PRINTED: 02/14/2020
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-952	A. BUILDING: ______ B. WING ______	R 02/06/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADRIENNE'S HOUSE	4528 CHAMBERSBURG ROAD FAYETTEVILLE, NC 28314

(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 A complaint and follow up survey was completed on February 6, 2020. The complaint was unsubstantiated (intake #NC00160621). This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a healthcare facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort	V 132	RECEIVED FEB 28 2020 DHSR-MH Licensure Sect	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Thomas Maxwell
TITLE: Executive Director
(X6) DATE: 02-27-2020

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V 132	Continued From page 1 to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.	V 132		
	This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report an allegation of abuse to the Health Care Personnel Registry (HCPR). The findings are: Review on 02/06/20 of facility records revealed no documentation the HCPR was notified of an allegation of abuse against the Qualified Professional/Licensee. See Tag V367 for specifics. Interview on 02/06/20 the Administrative Staff stated she understood all allegations against staff should be reported to the HCPR.		HCPR was not initially submitted against the QP because it was revealed per the consumer that the allegation was false. This was admitted the same day during his therapy session. The HCPR was submitted.	02-10-2020
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all	V 367		

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	MHL026-852	A. BUILDING: ______ B. WING ______	R 02/06/2020

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V 367	Continued From page 2 level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information;	V 367		

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V 367	Continued From page 3 (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.	V 367		

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V 367	Continued From page 4 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report a critical incident to the home Local Management Entity (LME) as required. The findings are: Review on 02/06/20 of the "North Carolina Incident Response Improvement System (IRIS)" website for January 2020 thru present revealed no Level II incident reports for the facility had been generated. Review on 02/06/20 of facility records revealed no documented Level II incident reports had been generated for client #3's allegation of abuse against the Qualified Professional (QP)/Licensee. Review on 02/06/20 of a email from client #3's therapist dated 02/05/20 revealed: - "[Client #3's initials] verbalized felt guilty for making false allegations against[QP/Licensee]." Interview on 02/06/20 the QP/Licensee stated: - Client #3 had recently gotten suspended from school. - The Associate Professional (AP) had picked client #3 up from school and was transporting client #3 to the facility. - Client #3 began having a behavior and kicking the seat. The AP notified him and he met staff and client at the facility. - He met client #3 at the corner of the house and held client #3 by the biceps area. He picked client #3 up off the ground to eye level briefly and discussed concerns with safety while riding in the van. - He put client #3 down close to a bush. The incident was very brief. Client #3 was not injured. - A representative from the local Department of	V 367	IRIS report was not initially submitted against the QP because the allegation was revealed by the consumer that he falsely accused the staff member during his therapy session. The IRIS report was properly submitted.	02-10-2020

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V 367	Continued From page 5 Social Services (DSS) had asked asked about abuse from the incident. - Client #3 was not abused nor injured from the incident. - Client #3 had told the therapist he lied about an allegation against him. Interview on 02/06/20 the Administrative Staff stated: - She had not completed an IRIS report for client #3's allegation against the QP/Licensee. - She understood all allegations of abuse against any staff needed to be reported in IRIS. - She thought a DSS representative had visited the facility on 02/03/20 to investigate client #3's allegation. [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 367		
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	V 537		

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V 537	Continued From page 6 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, 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 by each service provider periodically (minimum annually). (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. (g) Acceptable training programs shall include, but are not limited to, presentation of: (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	V 537		

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V 537	Continued From page 7 restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (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 (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification 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 100% on testing in a training program teaching the use of seclusion, physical restraint 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	V 537		

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V 537	Continued From page 8 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 documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcome (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. (l) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times, the course which is being coached. (3) Coaches shall demonstrate	V 537		

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V 537	Continued From page 9 competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers.	V 537		
	This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure one of three audited staff (Qualified Professional (QP)/Licensee) demonstrated competence in the proper use of restraints. The findings are: Review on 02/06/20 of client #3's record revealed: - 13 year old male. - Admission date of 10/11/19. - Diagnoses of Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Unspecified Depressive Disorder and Specific Learning Disorder. Review on 02/06/20 of the "North Carolina Incident Response Improvement System (IRIS)" website for January 2020 thru present revealed no Level II incident reports for the facility had been generated. Review on 02/06/20 of facility records revealed no documented Level II incident reports had been generated for client #3's allegation of abuse against the Qualified Professional (QP)/Licensee. Review on 02/06/20 of the QP/Licensee's personnel record revealed: - Date of hire: 02/02/01. - National Crisis Intervention Plus training completed on 12/04/19.		The Administrator will ensure that all staff members will not utilize any other methods of restraints besides the current state approved techniques as demonstrated by certified instructors.	02-10-2020

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V 537	Continued From page 10 Interview on 02/06/20 the QP/Licensee stated: - Client #3 had recently gotten suspended from school. - The Associate Professional (AP) had picked client #3 up from school and was transporting client #3 to the facility. - Client #3 began having a behavior and kicking the seat in the van during transportation. The AP notified him and he met staff and client at the facility. - He met client #3 at the corner of the house and held client #3 by the biceps area. He picked client #3 up off the ground to eye level briefly and discussed concerns with safety while riding in the van. Client #3 was very small. - He put client #3 down close to a bush. The incident was very brief. Client #3 was not injured. - Client #3 was not abused nor injured from the incident. - He had current training in National Crisis Intervention Plus. - He understood all physical holds needed to be completed properly.	V 537		

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Facsimile Transmittal

To: Tonya Bridges Fax: 919.715.8078

From: T. Maxwell Date: 2.28.2020

Re: 2.6.2020 POC Pages: 12

CC:

☐ Urgent ☑ For Review ☐ Please Comment ☐ Please Reply ☐ Recycle

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