acted on data DHHS and has added in the Relias gathered. Learning platform for additional (d) The training shall be competency-based. training support. UDI will conduct include measurable learning objectives, an annual review of all trainings to measurable testing (written and by observation of ensure complaince. behavior) on those objectives and measurable

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annually).

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

(f) Content of the training that the service

methods to determine passing or failing the

(e) Formal refresher training must be completed by each service provider periodically (minimum

TITLE

(X6) DATE

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURV COMPLETED	
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V 536	Continued From page	1	V 536			
	provider wishes to em the Division of MH/DD Paragraph (g) of this F (g) Staff shall demons following core areas:  (1) knowledge a people being served; (2) recognizing a behavior; (3) recognizing the external stressors that disabilities; (4) strategies for relationships with person organizational factors the disabilities; (5) recognizing the assisting in the person decisions about their lift (7) skills in assess escalating behavior; (8) communication and de-escalating pote and (9) positive behavior and de-escalating pote and (9) positive behavior which directly behaviors which directly behaviors which are un (h) Service providers shocumentation of initial at least three years. (1) Documentation (A) who participation outcomes (pass/fail); (B) when and who (C) instructor's national contents of the provider outcomes (pass/fail); (B) when and who (C) instructor's national contents of the provider outcomes (pass/fail);	ploy must be approved by I/SAS pursuant to Rule. Strate competence in the and understanding of the and interpreting human the effect of internal and may affect people with building positive ons with disabilities; bultural, environmental and that may affect people with the importance of and involvement in making fe; building positive on strategies for defusing individual risk for on strategies for defusing intially dangerous behavior; vioral supports (providing disabilities to choose oppose or replace safe). The hall maintain and refresher training for on shall include: ed in the training and the ere they attended; and ame; of MH/DD/SAS may	V 330			
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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING 090-145 02/05/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2815 WALKUP AVENUE UNION DIVERSIFIED INDUSTRIES MONROE, NC 28110 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE. REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 536 Continued From page 2 V 536 (i) Instructor Qualifications and Training Requirements: Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. 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. 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. 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. 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. 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.

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(j) Service providers shall maintain

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V 536	documentation of initial training for at least thre (1) Docume (A) who participal outcomes (pass/fail); (B) when and we (C) instructor's (C) The Division request and review this (k) Qualifications of (C) Coaches share quirements as a train (C) Coaches share course which is be (C) Coaches share course which is be (C) Coaches share competence by completrain-the-trainer instructions.	ed From page 3 Intation of initial and refresher instructor for at least three years.  Documentation shall include: who participated in the training and the s (pass/fail); when and where attended; and instructor's name.  The Division of MH/DD/SAS may and review this documentation any time. ifications of Coaches: Coaches shall meet all preparation ents as a trainer. Coaches shall teach at least three times are which is being coached. Coaches shall demonstrate trainer instruction. Internation shall be the same preparation		Type t	ext here	
	in Alternatives to Restrapproved by the Division failed to ensure formal completed by each start 4 staff (#1, #2, #3 and a Review on 2/5/20 of petthe following: -staff #1 was hired on 7	ew and interviews, the the content of the training ictive Interventions was on of MH/DD/SAS and refresher training was if at least annually for 4 of 44). The findings are:  ersonnel records revealed  2/31/14 with the job title of onal (DSP) and completed				

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STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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	Techniques (MIIT) on -staff #2 was hired on DSP and completed tr -staff #3 was hired on DSP and completed tr -staff #4 was hired on DSP and completed tr no documentation of u in MIIT present in the Review on 2/5/20 of th list of "Approved Curri-De-escalation Strategi Interventions" revealed Intervention Technique Interview on 2/5/20 wit revealed: -started as the Chief C-started as Chief Exec 4/2019; -the prior CEO had sul MIIT and received notif MH/DD/SAS the curric approved; -has a copy of the lette MH/DD/SAS; -was not aware of any re-submit MIIT for approvas under the impress based on letter from 20 -the local LME(Local M mention any issues regaudit in 2018.	9/12/19; 10/8/18 with the job title of raining in MIIT on 10/3/19; 3/20/06 with the job title of raining in MIIT on 1/3/20; 3/20/06 with the job title of raining in MIIT on 1/11/19, updated completed training record.  The Division of MH/DD/SAS cula for the Use of es and Restrictive di Minimal Intrusive es (MIIT) was not listed.  The Executive Director  The perating Officer in 1/2018; utive Officer(CEO) in  Tomitted the curriculum for fication from the Division of ulum for MIIT was  For from the Division of the perating Officer in 1/2018; are from the Division of the perating Officer in 1/2018; are from the Division of the perating	V 536	UDI uses MIIT training. MIIT approved by NC DHHS in 20 UDI operated under the belie the training remained an approven approved by NC DHHS MH/IDD/SU on 2/1 about the steps needed to ha MIIT added to the list of approtrainings. UDI is in the processes ubmitting the training along with the original approval letter review. UDI anticipates that I will be re-approved and added to the list of approved training. UDI has a training coordinate place that will begin monitoring changes in requirements by NDHHS and has added in the FL Learning platform for additional training support. UDI will contain annual review of all training ensure complaince.	f that roved of with 12/20 ve oved ss of ger for MIIT d back is.  r in gany IC Relias al duct		

