

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL004-016 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/08/2020 |
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| NAME OF PROVIDER OR SUPPLIER CORNERSTONE TREATMENT FACILITY | STREET ADDRESS, CITY, STATE, ZIP CODE 129 WALLCE ROAD WADESBORO, NC 28170 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>A complaint survey was completed on September 8, 2020. The complaint (intake #NC00167664) was substantiated. Deficiencies cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 1900 Psychiatric Residential Treatment Facility for Children and Adolescents</p> | V 000 | | |
| V 367 | <p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <ol style="list-style-type: none"> (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. <p>(b) Category A and B providers shall explain any</p> | V 367 | | |

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| V 367 | <p>Continued From page 1</p> <p>missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet</p> | V 367 | | |

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| V 367 | <p>Continued From page 2</p> <p>the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Level II incident report was completed and submitted to the Local Managed Entity/Managed Care Organization (LME/MCO) within 72 hours. The findings are:</p> <p>Review on 9/1/20 of the Facility's Level I Incident report dated 6/19/20 at 2:30 p.m. revealed: - "[Client #2] was in the self-reflection processing with [Executive Director] about the incident that happened earlier and stated [Client #2] don't want to be here. [Client #2] begin to yell, scream, and punch the wall. [Client #2] walked out of the self-reflection from and made a left and walked out [Client #2's] assigned area going to the front lobby and a 733 was called. [Executive Director] and [Staff #8] in behind [Client #2] and escorted [Client #2] back to [Client #2's] room. First Responder [Staff #3] on the scene witched out</p> | V 367 | | |

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| V 367 | <p>Continued From page 3</p> <p>with [Executive Director] to escort [Client #2] to her room. [Client #2] in [Client #2's] room continue to yell and scream stating [Client #2] want her family. Staff monitoring [Client #2] and [Client #2] grab a piece of clothing and headphones and attempt to put it around [Client #2's] neck. First Responder [Staff #3] and Senior First Responder [Staff #14] intervene to secure the scene. [Clinical Director] notified all clients items removed to due to safety issues. Staff continued monitoring throughout the shift. Guardian was notified."</p> <p>Review on 9/1/20 of the Facility's Level II Incident report dated 6/19/20 at 5:00 p.m. revealed: - "[Client #2] became angry, loud and cursing at peers. [Client #2] was upset because she could not get her DVD player due to safety issues. [Client #2] was told to go to [Client #2's] room. [Client #2] kicked wall and door. [Client #2] closed bedroom door on staff. [Client #2] was kicking and hitting staff. Supported staff was called and a 2-man therapeutic hold was administered for 15 minutes. [Client #2] was able to calm down reach tension reduction. Staff processed with [client #2] in [Client #2's] room."</p> <p>Review on 9/1/20 of the Facility's Level II Incident report dated 7/11/20 at 8:40 p.m. revealed: - "While inside the conference room, [Client #2] informed staff that [Client #2] wanted to go inside the closet and retrieve the bingo game. Staff informed [Client #2] that it is the responsibility of staff and they would get it for [client #2]. [Client #2] became upset and left the conference area and went into [Client #2's] room. While preparing consumers to go to the recreation area to enjoy outdoor activities, staff walked to [Client #2's] room and opened the door in order to maintain a direct line of site. [Client #2] jumped and</p> | V 367 | | |

