Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPI IDENTIFICATION N		` '	E CONSTRUCTION		SURVEY PLETED
				A. BOILDING.			R
		MHL053-068		B. WING	· · · · · · · · · · · · · · · · · · ·		10/2020
NAME OF F	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
I INNOVA	ATIONS, INC-2105 LIV	E OAK DRIVE		OAK DRIVI D, NC 27330			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENC / MUST BE PRECEDED E SC IDENTIFYING INFORI	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 000 INITIAL COMMENTS			V 000				
	An annual and follo on March 10, 2020 This facility is licens category: 10A NCA Living for Adults with	Deficiencies were sed for the following C 27G. 5600C Sup	e cited. g service ervised				
V 111	27G .0205 (A-B) Assessment/Treatr 10A NCAC 27G .02 TREATMENT/HAB PLAN (a) An assessmen client, according to the delivery of serv be limited to: (1) the client's pres (2) the client's nee (3) a provisional or established diagnor of admission, exce detoxification or oth shall have an estab admission; (4) a pertinent soc and (5) evaluations or a psychiatric, substar vocational, as appr (b) When services establishment and treatment/habilitation referred to as the " client's presenting presenti	nent/Habilitation Place 205 ASSESSME ILITATION OR SER ILITATION OR SER IT SHALL BE COMPLETED TO SERVICE SERVIC	en ENT AND RVICE d for a licy, prior to ide, but not in 30 days itted to a I program ited in items on lical history; as and 's needs. to the inereafter address the	V 111			
	treatment/habilitation referred to as the "	on or service plan, holan," strategies to	nereafter address the				

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

(X6) DATE TITLE

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPI IDENTIFICATION N		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		MHL053-068		B. WING			R 10/2020
	PROVIDER OR SUPPLIER	E OAK DRIVE	2105 LIVE	DRESS, CITY, S OAK DRIVE D, NC 27330		·	
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V 111	Continued From pa	ge 1		V 111			
	This Rule is not me Based on record re failed to ensure that completed prior to the affecting two of three The findings are: Review on 3/10/20 -Admission date of -Diagnoses of Bipo Disability; Hyperten Esophageal Reflux Pure Hyperglyceride -There was no evide assessment completed	view and interview, t an assessment whe delivery of service audited clients (# of client #3's record 9/16/19. In the property of the property	the facility ras ices #3 and #4). d revealed: ntellectual Gastro sophagitis; ion				
	Review on 3/10/20 -Admission date of -Diagnoses of Bipo Hypothyroidism; As Disruptive Disorder Intellectual Disabilit -There was no evid assessment comple delivery of services Interview on 3/10/20 revealed:	7/21/16. lar Disorder; Sever thma; Altered Men ; Schizophrenia; M y. ence of an admissi eted for client #4 pr	re Anxiety; tal Status; ild ion rior to the				
	-She had recently s -Agency had been i -Some things had r -She was not aware have an admission -Client #4 had been	making staffing cha not been getting do that clients #3 and assessment in the	anges. ne. d #4 did not ir files.				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N		` '	E CONSTRUCTION		SURVEY PLETED
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		MHL053-068		B. WING			10/2020
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I INNOV	ATIONS, INC-2105 LIV	E OAK DRIVE		E OAK DRIVE D, NC 27330			
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V 111	Continued From pa	ge 2		V 111			
	another home withi -She confirmed tha for clients #3 and #	t the admission ass					
V 112	27G .0205 (C-D) Assessment/Treatn	nent/Habilitation Pla	an	V 112			
	10A NCAC 27G .02 TREATMENT/HAB PLAN (c) The plan shall be assessment, and in legally responsible of admission for clie receive services be (d) The plan shall in (1) client outcome (achieved by provisi projected date of ac (2) strategies; (3) staff responsible (4) a schedule for annually in consultar responsible person (5) basis for evalua outcome achievem (6) written consent responsible party, oprovider stating why obtained.	de developed based partnership with the person or both, with ents who are expect yond 30 days. Include: (a) that are anticipated on of the service are chievement; (b) the plan are the p	d on the se client or nin 30 days ted to be ad a t least or legally t of se client or nt by the				
	This Rule is not me Based on record re		, the				

