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March 6, 2020

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

DHSR - Mental Health

MAR 9 2020

Lic. & Cert. Section

From: Lyndsay Martin, Residential Program Director  
Renee Bellemore, Cynthia Morris, Qualified Professional's  
The Arc of Davidson County, Inc.  
1900 South Main Street  
Lexington, NC 27292  
Email Address: lyndsaymartin@arcdavidson.org

Re: Annual Survey and Complaint Survey completed 2/18/2020  
Davidson #3, 700 Hunters Way, Lexington, NC 27292  
MHL#029-028

Enclosed is the Plan of Correction for the deficiencies listed on the Statement of Deficiencies form dated February 18, 2020.

**Time Frame for Compliance:**

Standard level deficiencies identified during Annual Review and Compliant Review dated February 18, 2020 were corrected immediately on March 6, 2020.

A Formal plan of correction has been implemented and will be completed by March 6, 2020.

Thank you in advance for your review of this plan of correction and for assisting us as we strive at all times to provide quality services and health care to the individuals residing in residential homes operated by The Arc of Davidson County, Inc.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL029-028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/18/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DAVIDSON #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 HUNTERS WAY LEXINGTON, NC 27292</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on February 18, 2020. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for adults whose primary diagnosis is a developmental disability.</p> <p>A sister facility is identified in this report. The sister facility will be identified as sister facility A. Staff and clients will be identified using the letter of the facility and a numerical identifier.</p>	V 000	<p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to follow their policy for discharge of clients.</p> <p>Plan of Correction</p> <p>1. The Arc of Davidson County Direct Support Professionals will notify Qualified Professionals by entering into Electronic Health Care Record (Therap), any information relating to health and safety of individuals</p> <p>2. The Arc of Davidson County will follow the policy titled, "Criteria for Discharge," when an individual undergoes an internal move within the agency, as well as when an individual undergoes external move.</p>	
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility</p>	V 105	<p>3. The Arc of Davidson County Qualified Professional will notify in writing the individual and/or Legally Responsible Person of intended discharge/transfer of internal or external move.</p>	

DHSR - Mental Health  
MAR 9 2020  
Lic. & Cert. Section

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 105	Continued From page 1  can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to follow their policy for discharge of clients. The findings are:</p> <p>Review on 2/18/20 of the facilities policy titled "Criteria for Discharge" revealed: -" ...The individual and/or their legally responsible person and/or designated representative will be notified in writing of the intent to discharge and the specific reasons the agency cannot continue to provide services ..." -" ...'Discharge' is defined as moving the individual to another facility, or to live independently in the community."</p> <p>Review on 2/14/20 of former client #4's (FC#4) record at the Sister Facility A revealed: -Date of Admission 1/14/14. -Diagnoses included Anxiety, Intellectual Developmental Disability Mild, Moderate Episode of Recurrent Major Depressive Disorder, Hypothyroidism, Hyperlipidemia, Allergies/Sinusitis and Type 2 Diabetes without complication.</p> <p>Review on 2/14/20 of a facility "Vacancy Form" for FC#4 revealed: - "Property Name" listed as Davidson #3. Included on this form was "Move-out Date: 04/15/2019 ...inability to get along with others in the home - health and safety." The form was signed and dated 04/15/2019 by FC#4 and a facility Qualified Professional. -There was no other documentation which revealed specific reasons the agency could not</p>	V 105	<p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to follow their policy for discharge of clients.</p> <p>Plan of Correction</p> <ol style="list-style-type: none"> <li>1. The Arc of Davidson County Direct Support Profesionas will notify Qualified Professionals by entering into the Electronic Health Care Record Therap), any information relating to health and safety of individuals.</li> <li>2. The Arc of Davidson County will follow the policy titled, "Criteria for Discharge," when an individual undergoes an internal move within the agency, as well as when an individual undergoes external move</li> <li>3. The Arc of Davidson County Qualified Professionals will review all information in regards to individuals discharge/transfer. QP's will meet with individuals and/or legally Responsible Person to make a decision if discharge/transfer will be in the best interest of individual. Discharge will not occur without the proper documentation to warrant a discharge</li> <li>4. The Arc of Davidson County Qualified Professionals will notify in writing the individual and/or Legally Responsible Person of final decision with specific details of why discharge/transfer will hapen and when it will take place.</li> <li>5. The Arc of Davidson County QP'S will document discharge/transfer onto the Resident's Register.</li> </ol>	