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	Alternatives to Restrict Seclusion, Restraint, I-"The Division of Ment Disabilities and Substitution Curriculum Review Cocurriculum;" - "Your curriculum for the approved: Prevention Restrictive Intervention Restrictive Intervention Restraints."  27E .0108 Client Right ITO  10A NCAC 27E .0108 SECLUSION, PHYSIC ISOLATION TIME-OUT (a) Seclusion, physical time-out may be employed been trained and have competence in the proto these procedures. If staff authorized to emprocedures are retrained competence at least and (b) Prior to providing didisabilities whose treat includes restrictive intervention, physical restraining is completed and shall not use these training is completed and demonstrated.  (c) A pre-requisite for the demonstrating competer training in preventing, restriction of the procedures and shall not use these training in preventing, restriction in the procedures and shall not use these training in preventing, restriction in the procedures and shall not use these training in preventing, restriction in the procedure and shall not use these training in preventing, restriction in the procedure and shall not use these training in preventing, restriction in the procedure and shall not use these training in preventing, restriction in the procedure and shall not use these training in preventing, restriction in the procedure and shall not use these training in preventing, restriction in the procedure and shall not use these training in preventing, restriction in the procedure and t	stive Interventions, Isolation, Time Out Review;" tal Health, Developmental ance Abuse Services' ommittee has reviewed your the following has been and Alternatives to insUse of Physical  Its - Training in Sec Rest &  TRAINING IN CAL RESTRAINT AND Tolar restraint and isolation by do only by staff who have demonstrated per use of and alternatives Facilities shall ensure that boloy and terminate these and have demonstrated innually. Sirect care to people with interventions, staff including loyees, students or ete training in the use of traint and isolation time-out interventions until the ind competence is staking this training is ence by completion of reducing and eliminating	V 536	UDI uses MIIT training. MIIT approved by NC DHHS in 200 UDI operated under the belief the training remained an approventraining after the 2017 ending NCI. UDI has communicated NC DHHS MH/IDD/SU on 2/1 about the steps needed to hav MIIT added to the list of approtrainings. UDI is in the process resubmitting the training along with the original approval letter review. UDI anticipates that N will be re-approved and added to the list of approved trainings.	f that roved of with 2/20 ve oved ss of Jer for MIIT	4/5/2020
	demonstrated. (c) A pre-requisite for t demonstrating compete	raking this training is ence by completion of educing and eliminating interventions.				

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	include measurable le measurable testing (whe behavior) on those observed methods to determine course.  (e) Formal refresher the by each service provide annually).  (f) Content of the train provider plans to employ the Division of MH/DD Paragraph (g) of this F (g) Acceptable training but are not limited to, provide to the use of restrictive in (2) guidelines of (understanding immined others);  (3) emphasis on rights and dignity of all concepts of least restrictive intervention of restrictive intervention of restrictive interventions which includes the service of the use of entitle intervention;  (5) the use of entitle intervention;  (5) the use of entitle intervention;  (6) prohibited providers of the providers of the service intervention;  (6) prohibited providers of the providers of the service providers of the service intervention;  (6) prohibited providers of the service provider	earning objectives, written and by observation of jectives and measurable passing or failing the raining must be completed der periodically (minimum ming that the service loy must be approved by VSAS pursuant to Rule.  g programs shall include, presentation of: promation on alternatives to interventions; in when to intervene ent danger to self and a safety and respect for the persons involved (using dictive interventions); in the safe implementation ons; intervention and intervention); in the safe implementation ons; intergency safety didde continuous oring of the physical and and of the client and the safe mout the duration of the procedures; attegies, including their se; and on methods/procedures.	V 537			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING: \_\_\_