Division of Health Service Regulation STATE FORM

D1RX11

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIEI IDENTIFICATION NUM		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
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		MHL053-068		B. WING		03/	10/2020
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I INNOVA	ATIONS, INC-2105 LIV	E OAK DRIVE		E OAK DRIVE D, NC 27330			
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V 112	Continued From pa	ge 3		V 112			
	written consent or a responsible party, o provider stating why	e a Person Centered agreement by the clies or a written statement by such consent could one of three audited cure:	nt or by the not be				
	-Admission date of -Diagnoses of Bipol Hypothyroidism; As Disruptive Disorder Intellectual Disabilit	lar Disorder; Severe A thma; Altered Mental ; Schizophrenia; Mild	Anxiety; Status;				
	revealed: -The Qualified Profecompleting the Pers -The Qualified ProfePerson Centered P -She had recently s -Agency had been r -Some things had n -She was not aware Center Plan had no -Client #4 had been another home within -She confirmed that signed Person Center	essional had updated lan for client #4. tarted at new position making staffing chang to been getting done that client #4's Perset been signed. In recently transferred in the program. It client #4 had no updatered Plans in her characterists.	ible for the i. jes. on from lated				
V 114	10A NCAC 27G .02 AND SUPPLIES (a) A written fire pla area-wide disaster	ncy Plans and Supplice 207 EMERGENCY PL on for each facility and plan shall be develop by the appropriate loca	ANS l ed and	V 114			

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		MHL053-068	B. WING			R 10/2020
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S	STATE, ZIP CODE	1 00	
I INNOVA	ATIONS, INC-2105 LIV	E OAK DRIVE	/E OAK DRIVE RD, NC 27330			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 114	authority. (b) The plan shall be and evacuation proposted in the facility (c) Fire and disaster shall be held at least repeated for each sunder conditions the (d) Each facility shall accessible for use.	be made available to all staff ocedures and routes shall be by. For drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies	V 114			
	facility failed to con under conditions the least quarterly and findings are: Record review on 3 log revealed the folon 1/18/19- 2nd shift of the record quarter of 2 on the record quarter of 2 on the record review on 3 drill log revealed the record review on 3 drill log revealed the record review on 3 drill record record review on 3 drill record record record review on 3 drill record recor	eviews and interviews, the duct fire and disaster drills at simulate emergencies at repeated for each shift. The s/10/20 of the facility's fire drill lowing: t. drills conducted on the 2019 for any of the shifts. drills conducted on the third any of the shifts. drills conducted on the fourth 1st shift.	-			
	Interview on 3/10/2 revealed: -House operated up	_				

Division of Health Service Regulation

STATE FORM 6899 D1RX11 If continuation sheet 5 of 19

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
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	PROVIDER OR SUPPLIER	STREET AD 2105 LIVI	DDRESS, CITY, S E OAK DRIVE D, NC 27330			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 114	-She had recently s -Agency had been in a some things had recommended in the second se	tarted at new position. making staffing changes. not been getting done. that fire and disaster drills d. ff failed to conduct drills under ulate fire emergencies under	V 114			
V 118	10A NCAC 27G .02 REQUIREMENTS (c) Medication adm (1) Prescription or ronly be administered order of a person a drugs. (2) Medications shadlients only when a client's physician. (3) Medications, inclient's physician. (3) Medications, inclient's physician. (3) Medications, inclient's physician. (4) Medications or other privileged to prepare (4) A Medication Adall drugs administer current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the (E) name or initials drug. (5) Client requests	inistration: non-prescription drugs shall and to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be all light persons, or by a trained by a registered nurse, and administer medications. Iministration Record (MAR) of and to each client must be kept administered shall be ally after administration. The	V 118			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N		` '	E CONSTRUCTION		SURVEY PLETED
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NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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V 118	Continued From pa	age 6		V 118			
	file followed up by with a physician.	appointment or cons	sultation				
	Based on record reinterview the facility medications were at the written order of audited clients (#3 failed to ensure the Record (MAR) was	et as evidenced by: eview, observation a y failed to ensure: a) available and admini i the physician for tw and #4), and b) the e Medication Adminis s kept current affection ts (#1). The findings	istered on o of three facility stration ng one of				
	Review on 3/10/20 of client #1's record revealed: -Admission date of 11/19/10Diagnoses of Autism; Severe Mental Retardation; Attention Deficit Disorder; Pre Diabetes; Eczema; Lactose Intolerant; GERD; Seborrheic Dermatitis; IBS-D; Insomnia.						
	dated 9/18/19 reverse -Divalproex Sodium twice dailyVascepa 1 gm- Tawith mealsPeppermint Oil- TadayTriancinolone 0.19 topically to affected weeks per monthClonidine 0.1 mg-dayDicyclomine 20 m day.	of client #1's physic aled: n 500 mg- Take one lke two capsules twic ake one capsule thre ontment- Apply a d area twice daily for Take one tablet thre g- Take one tablet for Shampoo- Apply to	tablet ce daily ee times a thin layer up to two ee times a our times a				