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V 105	<p>Continued From page 3</p> <p>continue to provide services to FC#4 in Davidson #3.</p> <p>Interview on 2/14/20 with FC#4 revealed: -She was moved from Davidson #3 to Sister Facility A "to be closer to my family." -She got along with her peers at Davidson #3 and had no behavioral issues.</p> <p>Interview on 2/11/20 with the Program Director revealed: -Admissions and transfers are reviewed as a team. -The decision for placement is made based on the client being "clinically a good fit." -Could provide no documentation of the reasons why the agency could no longer provide services to FC#4 in Davidson #3 and there was no discharge paperwork.</p>	V 105		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept</p>	V 118		

<b>Policy Area:</b> Service Delivery	<b>Title of Policy:</b> Criteria for Discharge
<b>Effective Date:</b> 3/27/2013	<b>Number:</b> SD4
<b>Revision Date:</b> 10-4-2012	<b>Approved by:</b> Board of Directors 3/27/2013

**Policy:** Individuals are not placed on inactive status or suspended from residential services. All individuals have a right to placement in an alternative facility should The Arc no longer be able to provide the necessary care or treatment to ensure the health and safety of the individual.

**Procedures:** The individual and/or their legally responsible person and/or designated representative will be notified in writing of the intent to discharge and the specific reasons the agency cannot continue to provide services. The Managed Care Organization will be contacted to assist the individual with the coordination of alternative placement.

“Discharge” is defined as moving the individual to another facility, or to live independently in the community. The Arc is no longer responsible for the individual’s care.

**Criteria for Discharge:**

- The needs of the individual cannot be met by services rendered in a Group Living Moderate facility.
- The individual has improved his/her independent living skills and no longer requires services provided by the agency.
- The individual is endangering the health and safety of self or others in the facility.
- Failure to pay for their stay at the facility; or the facility ceases to operate.
- Failure to comply with rules of the Group Home

In emergency situations, the notice to discharge will be waived and procedures put in place to assure the health and safety of the individual(s) being served and the individual being discharged.

**Appeals procedure:** A request to appeal the discharge should be directed in writing to the Executive Director for review. No appeal will be recognized if there is a danger of harm to the individual or others in the facility.

<b>Policy Area:</b> Service Delivery	<b>Title of Policy:</b> Discharge Procedure
<b>Effective Date:</b> 3/27/2013	<b>Number:</b> SD5
<b>Revision Date:</b> 9/12/2013	<b>Approved by:</b> Board of Directors

**Policy:** Discharge Procedures are in compliance with NC General Statutes 122C-63.

**Procedure:** Assurance of continuity of care:

- (a) An individual admitted for residential care has the right to residential placement in an alternative facility if the individual is in need of placement and if the original facility can no longer provide the necessary care or treatment.
- (b) A residential facility providing residential care for individuals with intellectual/developmental disabilities shall notify the area authority of the intent to discharge an individual who may be in need of continuing care at least 60- days prior to the discharge.

The operator's notification to the area authority of intent to discharge an individual who is in need of continuing care constitutes the operator's acknowledgment of the obligation to continue to serve the client until:

- a. Managed Care Organization determines that the individual is not in need of continuing care
- b. The individual is moved to an alternative residential placement
- c. Sixty days have elapsed, whichever occurs first.

In emergency situations, when the safety of the individual who may be in need of continuing care, or the staff of the residential facility, or the general public is concerned, this 60-day notification will be waived and immediate procedures put in place to assure the health and safety of the individual(s) being served and the individual being discharged.





<b>Policy Area:</b> Service Records	<b>Title of Policy:</b> Residents Register
<b>Effective Date:</b> 3/19/2013	<b>Number:</b> SR8
<b>Revision Date:</b> 4/21/2014	<b>Approved by:</b> Board of Directors 3/19/2013

**Policy:** A Residents Register will be a part of the individuals' record at all times. The Residents Register is completed at the time of admission and annually at the time of the development of the person's annual service plan or when changes occur.

