



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

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.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

DHSR - Mental Health

FEB 19 2020

Lic. & Cert. Section

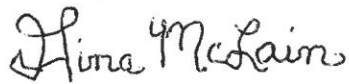
February 11, 2020
David Casper
Union Diversified Industries

Send the original 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
Mental Health Licensure & Certification Section

Enclosures

CC: gmemail@cardinalinnovations.org
File

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 090-145	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2020
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NAME OF PROVIDER OR SUPPLIER UNION DIVERSIFIED INDUSTRIES	STREET ADDRESS, CITY, STATE, ZIP CODE 2815 WALKUP AVENUE MONROE, NC 28110
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(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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 2/5/20. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .2300 Adult Developmental Vocational Program.</p>	V 000	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">FEB 19 2020</p> <p style="text-align: center;">Lic. & Cert. Section</p>	
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 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</p>	V 536	<p>UDI uses MIIT training. MIIT was approved by NC DHHS in 2002. UDI operated under the belief that the training remained an approved training after the 2017 ending of NCI. UDI has communicated with NC DHHS MH/IDD/SU on 2/12/20 about the steps needed to have MIIT added to the list of approved trainings. UDI is in the process of resubmitting the training along with the original approval letter for review. UDI anticipates that MIIT will be re-approved and added back to the list of approved trainings.</p> <p>UDI has a training coordinator in place that will begin monitoring any changes in requirements by NC DHHS and has added in the Relias Learning platform for additional training support. UDI will conduct an annual review of all trainings to ensure compliance.</p>	4/5/2020

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

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V 536	<p>Continued From page 1</p> <p>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"> (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). <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <ol style="list-style-type: none"> (1) Documentation shall include: <ol style="list-style-type: none"> (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	<p>Continued From page 2</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 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</p>	V 536		

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V 536	<p>Continued From page 3</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 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 interviews, the facility failed to ensure the content of the training in Alternatives to Restrictive Interventions was approved by the Division of MH/DD/SAS and failed to ensure formal refresher training was completed by each staff at least annually for 4 of 4 staff (#1, #2, #3 and #4). The findings are:</p> <p> </p> <p>Review on 2/5/20 of personnel records revealed the following: -staff #1 was hired on 7/31/14 with the job title of Direct Support Professional (DSP) and completed training in Minimal Intrusive Intervention</p>	V 536	Type text here	
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V 536	<p>Continued From page 4</p> <p>Techniques (MIIT) on 9/12/19; -staff #2 was hired on 10/8/18 with the job title of DSP and completed training in MIIT on 10/3/19; -staff #3 was hired on 3/20/06 with the job title of DSP and completed training in MIIT on 1/3/20; -staff #4 was hired on 3/20/06 with the job title of DSP and completed training in MIIT on 1/11/19, no documentation of updated completed training in MIIT present in the record.</p> <p>Review on 2/5/20 of the Division of MH/DD/SAS list of "Approved Curricula for the Use of De-escalation Strategies and Restrictive Interventions" revealed Minimal Intrusive Intervention Techniques (MIIT) was not listed.</p> <p>Interview on 2/5/20 with the Executive Director revealed: -started as the Chief Operating Officer in 1/2018; -started as Chief Executive Officer(CEO) in 4/2019; -the prior CEO had submitted the curriculum for MIIT and received notification from the Division of MH/DD/SAS the curriculum for MIIT was approved; -has a copy of the letter from the Division of MH/DD/SAS; -was not aware of any notification or letter to re-submit MIIT for approval in the year 2017; -was under the impression MIIT was approved based on letter from 2002; -the local LME(Local Management Entity) did not mention any issues regarding MIIT during their audit in 2018.</p> <p>Review on 2/5/20 of a letter dated 7/5/02 from the Division of MH/DD/SAS signed by the "Communication ands Training Section" staff revealed the following documented: -"Subject: Curriculum on Prevention and</p>	V 536	<p>UDI uses MIIT training. MIIT was approved by NC DHHS in 2002. UDI operated under the belief that the training remained an approved training after the 2017 ending of NCI. UDI has communicated with NC DHHS MH/IDD/SU on 2/12/20 about the steps needed to have MIIT added to the list of approved trainings. UDI is in the process of resubmitting the training along with the original approval letter for review. UDI anticipates that MIIT will be re-approved and added back to the list of approved trainings.</p> <p>UDI has a training coordinator in place that will begin monitoring any changes in requirements by NC DHHS and has added in the Relias Learning platform for additional training support. UDI will conduct an annual review of all trainings to ensure complaince.</p>	