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| V 367 | <p>Continued From page 4</p> <p>attempted to place an unknown object inside of [Client #2's] clothing. Staff inform supported staff of the [Client #2's] actions. Staff went to process with [Client #2]. [Client #2] became verbally aggressive shouting at staff to leave [Client #2] alone and get out of [Client #2's] room while clutching [Client #2's] hand. Staff searched [Client #2] personal affects. While staff was searching, [Client #2] became increasingly verbally aggressive toward staff. [Client #2] got up and attempted to grab clothes from staff. While searching [Client #2's] personal items staff removed broken headphone with exposed wire, brown color pencil and one marker. Staff attempted to search a package of hair that was on the [Client #2's] bed for contraband. When staff picked up the hair, [Client #2] pushed and kicked staff attempting to take the hair. [Client #2] was placed in a two-man therapeutic hold lasting two minutes until tension reduction was met."</p> <p>Interview on 9/3/20 with Representative from State Agency revealed: -She did not receive the 2:30 p.m. Level II incident report dated 6/19/20. -She received the 5:00 p.m. Level II incident report dated 6/19/20 on 6/23/20. -She received the 7/11/20 Level II incident report on 7/15/20. -She reported the incident reports should be submitted within 24 hours or if on a Friday the next working day.</p> <p>Interview on 9/8/20 with the Executive Director revealed: -Level I reports were submitted to the Administrative Assistant to complete Level II reports. -Administrative Assistant was responsible for</p> | V 367 | | |
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| V 367 | Continued From page 5 completing Level II reports and sending to appropriate agencies within 72 hours. | V 367 | | |
| V 517 | <p>27E .0104(c-d) Client Rights - Sec. Rest. & ITO</p> <p>10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL</p> <p>(c) Restrictive interventions shall not be employed as a means of coercion, punishment or retaliation by staff or for the convenience of staff or due to inadequacy of staffing. Restrictive interventions shall not be used in a manner that causes harm or abuse.</p> <p>(d) In accordance with Rule .0101 of Subchapter 27D, the governing body shall have policy that delineates the permissible use of restrictive interventions within a facility.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to (1)notify others when restrictive intervention was utilized; (2)assure authorization for intervention made by a physician; (3)conduct review/report of restrict intervention; (4) implement policies/procedures by submitting reports to agencies after restrictive intervention for one of three audited clients (#2). The findings are:</p> <p>Review on 9/1/20 of the Facility's Level I Incident report dated 6/19/20 at 2:30 p.m. revealed: - "[Client #2] was in the self-reflection processing with [Executive Director] about the incident that happened earlier and stated [Client #2] don't want to be here. [Client #2] begin to yell, scream, and</p> | V 517 | | |

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| V 517 | <p>Continued From page 6</p> <p>punch the wall. [Client #2] walked out of the self-reflection from and made a left and walked out [Client #2's] assigned area going to the front lobby and a 733 was called. [Executive Director] and [Staff #8] in behind [Client #2] and escorted [Client #2] back to [Client #2's] room. First Responder [Staff #3] on the scene witched out with [Executive Director] to escort [Client #2] to her room. [Client #2] in [Client #2's] room continue to yell and scream stating [Client #2] want her family. Staff monitoring [Client #2] and [Client #2] grab a piece of clothing and headphones and attempt to put it around [Client #2's] neck. First Responder [Staff #3] and Senior First Responder [Staff #14] intervene to secure the scene. [Clinical Director] notified all clients items removed to due to safety issues. Staff continued monitoring throughout the shift. Guardian was notified."</p> <p>-There was no level II report completed.</p> <p>-There was no level II report submitted or received by the appropriate agencies.</p> <p>-There was no documentation client #2's guardian was contacted, time and discussion.</p> <p>-There was no documentation of follow-up care with the therapist.</p> <p>-There was no residential staff shift notes to monitor client #2 throughout the shift and day.</p> <p>-Level I report documented by Registered Nurse #2 indicated follow-up time was 1 hour.</p> <p>-There were no nurse notes after the restraint.</p> <p>-There was no evidence of debriefing with client #2 and staff.</p> <p>Review on 9/1/20 of the Facility's Level II Incident report dated 6/19/20 at 5:00 p.m. revealed:</p> <p>- "[Client #2] became angry, loud and cursing at peers. [Client #2] was upset because she could not get her DVD player due to safety issues. [Client #2] was told to go to [Client #2's] room.</p> | V 517 | | |