**Procedures:** The Register will include the following:

- Identifying information
- Resource information, physician, finances
- Personal information: Assistance required/special needs, personal habits, known allergies, food preferences, work history/day programs, activity interest/hobbies/community involvement
- Request for assistance/consents/receipt of information: Consent to handle personal funds and availability of funds, request for lockable space for security of valuables, consent to open mail/consent to assist with mail, consent to provide and/or assist with securing transportation, consent to assist with medication/medical needs, consent to secure routine and emergency treatment, consent to photographs/videos, consent for release and disclosure of information
- Receipt of materials: home's residential rate for services, rules including policies on refunds, smoking and alcohol consumption, visitation, and reason for discharge, grievance procedures, willingness to comply with Title VI of the Civil Rights Act, Rights and confidentiality procedures.
- Signature of the individuals or their legally responsible person verifying receipt of materials and input into the Residents Register, and signature of agency staff completing the Residents Register.
- Discharge/transfer information
- The Qualified Professional is responsible for completing the Residents Register and ensuring that information is current at all times.

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V 118	<p>Continued From page 4</p> <p>current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, facility staff failed to obtain physician orders for 1 of 3 audited current clients (client #2) and the facility failed to ensure the Qualified Professional (QP) was trained to administer medications by a registered nurse, pharmacist or other legally qualified person. The findings are:</p> <p>Finding #1 Review on 2/13/20 of client #2's record revealed: -Date of admission 3/15/19. -Diagnoses of Mild Developmental Disability, Prenatal Brain Morphogenesis, Sleep Apnea, Obesity and Hyperlipidemia.</p> <p>Observation on 2/13/20 at 9:27a.m. of the medication box for client #2 revealed: -"Silvex Wound Gel - 24ppm Proprietary Silver Solutions - Purified water, nano-silver at .01 micron) TEA, Carbomer."</p>	V 118	<p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, facility staff failed to obtain physician orders for 1 of 3 audited current clients (client #2) and the facility failed to ensure the Qualified Professional (QP) was trained to administer medications by a registered nurse, pharmacist or other legally qualified person.</p> <p>Plan of Correction</p> <ol style="list-style-type: none"> <li>1. The Arc of Davidson County Qualified Professionals will ensure that current physicians' orders for all medication in are the home on a monthly basis or as changes occur.</li> <li>2. Direct Support Professionals will check lock boxes weekly to ascertain only medications with physicians' orders are in the home.</li> <li>3. At time of hire, Direct Support Professionals and Qualified Professionals will receive Medication Administration Training through Contracted Services with Davidson County Health Department.</li> <li>4. The Arc of Davidson County Qualified Professional received Medication Administration training through The Arc of Davidson County, and The Davidson County Health Department on 02/21/2020. A copy of training was placed into QP training record.</li> </ol>	

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V 118	Continued From page 5  Review on 2/13/20 of physician orders for client #2 revealed: -No physician's order for Silvex Wound Gel.  Interview on 2/13/20 with the QP revealed: -Client #2 had an abscess on his buttocks in November 2019. -It was possible the Silvex Wound Gel was to treat the abscess. -Could not locate a physician's order for the Silvex Wound Gel.  Interview on 2/13/20 with client #2 revealed: -The Silvex Wound Gel was given to him by his father and he put it in his medication box. -He was not sure if he told staff that he had the gel.  Finding #2 Review on 2/13/20 of the QP's record revealed: -Hired 10/10/19 as the Qualified Professional. -Medication Administration (MAR) training dated 2/11/19 provided by another residential provider.  Interview on 2/18/20 with the QP revealed: -Did not had additional MAR training by her current employer. -Did not have verification that MAR training from the other residential provider was conducted by a registered nurse, pharmacist or other legally qualified individual. -Was responsible for monitoring medication administration of staff and sometimes had to administer medications herself.	V 118		
V 120	27G .0209 (E) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS	V 120	2. Direct Support Professionals will check lock boxes weekly, to ascertain that all prescribed medications with a physician's order are locked securely in the boxes.	