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V 536	Continued From page 5 Alternatives to Restrictive Interventions, Seclusion, Restraint, Isolation, Time Out Review;" -"The Division of Mental Health, Developmental Disabilities and Substance Abuse Services' Curriculum Review Committee has reviewed your curriculum;" -"Your curriculum for the following has been approved: Prevention and Alternatives to Restrictive Interventions...Use of Physical Restraints."	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (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. (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. (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. (d) The training shall be competency-based,	V 537	UDI uses MIIT training. MIIT was approved by NC DHHS in 2002. UDI operated under the belief that the training remained an approved training after the 2017 ending of NCI. UDI has communicated with NC DHHS MH/IDD/SU on 2/12/20 about the steps needed to have MIIT added to the list of approved trainings. UDI is in the process of resubmitting the training along with the original approval letter for review. UDI anticipates that MIIT will be re-approved and added back to the list of approved trainings.	4/5/2020

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V 537	<p>Continued From page 6</p> <p>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> <ol style="list-style-type: none"> (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (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); (4) strategies for the safe implementation of restrictive interventions; (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; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p>	V 537		
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V 537	<p>Continued From page 7</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 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 and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(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.</p> <p>(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.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use</p>	V 537		
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V 537	<p>Continued From page 8</p> <p>of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) 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 outcome (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>(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.</p> <p>(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>This Rule is not met as evidenced by: Based on records review and interviews, the</p>	V 537		

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V 537	<p>Continued From page 9</p> <p>facility failed to ensure the content of the training in Seclusion, Physical Restraint and Isolation Time Out was approved by the Division of MH/DD/SAS and failed to ensure formal refresher training was completed by each staff at least annually for 4 of 4 staff (#1, #2, #3 and #4). The findings are:</p> <p>Review on 2/5/20 of personnel records revealed the following: -staff #1 was hired on 7/31/14 with the job title of Direct Support Professional (DSP) and completed training in Minimal Intrusive Intervention Techniques (MIIT) on 9/12/19; -staff #2 was hired on 10/8/18 with the job title of DSP and completed training in MIIT on 10/3/19; -staff #3 was hired on 3/20/06 with the job title of DSP and completed training in MIIT on 1/3/20; -staff #4 was hired on 3/20/06 with the job title of DSP and completed training in MIIT on 1/11/19, no documentation of updated completed training in MIIT present in the record.</p> <p>Interviews on 2/5/20 with staff #1, #2, #3 and #4 revealed they had not performed any restraints on any clients at the facility.</p> <p>Interview on 2/5/20 with the Executive Director revealed: -started as the Chief Operating Officer in 1/2018; -started as Chief Executive Officer(CEO) in 4/2019; -the prior CEO had submitted the curriculum for MIIT and received notification from the Division of MH/DD/SAS the curriculum for MIIT was approved; -has a copy of the letter from the Division of MH/DD/SAS; -was not aware of any notification or letter to re-submit MIIT for approval in the year 2017;</p>	V 537		
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NAME OF PROVIDER OR SUPPLIER UNION DIVERSIFIED INDUSTRIES	STREET ADDRESS, CITY, STATE, ZIP CODE 2815 WALKUP AVENUE MONROE, NC 28110
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(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 537	<p>Continued From page 10</p> <p>-was under the impression MIIT was approved based on letter from 2002;</p> <p>-the local LME(Local Management Entity) did not mention any issues regarding MIIT during their audit in 2018.</p> <p>Review on 2/5/20 of a letter dated 7/5/02 from the Division of MH/DD/SAS signed by the "Communication ands Training Section" staff revealed the following documented:</p> <p>-"Subject: Curriculum on Prevention and Alternatives to Restrictive Interventions, Seclusion, Restraint, Isolation, Time Out Review;"</p> <p>-"The Division of Mental Health, Developmental Disabilities and Substance Abuse Services' Curriculum Review Committee has reviewed your curriculum;"</p> <p>-"Your curriculum for the following has been approved: Prevention and Alternatives to Restrictive Interventions...Use of Physical Restraints."</p>	V 537		