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V 118	Continued From pararea, Lather, Rinse -Temazepam 30 mg night. Observation on 3/10 medications reveale -All medication were Review on 3/10/20 2020 through March following dates: -Divalproex Sodium 5:00 PMVascepa 1 gm- 3/7 -Peppermint Oil- 3/7 -Peppermint Oil- 3/7 -Picyclomine 20 mg and 4:00 PMTemazepam 30 mg Review on 3/10/20 2020 through March -Triancinolone 0.1% had been marked a -Physician's orders two weeks. Review on 3/10/20 - Admission date of -Diagnoses of Bipo Disability; Hyperten Esophageal Reflux Pure Hyperglyceride	with water once a way- g- Take one capsule 0/20 at 11:00 AM of ed: e available. of client #1's MAR for 2020 revealed black 1 500 mg- 3/7/20 - 3/8/20 at 2:00 1/20 - 3/8/20 at 2:	e every client #1's for January nks on the f/8/20 at PM. 00 PM. 12:00 PM 8:00 PM or January following: 2/29/20 e given for revealed: tellectual Gastro	V 118	BEFIGENC		
	Review on 3/10/20 dated 9/16/19 revea -Albuterol HFA 90 n each nostril every fo -Docusate Sodium needed.	aled: ncg Inhaler- Inhale t our hours as neede	two puffs d.				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPP IDENTIFICATION		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
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V 118	Continued From pa	ge 8		V 118			
	Observation on 3/1 revealed: -There was no evid mcg Inhaler was av-There was no evid 10 mg Inhaler was Review on 3/10/20 -Admission date of Diagnoses of Bipo Hypothyroidism; As Disruptive Disorder Intellectual Disabilit Review on 3/10/20 orders dated 1/29/2-Fluticasone Salme each nostril twice a after use. Observation on 3/1 revealed: -There was no evid Salmeterol 250 was Review on 3/10/20 months of January revealed blanks on -Fluticasone Salme Interviews on 3/10/2 revealed: -They had only bee monthsThey enjoyed the remotions.	ence that Albutero vailable. ence that Docusat available. of client #4's recor 7/21/16. lar Disorder; Seventhma; Altered Men; Schizophrenia; My. of client #4's physicon revealed: terol 250- Inhale on day. Rinse mouth 0/20 of client #4's management available. of client #4's MAR 2020 through Marathe following dates terol 250- 3/1/20 - 20 with clients #3 and at the home for a nome.	I HFA 90 e Sodium d revealed: re Anxiety; ital Status; lild cian's ne puff with water medications one for the ch 2020 s: 3/10/20. and #4 a few				
	Interview on 3/10/2	0 with the House N	/lanager				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
I INNOVA	ATIONS, INC-2105 LIV	E OAK DRIVE	OAK DRIVE D, NC 27330			
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V 118	revealed: -She was responsitely seem -She had recently seem -Some things had responsible to the was not award and #4 had bland -Client #4 had been another home withing -Home had not recently salmeter of 250 for -She confirmed the MAR was kept curried.	ole for reviewing the MAR. started at new position. making staffing changes. not been getting done. that the MAR for clients #1, lks or errors. In recently transferred from in the program. the eived the Fluticasone client #4. If a facility failed to ensure the eent for clients #1, #3 and #4. If a facility failed to Rest.	V 118			
	(a) Facilities shall in practices that emptor to restrictive interversity. Prior to providing disabilities, staff incomployees, student demonstrate components training other strategies for which the likelihood or injury to a person property damage is (c) Provider agency based on state components and degathered. (d) The training shall include measurable interversity.	ng services to people with cluding service providers, ts or volunteers, shall etence by successfully in communication skills and creating an environment in d of imminent danger of abuse in with disabilities or others or				

MHL053-068 B. WING		R 10/2020
MHL053-068 B. WING	03/	10/2020
		. 0, 2020
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
I INNOVATIONS, INC-2105 LIVE OAK DRIVE		
SANFORD, NC 2/330		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED DEFICIENCY TAG TAG DEFICIENCY TAG DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
V 536 Continued From page 10 V 536		
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/IDD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years.		

