

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL053-068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/10/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>I INNOVATIONS, INC-2105 LIVE OAK DRIVE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2105 LIVE OAK DRIVE</b> <b>SANFORD, NC 27330</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow-up survey was completed on March 10, 2020. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities</p>	V 000		
V 111	<p><b>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ul style="list-style-type: none"> <li>(1) the client's presenting problem;</li> <li>(2) the client's needs and strengths;</li> <li>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</li> <li>(4) a pertinent social, family, and medical history; and</li> <li>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</li> </ul> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p>	V 111		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 111	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that an assessment was completed prior to the delivery of services affecting two of three audited clients (#3 and #4). The findings are:</p> <p>Review on 3/10/20 of client #3's record revealed: -Admission date of 9/16/19. -Diagnoses of Bipolar Disorder; Mild Intellectual Disability; Hypertension; Constipation; Gastro Esophageal Reflux Disease without Esophagitis; Pure Hyperglyceridemia. -There was no evidence of an admission assessment completed for client #3 prior to the delivery of services.</p> <p>Review on 3/10/20 of client #4's record revealed: -Admission date of 7/21/16. -Diagnoses of Bipolar Disorder; Severe Anxiety; Hypothyroidism; Asthma; Altered Mental Status; Disruptive Disorder; Schizophrenia; Mild Intellectual Disability. -There was no evidence of an admission assessment completed for client #4 prior to the delivery of services.</p> <p>Interview on 3/10/20 with the House Manager revealed: -She had recently started at new position. -Agency had been making staffing changes. -Some things had not been getting done. -She was not aware that clients #3 and #4 did not have an admission assessment in their files. -Client #4 had been recently transferred from</p>	V 111		

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V 111	Continued From page 2  another home within the program. -She confirmed that the admission assessment for clients #3 and #4 was not inside their file.	V 111		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.  This Rule is not met as evidenced by: Based on record reviews and interview, the	V 112		

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V 112	<p>Continued From page 3</p> <p>facility failed to have a Person Centered Plan with written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained affecting one of three audited clients (#4). The findings are:</p> <p>Review on 3/10/20 of client #4's record revealed: -Admission date of 7/21/16. -Diagnoses of Bipolar Disorder; Severe Anxiety; Hypothyroidism; Asthma; Altered Mental Status; Disruptive Disorder; Schizophrenia; Mild Intellectual Disability. -Signature page was not signed by the client or responsible party.</p> <p>Interview on 3/10/20 with the House Manager revealed: -The Qualified Professional was responsible for completing the Person Center Plans. -The Qualified Professional had updated the Person Centered Plan for client #4. -She had recently started at new position. -Agency had been making staffing changes. -Some things had not been getting done. -She was not aware that client #4's Person Center Plan had not been signed. -Client #4 had been recently transferred from another home within the program. -She confirmed that client #4 had no updated signed Person Centered Plans in her chart.</p>	V 112		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local</p>	V 114		

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V 114	<p>Continued From page 4</p> <p>authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are:</p> <p>Record review on 3/10/20 of the facility's fire drill log revealed the following: -11/18/19- 2nd shift. -There were no fire drills conducted on the second quarter of 2019 for any of the shifts. -There were no fire drills conducted on the third quarter of 2019 for any of the shifts. -There were no fire drills conducted on the fourth quarter on 2019 for 1st shift.</p> <p>Record review on 3/10/20 of the facility's disaster drill log revealed the following: -There were no records of any disaster drills performed in the last twelve months for any of the shifts.</p> <p>Interview on 3/10/20 with the House Manager revealed: -House operated under two shifts.</p>	V 114		

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V 114	Continued From page 5  -She had recently started at new position. -Agency had been making staffing changes. -Some things had not been getting done. -She was not aware that fire and disaster drills had not been logged. -She confirmed staff failed to conduct drills under conditions that simulate fire emergencies under each shift on each quarter.	V 114		
V 118	27G .0209 (C) Medication Requirements  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 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	V 118		