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NAME OF PROVIDER OR SUPPLIER  <b>DAVIDSON #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 HUNTERS WAY LEXINGTON, NC 27292</b> 3. At time of hire, Direct Support Professionals and Qualified Professionals will receive Medication Administration Training through Contracted Services with Davidson County Health Department.
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V 120	<p>Continued From page 6</p> <p>(e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure all medications were stored in a secure manner if approved by a physician for a client to self-medicate affecting 2 of 3 audited current clients (client #2 and client #3). The findings are:</p> <p>Review on 2/13/20 of client #2's record revealed: -Date of admission 3/15/19. -Diagnoses of Mild Developmental Disability, Prenatal Brain Morphogenesis, Sleep Apnea, Obesity and Hyperlipidemia. -An order from the physician dated 4/20/19 for client #2 to self-administer medications.</p> <p>Observation on 2/13/20 at 9:27a.m. of client #2's medication box and interview with the Qualified</p>	V 120	<p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure all medications were stored in a secure manner if approved by a physician for a client to self-medicate affecting 2 of 3 audited current clients (client #2 and client #3).</p> <p>Plan of Correction</p> <p>1. Upon Admission, an Individual Assessment will be completed and a physician's order to self-medicate is received, the individuals will be provided with a lock box, and a key for their medications to be properly stored in their rooms.</p> <p>2. Direct Support Professionals will check lock boxes weekly to ascertain only medications with physicians' orders the home.</p> <p>3. At time of hire Direct Support Professionals and Qualified Professionals will receive Medication Administration through Contracted Services with Davidson County Health Department.</p>	

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V 120	<p>Continued From page 7</p> <p>Professional (QP) revealed:</p> <ul style="list-style-type: none"> <li>-The medication box was brought from client #2's room by the QP.</li> <li>-Thirteen medications in an unlocked box brought from client #2's bedroom.</li> <li>-The QP verified the medication box was unlocked when she obtained it from client #2's bedroom.</li> <li>-The QP stated the client often gets up late and is always rushing.</li> </ul> <p>Interview on 2/13/20 with staff #2 via telephone revealed:</p> <ul style="list-style-type: none"> <li>-She worked the morning of 2/13/20.</li> <li>-Usually checked behind client #2 after he took his medications in the mornings but "did not check this morning. I did ask if he took his medications."</li> <li>-If running late, client #2 does not lock his medication box.</li> </ul> <p>Interview on 2/13/20 with client #2 and observation at 4:45p.m. revealed:</p> <ul style="list-style-type: none"> <li>-He self-administered his own medications.</li> <li>-Client #2's medication box was in his bedroom and remained unlocked.</li> <li>-Was able to identify which medications he takes in the a.m. and which medications he takes in the p.m.</li> <li>-Stated the medication box was given to him when he came to the facility.</li> <li>-"I never had a key for the box."</li> </ul> <p>Review on 2/13/20 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>-Date of admission 7/19/02.</li> <li>-Diagnoses of Cornelia De Lange Syndrome, Gastro-esophageal Reflux Disease and Heart Murmur.</li> <li>-An order from the physician dated 1/6/20 for client #3 to self-administer medications.</li> </ul>	V 120		

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V 120	<p>Continued From page 8</p> <p>Observation on 2/13/20 at 9:29a.m. of client #3's medication and interview with the QP revealed: -Medications were brought from client #3's bedroom by the QP. -The medications were not in any secured or locked container. -The QP verified the medications were not in a secured container and were kept in the top of client #3's bedroom closet. -Observation revealed a bubble pack sheet with client #3's name and two medications in each bubble section.</p> <p>Interview on 2/13/20 with client #3 and observation at approximately 5:15p.m. revealed: -She self-administered her own medications. -Typically had her medication on the shelf in her closet until today. -Was told by staff the medication needs to be secured/locked, so it was now in the facility medication closet. -Pulled from her dresser drawer a lock box with a key and asked if she could keep her medications in this box.</p>	V 120		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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>	V 131		