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V 536	(A) who partic outcomes (pass/fai (B) when and (C) instructor (2) The Divis review/request this (i) Instructor Qualif Requirements: (1) Trainers s by scoring 100% or aimed at preventing need for restrictive (2) Trainers s by scoring a passin instructor training p (3) The traini competency-based objectives, measurable method failing the course. (4) The contest of service provider pla approved by the Dirto Subparagraph (i) (5) Acceptab shall include but and (A) understand (B) methods course; (C) methods performance; and (D) document (6) Trainers steaching a training reducing and eliming	station shall include: cipated in the training and the l); d where they attended; and d's name; ion of MH/DD/SAS may documentation at any time. fications and Training shall demonstrate competence in testing in a training program g, reducing and eliminating the interventions. Shall demonstrate competence in grade on testing in an arrogram. Ing shall be include measurable learning able testing (written and by avior) on those objectives and disto determine passing or lent of the instructor training the learns to employ shall be vision of MH/DD/SAS pursuant logs) of this Rule. Ile instructor training programs in the adult learner; for teaching content of the for evaluating trainee that in procedures. Shall have coached experience program aimed at preventing, nating the need for restrictive ist one time, with positive				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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V 536	(7) Trainers saimed at preventing need for restrictive annually. (8) Trainers sinstructor training a (j) Service provide documentation of it training for at least (1) Docur (A) who particulation outcomes (pass/fai (B) when and (C) instructor (2) The Division request and review (k) Qualifications of (1) Coaches requirements as a (2) Coaches the course which is (3) Coaches competence by contrain-the-trainer ins	shall teach a training program g, reducing and eliminating the interventions at least once shall complete a refresher at least every two years. It least every two years are shall maintain initial and refresher instructor three years. In mentation shall include: cipated in the training and the li); It where attended; and it's name. It is documentation any time. It is shall meet all preparation trainer. It is being coached. It is shall demonstrate mpletion of coaching or	V 536			
	This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of three audited staff (#1) had current training in the use of alternatives to restrictive interventions. The findings are:					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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V 536	Continued From pa	ige 13	V 536				
	Review on 3/10/20 of staff #1's personnel records revealed: -Staff #1 had a hire date of 4/15/11 -Staff #1 was hired as a ParaprofessionalDocumentation of Training on Alternatives to Restrictive Intervention expired on 2/27/20.						
	Interview on 3/10/20 with the House Manager revealed: -The group home was using the NCI+ Interventions Restrictive Training Parts A and B. -She was not aware that trainings on alternatives to restrictive interventions for staff #1 had just expired. -Staff had been scheduled to attend upcoming NCI+ training. -She had recently started at new position. -Agency had been making staffing changes. -She confirmed staff #1 and did not have current training on Alternatives to Restrictive Intervention. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.						
V 537	10A NCAC 27E .01 SECLUSION, PHY ISOLATION TIME-(a) Seclusion, phys time-out may be en been trained and h competence in the to these procedure staff authorized to e procedures are retr competence at lease	SICAL RESTRAINT AND OUT sical restraint and isolation apployed only by staff who have ave demonstrated proper use of and alternatives s. Facilities shall ensure that temploy and terminate these rained and have demonstrated	V 537				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
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I INNOV	ATIONS, INC-2105 LIV	E OAK DRIVE		OAK DRIVI D, NC 27330			
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V 537	disabilities whose trincludes restrictive service providers, evolunteers shall conseclusion, physical and shall not use the training is completed demonstrated. (c) A pre-requisite demonstrating comtraining in preventing the need for restrict (d) The training shainclude measurable measurable testing behavior) on those methods to determicourse. (e) Formal refreshed by each service proannually). (f) Content of the triprovider plans to enthe Division of MH/I Paragraph (g) of this (g) Acceptable train but are not limited to (1) refresher the use of restrictive (2) guidelines (understanding immothers); (3) emphasis rights and dignity of concepts of least reincremental steps in (4) strategies of restrictive interverses and shall be serviced in the very strategies of restrictive interverses.	reatment/habilitation interventions, staff is imployees, students implete training in the restraint and isolations in the restraint and elimitation in the restraint in the restraint in the restraint in the servent in the restraint in the servent in the restraint in the restr	ncluding s or e use of on time-out ntil the is ng is ion of minating ased, i, ervation of surable g the completed ninimum ice oved by include, natives to ne f and ect for the d (using ns and	V 537			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		MHL053-068	B. WING			0/2020
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		SANFURL), NC 27330			0.5
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
V 537	Continued From pa	ge 15	V 537			