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V 118	<p>Continued From page 6</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure: a) medications were available and administered on the written order of the physician for two of three audited clients (#3 and #4), and b) the facility failed to ensure the Medication Administration Record (MAR) was kept current affecting one of three audited clients (#1). The findings are:</p> <p>Review on 3/10/20 of client #1's record revealed: -Admission date of 11/19/10. -Diagnoses of Autism; Severe Mental Retardation; Attention Deficit Disorder; Pre Diabetes; Eczema; Lactose Intolerant; GERD; Seborrheic Dermatitis; IBS-D; Insomnia.</p> <p>Review on 3/10/20 of client #1's physician orders dated 9/18/19 revealed: -Divalproex Sodium 500 mg- Take one tablet twice daily. -Vascepa 1 gm- Take two capsules twice daily with meals. -Peppermint Oil- Take one capsule three times a day. -Triancinolone 0.1% ointment- Apply a thin layer topically to affected area twice daily for up to two weeks per month. -Clonidine 0.1 mg- Take one tablet three times a day. -Dicyclomine 20 mg- Take one tablet four times a day. -Ketoconazole 2% Shampoo- Apply to affected</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>area, Lather, Rinse with water once a week. -Temazepam 30 mg- Take one capsule every night.</p> <p>Observation on 3/10/20 at 11:00 AM of client #1's medications revealed: -All medication were available.</p> <p>Review on 3/10/20 of client #1's MAR for January 2020 through March 2020 revealed blanks on the following dates: -Divalproex Sodium 500 mg- 3/7/20 - 3/8/20 at 5:00 PM. -Vascepa 1 gm- 3/7/20 - 3/8/20 at 5:00 PM. -Peppermint Oil- 3/7/20 - 3/8/20 at 2:00 PM. -Clonidine 0.1 mg- 3/7/20 - 3/8/20 at 2:00 PM. -Dicyclomine 20 mg- 3/7/20 - 3/8/20 at 12:00 PM and 4:00 PM. -Temazepam 30 mg- 3/2/20 -3/5/20 at 8:00 PM</p> <p>Review on 3/10/20 of client#1's MAR for January 2020 through March 2020 revealed the following: -Triancinolone 0.1% ointment- 2/1/20 - 2/29/20 had been marked as given. -Physician's orders indicated to only be given for two weeks.</p> <p>Review on 3/10/20 of client #3's record revealed: - Admission date of 9/16/19.. -Diagnoses of Bipolar Disorder; Mild Intellectual Disability; Hypertension; Constipation; Gastro Esophageal Reflux Disease without Esophagitis; Pure Hyperglyceridemia.</p> <p>Review on 3/10/20 of client #3's physician orders dated 9/16/19 revealed: -Albuterol HFA 90 mcg Inhaler- Inhale two puffs each nostril every four hours as needed. -Docusate Sodium 10 mg- One tab every day as needed.</p>	V 118		

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V 118	<p>Continued From page 8</p> <p>Observation on 3/10/20 of client #3's medications revealed: -There was no evidence that Albuterol HFA 90 mcg Inhaler was available. -There was no evidence that Docusate Sodium 10 mg Inhaler was available.</p> <p>Review on 3/10/20 of client #4's record revealed: -Admission date of 7/21/16. -Diagnoses of Bipolar Disorder; Severe Anxiety; Hypothyroidism; Asthma; Altered Mental Status; Disruptive Disorder; Schizophrenia; Mild Intellectual Disability.</p> <p>Review on 3/10/20 of client #4's physician's orders dated 1/29/20 revealed: -Fluticasone Salmeterol 250- Inhale one puff each nostril twice a day. Rinse mouth with water after use.</p> <p>Observation on 3/10/20 of client #4's medications revealed: -There was no evidence that Fluticasone Salmeterol 250 was available.</p> <p>Review on 3/10/20 of client #4's MAR for the months of January 2020 through March 2020 revealed blanks on the following dates: -Fluticasone Salmeterol 250- 3/1/20 - 3/10/20.</p> <p>Interviews on 3/10/20 with clients #3 and #4 revealed: -They had only been at the home for a few months. -They enjoyed the home. -They never had a problem in getting their medications.</p> <p>Interview on 3/10/20 with the House Manager</p>	V 118		

