

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 05/06/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GARVINS MENTAL MANAGEMENT

4527 COUNTRY CLUB ROAD

WINSTON-SALEM, NC 27104

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint and follow up survey was completed on 5/6/2020. The complaint was unsubstantiated (intake #NC164437). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000	DHSR-Mental Health JUN 02 2020 Lic. & Cert. Section	
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious	V 108	<i>Corrective measures for personnel requirements will include each staff to adhere to the agency's policies and procedures. Upon hire and annually, Staff will have continuing education to meet the needs of the clients served. General orientation, client specifics, client rights, infectious disease and blood borne pathogens, and CPR and First-Aid. Each staff will be trained every (2) years</i>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

IJ1H11

If continuation sheet 1 of 8

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V 108	<p>Continued From page 1</p> <p>and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff were currently trained in basic first aid and cardiopulmonary resuscitation (CPR) affecting 2 of 4 staff (#1 & Licensee #2). The findings are:</p> <p>Review on 5/5/2020 of staff #1's employee record revealed: - Hire date: 10/21/2016 - No documentation of current training in first aid or CPR.</p> <p>Review on 5/5/2020 of Licensee #1's employee record revealed: - 1/20/2004 - No documentation of current training in first aid or CPR.</p> <p>Interview on 5/6/202 with staff #1 revealed: - Staff #1 thought that he had received training in first aid and CPR since his last training expired in January of 2019; - He had not been provided with a current training certificate or card for the first aid and CPR training; - Staff #1 relied on his employer to let him know when his training renewals were due.</p> <p>Interview on 5/5/2020 with the Qualified Professional (QP) revealed: - Staff #1 worked with the QP at another agency,</p>	V 108	<p>in CPR and First-Aid, to include Seizure Management, Cardiopulmonary resuscitation, and Heimlich maneuver.</p> <p>Specific measures will be applied to prevent non-compliance or a lapse in continuing education requirements. Quarterly monitoring of each staff's chart/file to assure all trainings are kept current. Staff will be notified when training needed and provided a date and time for attendance. Once training is completed, a certificate will be put in staff's chart/file.</p>	

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V 108	Continued From page 2 so the QP believed that his first aid and CPR training was up to date; - Licensee #1 kept track of staff training at the facility. Interviews on 4/27/2020 and 5/6/2020 with Licensee #1 revealed: - Licensee #1 was aware that staff #1 and her own first aid and CPR training had expired; - Licensee #1 had just completed an online first aid and CPR training during the course of the current survey; - Licensee #1 did not know if staff #1's first aid and CPR training had been completed yet. Interview on 5/6/2020 with Licensee #2 revealed: - Licensee #1 was responsible for coordinating staff trainings. This deficiency constitutes a re?cited deficiency and must be corrected within 30 days.	V 108	Agency's owner Emma Garvin will facilitate the quarterly chart/file monitoring of each staff. Monitoring will take place quarterly.	
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	V 536	Corrective measures for Restrictive Interventions will include that each staff adhere to the agency's policies and procedures. Staff will complete NCI and demonstrate competence by successfully completing training.	

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V 536	Continued From page 3 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; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior;	V 536	NCI training will be completed upon hire and on an annual basis. Staff will demonstrate knowledge of person's served, interpret human behavior and stressors, how to build positive relationships, understand cultural differences, and how to assess and communicate strategies for deescalations. Staff will score a passing grade. Specific measures will be applied to prevent non-compliance or a lapse in NCI training. Each staff's chart/file will be monitored to assure all trainings are kept current.	

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V 536	Continued From page 4 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. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (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. (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. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course;	V 536	Staff will be notified when training is needed and provided a date and time for attendance. One NCI training and testing is complete, a certificate will be put in staff's chart / file. Agency's Owner Emma Garvin will facilitate chart / file monitoring. Monitoring will take place quarterly.	

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V 536	Continued From page 5 (C) methods for evaluating trainee performance; and (D) documentation procedures. (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. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers.	V 536		

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V 536	Continued From page 6 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure formal refresher training on alternatives to restrictive interventions was completed at least annually affecting 3 of 4 staff (#1, Licensee #1 & Licensee #2). The findings are: Review on 5/5/2020 of staff #1's employee record revealed: - Hire date: 10/21/2016 - No documentation of training on alternatives to restrictive interventions. Review on 5/5/2020 of Licensee #1's employee record revealed: - 1/20/2004 - No documentation of training on alternatives to restrictive interventions. Review on 5/5/2020 of Licensee #2's employee record revealed: - 1/20/2011 - No documentation of training on alternatives to restrictive interventions. Interview on 5/6/202 with staff #1 revealed: - Staff #1 thought that he had received training on alternatives to restrictive interventions within the past two years; - Staff #1 relied on his employer to let him know when his training renewals were due. Interview on 5/5/2020 with the Qualified Professional (QP) revealed: - Staff #1 worked with the QP at another agency, so the QP believed that his training on	V 536		

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V 536	<p>Continued From page 7</p> <p>alternatives to restrictive interventions was probably up to date;</p> <ul style="list-style-type: none"> - Licensee #1 kept track of staff training at the facility; - Licensee #1 had been trying to find a trainer to provide NCI (the training curriculum used by the facility) training to facility staff but had not yet been successful. <p>Interviews on 4/27/2020 and 5/6/2020 with Licensee #1 revealed:</p> <ul style="list-style-type: none"> - Licensee #1 knew that NCI training was expired for staff #1, herself, and Licensee #2; - Licensee #1 had been trying unsuccessfully to locate a trainer for NCI; - The QP was now assisting Licensee #1 with the search for an NCI trainer. <p>Interview on 5/6/2020 with Licensee #2 revealed:</p> <ul style="list-style-type: none"> - Licensee #1 was responsible for coordinating staff trainings; - The last time that Licensee #2 had received NCI training was possibly a year ago. <p>This deficiency constitutes a re?cited deficiency and must be corrected within 30 days.</p>	V 536		