

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-535	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/05/2020
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NAME OF PROVIDER OR SUPPLIER BLESSED HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3113 EDGETONE DRIVE RALEIGH, NC 27604
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V 000	INITIAL COMMENTS An annual and follow-up survey was completed 3/5/20. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
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 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	V 536	(a) policies + procedures at hire is in home office (B) OP is trained and qualified in these things - home staff are trained in this staff. Staff also receive essential learning training quarterly on various topics, and signed off from OP. (C) see B ↑ (D) see B ↑ (E) see B ↑ (F) see B ↑	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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RECEIVED

By DHSR Mental Health Licensure & Certification at 4:05 pm, May 06, 2020

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V 536	Continued From page 1 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; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time.	V 536	(g) all staff are required to complete quarterly training that contains the listed. (Op also receives trainings and refreshers on the listed subjects.	at hire and every 3 mos.	

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V 536	<p>Continued From page 2</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain</p>	V 536	<p>⊕ receives training through primary employer, via 'Essential Learning' by due date listed. The trainings include the listed subjects</p>	<p>at hne and by due dates of subject matter listed in course-work list.</p>

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V 536	<p>Continued From page 3</p> <p>documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of one staff (#1) had annual training for Alternatives to Restrictive Interventions. The findings are:</p> <p>Review on 3/4/20 of staff #1's record revealed:</p> <ul style="list-style-type: none"> -Hire date of 10/23/14. -Training in Alternative to Restrictive Interventions completed on 3/29/18. <p>During interview on 3/4/20 the Licensee stated:</p> <ul style="list-style-type: none"> -Had been having a difficult time getting up 	V 536	<p><i>Staff complete the training listed. OP conducts the trainings.</i></p>	<p><i>at hire and every 3 mos.</i></p>

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V 536	Continued From page 4 with a trainer to complete training for staff. -Had used the same trainer for North Carolina Interventions (NCI) over the years and he had not returned her calls in the last few months to schedule training. -Had reached out to other providers to obtain new trainers to use.	V 536	All the Blessed Homes LLC has had a deep cleaning performed by office staff. Cleaning is done daily. Administrator has someone to beautify the grounds.	Daily Present
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the facility in a safe, attractive manner. The findings are: Observation on 3/4/20 at 11:30 AM: -Smoke detector in eating area chirping. -Client bathroom had large areas of black mildew on the ceiling. -Client bathroom sink faucet was spraying water out of the side area when running. During interview on 3/4/20 Staff #1 stated: -She had not noticed the chirping from smoke detector, "It must have just started." -Not aware of the bathroom ceiling having mold. -Not aware of the faucet having any issues.	V 736		

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V 736	Continued From page 5 -Will let the Licensee's husband know of the repairs to be completed.	V 736	<i>This has been done, & husband notified (same day)</i>	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL092-535	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/5/2020
NAME OF FACILITY BLESSED HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3113 EDGETONE DRIVE RALEIGH, NC 27604	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0108	Correction	ID Prefix V0110	Correction	ID Prefix V0113	Correction
Reg. # 27G .0202 (F-I)	Completed	Reg. # 27G .0204	Completed	Reg. # 27G .0206	Completed
LSC	03/05/2020	LSC	03/05/2020	LSC	03/05/2020
ID Prefix V0114	Correction	ID Prefix V0118	Correction	ID Prefix V0120	Correction
Reg. # 27G .0207	Completed	Reg. # 27G .0209 (C)	Completed	Reg. # 27G .0209 (E)	Completed
LSC	03/05/2020	LSC	03/05/2020	LSC	03/05/2020
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR Kimberly Thigpen	DATE 3/5/20
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE 3/6/20
FOLLOWUP TO SURVEY COMPLETED ON 2/6/2019		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		