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NAME OF PROVIDER OR SUPPLIER  <b>DAVIDSON #3</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 HUNTERS WAY LEXINGTON, NC 27292</b>		
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V 131	Continued From page 9  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) before hire for 1 of 3 audited staff (Staff #2). The findings are:  Review on 2/13/20 of staff #2's record revealed: -Date of hire 8/25/08. -Job description of Direct Support Professional. -HCPR check conducted 9/2/08.  Interview on 2/25/20 with the Qualified Professional revealed: -Was not aware the HCPR was accessed after hire for staff #2.	V 131	This rule is not met as evidenced by: Based on records review and interviews access the Health Care Registry (HCPR) Prior to hire for staff #2  V 131 G.S. 131E-256 (D2) HCPR- Prior Employment Verification (d2) Before hiring health care personnel into a health care facility or service, every employee at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access of the appropriate business files. Not Met  Plan of Correction  1. The Executive Director or The Residential Program Director will assure/make the access to the Health Care Personnel Registry by using the NC DHHS Automated Background Checks Management System (ABCMS) at the time an individual makes application for employment. Verification will be printed and the copy of the access will be placed into individual's personnel record along with their application. The date of access will be documented on the requirement for Employment checklist to verify the access was made prior to hire  2. The Requirement for Employment checklist will be reviewed prior to hiring and no individual will be hired without access to the HCPR being made. Copies of accessed information will be filed as a permanent part of the individual's personnel record.	
V 133	G.S. 122C-80 Criminal History Record Check  G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment	V 133	3. If and when an employee should leave employment and is re-hired, a new Health Care Personnel Registry check will be completed in the (ABCMS) by The Executive Director or Residential Program Director. The verified documentation will be placed in the individual's personnel record.  4. A letter has been placed in Staff #2 personnel file that the agency was cited on 02/18/2020 for missing HCPR check.	

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V 133	<p>Continued From page 10</p> <p>is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State</p>	V 133		



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V 133	Continued From page 11  criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the	V 133		

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V 133	<p>Continued From page 12</p> <p>provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or</p>	V 133		

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V 133	Continued From page 13  Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.  (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.  (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:  (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.  (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins	V 133		

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V 133	<p>Continued From page 14</p> <p>conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit a request for a criminal history record check within 5 business days of making the conditional offer of employment for 1 of 3 audited staff (Staff #2). The findings are:</p> <p>Review on 2/13/20 of staff #2's record revealed: -Date of hire 8/25/08. -Job description of Direct Support Professional. -Criminal history record check requested 9/29/08.</p> <p>Interview on 2/25/20 with the Qualified Professional revealed: -Was not aware the criminal history record check for staff #2 was not requested as required.</p>	V 133	<p>This rule is not met as evidenced by: Based on record reviews and interview, the facility failed to submit a request for a criminal history record check within 5 business days of making the conditional offer of employment for 1 of 3 audited staff (Staff #2)</p> <p>Plan of Correction</p> <ol style="list-style-type: none"> <li>The Executive Director who is designated by the State Bureau of Investigation will complete a criminal history record check within 5 business days of making the conditional offer of employment. This process will be accessed with the NC DHHS Automated Background Checks Management System (ABCMS). A copy of report will be placed into the individual's personnel record.</li> <li>If an employee leaves employment and is eligible for re-hire, a new criminal record check will be completed within 5 business days of employment. This process will be completed in the NC DHHS Automated Background Checks Management System (ABCMS) and a copy placed into personnel record.</li> <li>If applicant's criminal history record reveals one or more convictions of relevant offense, the agency will consider the following in determine whether to hire the individual:               <ol style="list-style-type: none"> <li>The level of seriousness of the crime</li> <li>The date of the crime</li> <li>The age of the applicant at the time of conviction</li> <li>the relation between the criminal conduct of the applicant and the job duties of the position being filled.</li> <li>The prison, jail, probation, parole, rehabilitation and employment records of the applicant since the date of the crime.</li> </ol>               The determination for factors listed above will have final approval or denial from the Board of Directors.             </li> <li>The agency will not hire any applicant who refuses to consent to a criminal history record check.</li> </ol>	
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</p>	V 536	<ol style="list-style-type: none"> <li>All criminal history information is confidential and may only be disclosed to the applicant as stated in the State Bureau of Investigation consent to release letter.</li> <li>A letter has been placed into Staff #2 personnel record that the agency was cited on 02/18/2020 that a re-check of criminal history check was not completed at time of re-hire.</li> </ol>	

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V 536	Continued From page 15  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 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;	V 536		