(X3) DATE SURVEY COMPLETED

090-145

B. WING

02/05/2020

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## 2815 WALKUP AVENUE

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	(A) who participated in the training outcomes (pass/fail); (B) when and where they attended (C) instructor's name. (2) The Division of MH/DD/SAS m review/request this documentation at any (i) Instructor Qualification and Training Requirements: (1) Trainers shall demonstrate comby scoring 100% on testing in a training aimed at preventing, reducing and elimin need for restrictive interventions. (2) Trainers shall demonstrate comby scoring 100% on testing in a training pateaching the use of seclusion, physical reand isolation time-out. (3) Trainers shall demonstrate comby scoring a passing grade on testing in a instructor training program. (4) The training shall be competency-based, include measurable lobjectives, measurable testing (written arobservation of behavior) on those objectimeasurable methods to determine passing failing the course. (5) The content of the instructor traservice provider plans to employ shall be approved by the Division of MH/DD/SAS to Subparagraph (j)(6) of this Rule. (6) Acceptable instructor training proshall include, but not be limited to, present of: (A) understanding the adult learner; methods for teaching content of course; (C) evaluation of trainee performant documentation procedures. (T) Trainers shall be retrained at learnually and demonstrate competence in	ay y time.  Inpetence program ating the pretence program estraint inpetence an ining the pursuant programs station  If the ce; and ast			

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ONION DI	VERSIFIED INDUSTRIES		E, NC 28110			
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	time-out, as specified Rule.  (8) Trainers shat CPR.  (9) Trainers shat in teaching the use of least two times with a coach.  (10) Trainers shat use of restrictive intervannually.  (11) Trainers shat instructor training at let (k) Service providers documentation of initial training for at least thruston (1) Documentatis (A) who participal outcome (pass/fail);  (B) when and who instructor's routed (2) The Division review/request this documentation of Coaches shat requirements as a train (2) Coaches shat times, the course which	restraint and isolation in Paragraph (a) of this all be currently trained in all have coached experience restrictive interventions at positive review by the all teach a program on the ventions at least once.  Il complete a refresher east every two years. shall maintain all and refresher instructor ee years. sion shall include: ated in the training and the there they attended; and name.  of MH/DD/SAS may cumentation at any time. baches: all meet all preparation ner. all teach at least three h is being coached. all demonstrate ection of coaching or ection. all be the same	V 537			
	This Rule is not met as Based on records revie					

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	MONROE, NC 28110		
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Continued From page 9 facility failed to ensure the content of the in Seclusion, Physical Restraint and Isol Time Out was approved by the Division MH/DD/SAS and failed to ensure formal training was completed by each staff at I annually for 4 of 4 staff (#1, #2, #3 and # findings are:  Review on 2/5/20 of personnel records the following: -staff #1 was hired on 7/31/14 with the jod Direct Support Professional (DSP) and of training in Minimal Intrusive Intervention Techniques (MIIT) on 9/12/19; -staff #2 was hired on 10/8/18 with the jod DSP and completed training in MIIT on 1-staff #3 was hired on 3/20/06 with the jod DSP and completed training in MIIT on 1-staff #4 was hired on 3/20/06 with the jod DSP and completed training in MIIT on 1 no documentation of updated completed in MIIT present in the record.  Interviews on 2/5/20 with staff #1, #2, #3 revealed they had not performed any residents at the facility.  Interview on 2/5/20 with the Executive Direvealed: -started as the Chief Operating Officer in -started as Chief Executive Officer (CEO) 4/2019; -the prior CEO had submitted the curricul MIIT and received notification from the Dimension MH/DD/SAS the curriculum for MIIT was approved; -has a copy of the letter from the Division MH/DD/SAS; -was not aware of any notification or lette re-submit MIIT for approval in the year 20	ation of refresher reast reast reast reast reast revealed bb title of rompleted bb title of rompleted bb title of revealed reveal		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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V 537	-was under the impres based on letter from 2 -the local LME(Local Mention any issues reaudit in 2018.  Review on 2/5/20 of a Division of MH/DD/SA "Communication ands revealed the following -"Subject: Curriculum of Alternatives to Restrict Seclusion, Restraint, Is-"The Division of Mentions and Substate of the second of the	ssion MIIT was approved 002; Management Entity) did not garding MIIT during their  Letter dated 7/5/02 from the S signed by the Training Section" staff documented: on Prevention and tive Interventions, solation, Time Out Review;" all Health, Developmental ance Abuse Services' mmittee has reviewed your set following has been and Alternatives to	V 537			