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| V 517 | <p>Continued From page 7</p> <p>[Client #2] kicked wall and door. [Client #2] closed bedroom door on staff. [Client #2] was kicking and hitting staff. Supported staff was called and a 2-man therapeutic hold was administered for 15 minutes. [Client #2] was able to calm down reach tension reduction. Staff processed with [client #2] in [Client #2's] room."</p> <ul style="list-style-type: none"> -Level I incident report did not indicate reason for the restraint. -Level II incident was not submitted and received appropriate agencies until 6/23/20. -There was no documentation client #2's guardian was contacted, time and discussion. -There was no documentation of follow-up care with the therapist. -There was no residential staff shift notes to monitor client #2 throughout the shift and day. - Level I or Level II did not identify staff involved in restraining client #2. <p>Review on 9/1/20 of the Facility's Level II Incident report dated 7/11/20 at 8:40 p.m. revealed:</p> <ul style="list-style-type: none"> - "While inside the conference room, [Client #2] informed staff that [Client #2] wanted to go inside the closet and retrieve the bingo game. Staff informed [Client #2] that it is the responsibility of staff and they would get it for [client #2]. [Client #2] became upset and left the conference area and went into [Client #2's] room. While preparing consumers to go to the recreation area to enjoy outdoor activities, staff walked to [Client #2's] room and opened the door in order to maintain a direct line of site. [Client #2] jumped and attempted to place an unknown object inside of [Client #2's] clothing. Staff inform supported staff of the [Client #2's] actions. Staff went to process with [Client #2]. [Client #2] became verbally aggressive shouting at staff to leave [Client #2] alone and get out of [Client #2's] room while clutching [Client #2's] hand. Staff searched | V 517 | | |
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| V 517 | <p>Continued From page 8</p> <p>[Client #2] personal affects. While staff was searching, [Client #2] became increasingly verbally aggressive toward staff. [Client #2] got up and attempted to grab clothes from staff. While searching [Client #2's] personal items staff removed broken headphone with exposed wire, brown color pencil and one marker. Staff attempted to search a package of hair that was on the [Client #2's] bed for contraband. When staff picked up the hair, [Client #2] pushed and kicked staff attempting to take the hair. [Client #2] was placed in a two-man therapeutic hold lasting two minutes until tension reduction was met."</p> <ul style="list-style-type: none"> -Level II incident was not submitted and received by appropriate agencies until 7/15/20. -There was no documentation client #2's guardian was contacted, time and discussion. -There was no documentation of follow-up care with the therapist. -There was no residential staff shift notes to monitor client #2 throughout the shift and day. -Level I or Level II did not identify staff involved in restraining client #2. -Level I indicated telephone order for restraint on 7/11/20 by the medical doctor. -There was no evidence the doctor signed the telephone verbal order within 24 hours. <p>Review on 9/1/20 of the Facility's Level II Incident report dated 7/13/20 at 9:08 p.m. revealed:</p> <ul style="list-style-type: none"> - "[Client #2] was in nursing station speaking to the Clinical Director about prior altercation. [Client #2] walked to [Client #2's] room and began to beat on the wall in an aggressive manner. Staff approached [Client #2] room and asked who was beating on the wall the peer stated the [Client #2] did. [Client #2] ran pass staff and hit peer in the face. Staff intervned and the [Client #2] tried to approach peer again. When separated [Client | V 517 | | |
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| V 517 | <p>Continued From page 9</p> <p>#2] kicked leg and hit staff in the face and ran down the hall to the community area. Staff was notified by the Clinical Director to call the police. The police arrived and processed with [Client #2]. [Client #2] had no regard, remorse or respect for the officers. Staff continued to process with [Client #2] approximately one hour. [Client #2] stated [Client #2] was going to throw water at staff. Staff tried to redirect [Client #2's] actions. [Client #2] picked up the cup of water and attempted to throw it at staff. Staff was able to grab the cup preventing the water from splashing on staff. [Client #2] became physically aggressive kicking and biting staff. [Client #2] was put in a 2-man therapeutic hold for 5 minutes until tension reduction had been reached. [Client #2] became verbally aggressive toward staff. [Client #2] walked over to staff attempting to hit staff. Staff prevented consumer from hitting staff. [Client #2] became upset and grabbed staff's eye glasses off the table and broke them. [Client #2] attempted to assault staff again by walking up to them. As [Client #2] was approaching staff, [Client #2] slipped on the water that [Client #2] threw at staff, hitting [Client #2's] head on the floor. [Client #2] held [Client #2's] head and began to cry. Staff continued to process with [Client #2] as [Nurse #2] performed a physical assessment."</p> <ul style="list-style-type: none"> -There was no documentation client #2's guardian was contacted, time and discussion. -There was no documentation of follow-up care with the therapist. -There was no residential staff shift notes to monitor client #2 throughout the shift and day. -Level I indicated telephone order for restraint on 7/13/20 by the medical doctor. -There was no evidence the doctor signed the telephone verbal order within 24 hours. | V 517 | | |