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V 118	Continued From page 9  revealed: -She was responsible for reviewing the MAR. -She had recently started at new position. -Agency had been making staffing changes. -Some things had not been getting done. -She was not aware that the MAR for clients #1, #3 and #4 had blanks or errors. -Client #4 had been recently transferred from another home within the program. -Home had not received the Fluticasone Salmeterol 250 for client #4. -She confirmed the facility failed to ensure the MAR was kept current for clients #1, #3 and #4.	V 118		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.  10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (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	V 536		

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V 536	<p>Continued From page 10</p> <p>behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> <li>(1) knowledge and understanding of the people being served;</li> <li>(2) recognizing and interpreting human behavior;</li> <li>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</li> <li>(4) strategies for building positive relationships with persons with disabilities;</li> <li>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</li> <li>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</li> <li>(7) skills in assessing individual risk for escalating behavior;</li> <li>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</li> <li>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</li> </ol> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p>	V 536		

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V 536	<p>Continued From page 11</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 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>	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL053-068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/10/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>I INNOVATIONS, INC-2105 LIVE OAK DRIVE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2105 LIVE OAK DRIVE</b> <b>SANFORD, NC 27330</b>
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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 12</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> <p> </p> <p>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:</p>	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL053-068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/10/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>I INNOVATIONS, INC-2105 LIVE OAK DRIVE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2105 LIVE OAK DRIVE</b> <b>SANFORD, NC 27330</b>
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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 13</p> <p>Review on 3/10/20 of staff #1's personnel records revealed:</p> <ul style="list-style-type: none"> <li>-Staff #1 had a hire date of 4/15/11</li> <li>-Staff #1 was hired as a Paraprofessional.</li> <li>-Documentation of Training on Alternatives to Restrictive Intervention expired on 2/27/20.</li> </ul> <p>Interview on 3/10/20 with the House Manager revealed:</p> <ul style="list-style-type: none"> <li>-The group home was using the NCI+ Interventions Restrictive Training Parts A and B.</li> <li>-She was not aware that trainings on alternatives to restrictive interventions for staff #1 had just expired.</li> <li>-Staff had been scheduled to attend upcoming NCI+ training.</li> <li>-She had recently started at new position.</li> <li>-Agency had been making staffing changes.</li> <li>-She confirmed staff #1 and did not have current training on Alternatives to Restrictive Intervention.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 536		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest &amp; ITO</p> <p>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT</p> <p>(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.</p> <p>(b) Prior to providing direct care to people with</p>	V 537		

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NAME OF PROVIDER OR SUPPLIER  <b>I INNOVATIONS, INC-2105 LIVE OAK DRIVE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2105 LIVE OAK DRIVE SANFORD, NC 27330</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 537	<p>Continued From page 14</p> <p>disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.</p> <p>(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.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <ol style="list-style-type: none"> <li>(1) refresher information on alternatives to the use of restrictive interventions;</li> <li>(2) guidelines on when to intervene (understanding imminent danger to self and others);</li> <li>(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);</li> <li>(4) strategies for the safe implementation of restrictive interventions;</li> <li>(5) the use of emergency safety</li> </ol>	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL053-068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/10/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>I INNOVATIONS, INC-2105 LIVE OAK DRIVE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2105 LIVE OAK DRIVE</b> <b>SANFORD, NC 27330</b>
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V 537	<p>Continued From page 15</p> <p>interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</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 Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the</p>	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL053-068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/10/2020</b>
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V 537	<p>Continued From page 16</p> <p>service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation</p>	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL053-068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/10/2020</b>
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V 537	<p>Continued From page 17</p> <p>requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of three staff (#1) had current training on the use of seclusion, physical restraint and isolation time out prior to providing services. The findings are:</p> <p>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 Paraprofessional. -Documentation of Training on the use of seclusion, physical restraint and isolation time out expired on 2/22/20.</p> <p>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 training on the use of seclusion, physical restraint and isolation time out for staff #1 had just expired. -Staff had been scheduled to attend upcoming NCI+ training. -She had recently started at new position. -She confirmed staff #1 had no current training on the use of seclusion, physical restraint and</p>	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL053-068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/10/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>I INNOVATIONS, INC-2105 LIVE OAK DRIVE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2105 LIVE OAK DRIVE</b> <b>SANFORD, NC 27330</b>
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V 537	Continued From page 18 isolation time out.	V 537		