<b>Policy Area:</b> Human Resources	<b>Title of Policy:</b> Criminal History Record Check
<b>Effective Date:</b> 3-11-2013	<b>Number:</b> HR4
<b>Revision Date:</b> 10-12-2012	<b>Approved by:</b> Board of Directors
<p><b>Policy:</b> An offer of employment to an applicant is conditioned on consent to a state and national criminal record check.</p> <p>If the applicant has been a resident of the state of North Carolina for less than five years, the offer of employment is conditioned on consent to a state and national criminal record check. The national criminal history record check will include the applicant's fingerprints. If the applicant has been a resident of the state of North Carolina for five years or more, the offer is conditioned on consent to a state criminal history record check.</p> <p>The agency will not hire any applicant who refuses to consent to a criminal history record check.</p> <p><b>Procedures:</b> The agency will apply for and receive an access agreement with the State Bureau of Investigation to request state and national criminal history record checks.</p> <p>Within five days of making an offer of employment, the administrative staff person designated by the State Bureau of Investigation will submit a request for a record check of the applicant. The request will be made following State Bureau of Investigation guidelines and procedures.</p> <p>All criminal history information is confidential and may only be disclosed to the applicant as stated in the State Bureau of Investigation consent to release letter.</p> <p>If the applicant's criminal history record check reveals one or more convictions of relevant offense, the agency will consider the following in determining whether to hire the individuals:</p> <ul style="list-style-type: none"><li>• The level of seriousness of the crime</li><li>• The date of the crime</li><li>• The age of the applicant at the time of the conviction</li><li>• The relation between the criminal conduct of the applicant and the job duties of the position being filled.</li><li>• The prison, jail, probation, parole, rehabilitation and employment records of the applicant since the date of the crime.</li></ul> <p>The fact of a conviction of a relevant offense alone will not be a bar to employment; however, factors will be considered by the Board of Directors. If the Board of Directors disqualifies an applicant after consideration of the factors, the agency may disclose information contained in the criminal history record check to the applicant that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p>	

<b>Policy Area:</b> Human Resources	<b>Title of Policy:</b> Health Care Registry
<b>Effective Date:</b> 3-11-2013	<b>Number:</b> HR5
<b>Revision Date:</b> 12/26/2013	<b>Approved by:</b> Board of Directors

**Policy:** Prior to employment, applicants will be screened through the North Carolina Health Care Personnel Registry.

**Procedures:** The Executive Director and the Residential Program Director are designated to complete the North Carolina Health Care Personnel Registry pre-employment screening. Individuals with a substantiated finding are ineligible for employment.

A printout of Registry checks will be filed in the Administrative office, noting the date, findings, and a confirmation number verifying the registry check has been completed.

Administrative and/or other agency staff will report to the Registry and to the Department of Social Services any suspected abuse, neglect or exploitation after the internal investigation.

If an allegation is substantiated, the agency will inform the Registry, even if the employee is no longer employed by the agency.

Registry checks may be conducted at any time on new and/or long-term employees.

This policy is in place for the protection of the individuals receiving services from The Arc of Davidson County.

10A NCAC 27G .0202 (b) (4)

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V 536	<p>Continued From page 16</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace 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</p>	V 536		



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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 536	<p>Continued From page 17</p> <p>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 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>	V 536	<p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 3 audited staff (Staff #2) received annual training in alternatives to restrictive interventions.</p> <p>Plan of Correction</p> <p>1. The Arc of Davidson County will follow Policy and procedure for ensuring that all staff have received training in Alternatives to Restrictive Interventions (NCI+) The training will be provided by an approved instructor in NCI+.</p> <p>2.The Arc of Davidson County Qualified Professional will ensure that all staff have received training and a copy of certification will be given to staff and a copy maintained in their training record and personnel record.</p> <p>3.Direct Support Professional received updated training in Alternative Restrictive Interventions (NCI+ Defensive) by a qualified trainer on 1/13/2020 and expires on 1/12/2021. Updated certificate of completion was placed in Staff#2 training record.</p>	

<b>Policy Area:</b> Rights and Privacy	<b>Title of Policy:</b> Restrictive Interventions
<b>Effective Date:</b> 2/21/2013	<b>Number:</b> RP18
<b>Revision Date:</b> 10/12/17	<b>Approved by:</b> Board of Directors

**Policy:** No restrictive interventions will be approved for use by this agency. Staff will successfully complete training in positive communication skills and other strategies for creating a positive environment.