V 337	interventions which assessment and m psychological well-luse of restraint throrestrictive intervent (6) prohibited (7) debriefing importance and pur (8) document (8) document (9) documentation of ir at least three years (1) Document (1) Document (2) The Divis review/request this (1) Instructor Qualif Requirements: (1) Trainers (1) Trainers (1) Trainers (1) Trainers (2) The Divis review/request this (1) Trainers (1) Trainers (2) Trainers (2) Trainers (3) Trainers (3) Trainers (3) Trainers (4) The traini competency-based objectives, measurobservation of behameasurable method	include continuous onitoring of the physical and being of the client and the safe oughout the duration of the ion; I procedures; I strategies, including their rpose; and tation methods/procedures. I shall maintain initial and refresher training for I tation shall include: sipated in the training and the I); I where they attended; and I's name. Ion of MH/DD/SAS may documentation at any time. I ication and Training I shall demonstrate competence In testing in a training program I reducing and eliminating the interventions. I shall demonstrate competence In testing in a training program I seclusion, physical restraint I but. I shall demonstrate competence I testing in a training program I seclusion, physical restraint I but. I shall demonstrate competence I testing in a training program I seclusion, physical restraint I but. I shall demonstrate competence I testing in a training program I seclusion, physical restraint I but. I shall demonstrate competence I testing in a training program I seclusion, physical restraint I but. I shall demonstrate competence I testing in a training program I seclusion, physical restraint I but. I shall demonstrate competence I testing in a training program I seclusion, physical restraint I but. I shall demonstrate competence I testing in a training program I seclusion, physical restraint I but. I shall demonstrate competence I testing in a training program I seclusion, physical restraint I but. I shall demonstrate competence I testing in a training program I seclusion, physical restraint I but. I shall demonstrate competence I testing in a training program I seclusion, physical restraint I but. I shall demonstrate competence I testing in a training program I seclusion and I shall the intervence and I shall the interven	V 337			
	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					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
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NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE			
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(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)	
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V 537	Continued From pa	age 16	V 537				
V 537	service provider plaapproved by the Di to Subparagraph (j (6) Acceptab shall include, but no of: (A) understar (B) methods course; (C) evaluation (D) document (T) Trainers sannually and demo of seclusion, physic time-out, as specific Rule. (8) Trainers so in teaching the use least two times with coach. (10) Trainers so in teaching the use least two times with coach. (10) Trainers so in teaching the use least two times with coach. (10) Trainers so instructor training and (k) Service provided documentation of intraining for at least (1) Documer (A) who particulation of intraining for at least (1) Documer (A) who particulation (C) instructor (2) The Divis review/request this	ans to employ shall be vision of MH/DD/SAS pursuand)(6) of this Rule. Die instructor training programs of the limited to, presentation anding the adult learner; for teaching content of the content of trainee performance; and tation procedures. Shall be retrained at least constrate competence in the use cal restraint and isolation fied in Paragraph (a) of this shall be currently trained in shall have coached experience of restrictive interventions at a positive review by the shall teach a program on the terventions at least once shall complete a refresher at least every two years. Pers shall maintain initial and refresher instructor three years. Intation shall include: Cipated in the training and the cipated in the cipated in the training and the cipated in the cipated in the cipated in t	t				
	review/request this documentation at any time. (I) Qualifications of Coaches: (1) Coaches shall meet all preparation						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
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V 537	requirements as a (2) Coaches times, the course w	trainer. shall teach at least hich is being coacl shall demonstrate npletion of coachin truction. n shall be the same	hed. g or	V 537			
	This Rule is not me Based on record refailed to ensure one training on the use and isolation time of The findings are: Review on 3/10/20 revealed: -Staff #1 had a hired-Staff #1 was hired-Documentation of seclusion, physical expired on 2/22/20.	eview and interview, e of three staff (#1) of seclusion, physicut prior to providing of staff #1's persor date of 4/15/11 as a Paraprofession Training on the use restraint and isolat	, the facility had current cal restraint g services. nnel records onal. e of				
	Interview on 3/10/2 revealed: -The group home was not award seclusion, physical for staff #1 had just -Staff had been scheder NCI+ trainingShe had recently secheder staff use of seclusion	vas using the NCI+ ictive Training Parts to that training on the restraint and isolate texpired. The enduled to attend up the started at new posite the first part of the property of the prop	s A and B. ie use of ion time out pcoming ion. it training on				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY				
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE			
V 537	Continued From pa isolation time out.	ge 18	V 537	DEFICIENCY)					

Division of Health Service Regulation STATE FORM

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