**Procedures:** NCI+, approved by the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services will be the primary curriculum used for the training. Training will be provided by an approved instructor. Other curricula for the use of De-Escalation Strategies may be accepted as per The NC Department of Health and Human Services Division of MH/DD/SAS.

Positive training for socially adaptive behaviors and interventions will focus on positive social reinforcement, such as verbal praise and environmental factors.

Positive examples of redirect and reward, and techniques for teaching alternatives (role plays, social training, communication training) will be utilized as alternatives in the least restrictive intervention.

Staff will demonstrate competency by scoring a passing grade in testing. Training and competency will be documented and verified by the receipt of a certificate stating the individual's name, course, date, and instructor's name. The certificate will be maintained as part of the staff person's personnel record. Recertification will be completed annually.

The Qualified Professional is responsible for the assurance of staff training and compliance with the standards in alternatives to restrictive interventions.

**10A NCAC 27E .0104**

## Teresa McKeon

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**From:** Neil Lindley <Nlindley@nciplus.com>  
**Sent:** Wednesday, March 4, 2020 4:03 PM  
**To:** Teresa McKeon  
**Subject:** Re: trainer

Yes he is

Neil Lindley

On Mar 4, 2020, at 4:01 PM, Teresa McKeon <teresamckeon@arc davidson.org> wrote:

Thanks.  
Marchello Timmons  
Core and Core +

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**From:** Neil Lindley [mailto:Nlindley@nciplus.com]  
**Sent:** Wednesday, March 4, 2020 3:38 PM  
**To:** Teresa McKeon <teresamckeon@arc davidson.org>  
**Subject:** Re: trainer

We have a list we will post soon w 2020 edits

Send names  
And i can certify

Neil Lindley

On Mar 4, 2020, at 2:50 PM, Teresa McKeon <teresamckeon@arc davidson.org> wrote:

Hi Neil,

Hope the move is going well!

On the website, can we no longer access the names of other trainers? DHSR wants us to verify any trainers outside our agency, thanks for your feedback.

All the best,

***Teresa McKeon***  
***Executive Director***  
<image001.jpg>

NCI+

*National Crisis Intervention Plus*

*certifies that the participant*

**MARY HARGRAVE**

*has fulfilled all requirements for competency.  
Annual recertification is required.*

**NCI+ - PREVENTION** (Level: )

Marchello Timmons

NAME OF THE INSTRUCTOR TRAINER

*Marchello Timmons*

SIGNATURE

1/13/20

DATE

1/12/21

EXPIRATION DATE:

<b>Policy Area:</b> Service Records	<b>Title of Policy:</b> Residents Register
<b>Effective Date:</b> 3/19/2013	<b>Number:</b> SR8
<b>Revision Date:</b> 4/21/2014	<b>Approved by:</b> Board of Directors 3/19/2013

**Policy:** A Residents Register will be a part of the individuals' record at all times. The Residents Register is completed at the time of admission and annually at the time of the development of the person's annual service plan or when changes occur.

**Procedures:** The Register will include the following:

- Identifying information
- Resource information, physician, finances
- Personal information: Assistance required/special needs, personal habits, known allergies, food preferences, work history/day programs, activity interest/hobbies/community involvement
- Request for assistance/consents/receipt of information: Consent to handle personal funds and availability of funds, request for lockable space for security of valuables, consent to open mail/consent to assist with mail, consent to provide and/or assist with securing transportation, consent to assist with medication/medical needs, consent to secure routine and emergency treatment, consent to photographs/videos, consent for release and disclosure of information
- Receipt of materials: home's residential rate for services, rules including policies on refunds, smoking and alcohol consumption, visitation, and reason for discharge, grievance procedures, willingness to comply with Title VI of the Civil Rights Act, Rights and confidentiality procedures.
- Signature of the individuals or their legally responsible person verifying receipt of materials and input into the Residents Register, and signature of agency staff completing the Residents Register.
- Discharge/transfer information
- The Qualified Professional is responsible for completing the Residents Register and ensuring that information is current at all times.