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| V 517 | <p>Continued From page 10</p> <p>Interview on 9/3/20 with Representative from State Agency revealed: -She did not receive the 2:30 p.m. Level II incident report dated 6/19/20. -She received the 5:00 p.m. Level II incident report dated 6/19/20 on 6/23/20. -She received the 7/11/20 Level II incident report on 7/15/20. -She reported the incident reports should be submitted within 24 hours or if on a Friday the next working day.</p> <p>Interview on 9/8/20 with the Executive Director revealed: -Level I reports were submitted to the Administrative Assistant to complete Level II reports. -Administrative Assistant was responsible for completing Level II reports and sending to appropriate agencies within 72 hours. -She contacted the clinical director to submit therapy notes regarding restraints and follow-up care with client #2. -The doctor had 24 hours to sign telephone verbal restraint orders. -There were no residential shift notes provided upon exit. -There were no clinical notes from the clinical director provided upon exit. -She confirmed requesting clinical notes from the clinical director. -The clinical director split time with the company's other facility and was not always at the facility. -She would be the person to contact the guardians often less than 1 hour of the restraint or between 1-2 hours. -Confirmed she did not have documentation to support the contact with client #2's guardian. -She would address all identified issues and concerns with direct care and professional staff.</p> | V 517 | | |

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| 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 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.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</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 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> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human</p> | V 536 | | |

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| V 536 | <p>Continued From page 12</p> <p>behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</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</p> | V 536 | | |

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| V 536 | <p>Continued From page 13</p> <p>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 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</p> | V 536 | | |

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| V 536 | <p>Continued From page 14</p> <p>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>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 13 audited staff (#8 and #13) received recertification training in Alternative to Restrictive Interventions. The findings are:</p> <p>Review on 9/8/20 of Staff #8 personnel record revealed: -Hire date of 8/12/18. -Employed as Residential Mental - 2nd shift. -Crisis Prevention Intervention expired 8/6/20. -There was no current CPI training certification in the personnel record.</p> <p>Review on 9/8/20 of Staff #13 personnel record revealed: -Hire date of 9/1/19. -Employed as Residential Mental - 2nd and 3rd shift. -Crisis Prevention Intervention expired 8/3/20. -There was no current CPI training certification in</p> | V 536 | | |

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| V 536 | Continued From page 15 the personnel record. Interview on 9/8/20 with the Executive Director revealed: -The agency trained staff on CPI and facilitated by the facility's first responder and senior first responder.. -The administrative assistant was supposed to keep track when it was time for recertifications. -Confirmed staff #8 and #13 CPI training expired. | V 536 | | |
| V 537 | 27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (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. (b) Prior to providing direct care to people with 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. (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. (d) The training shall be competency-based, | V 537 | | |

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| V 537 | <p>Continued From page 16</p> <p>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"> (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (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); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety 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; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> | V 537 | | |

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| V 537 | <p>Continued From page 17</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 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</p> | V 537 | | |

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| V 537 | <p>Continued From page 18</p> <p>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 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:</p> | V 537 | | |

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| V 537 | <p>Continued From page 19</p> <p>Based on record review and interview the facility failed to ensure 2 of 13 audited staff (#8 and #13) had training in seclusion, physical restraint and isolation time-out. The finding are:</p> <p>Review on 9/8/20 of Staff #8 personnel record revealed: -Hire date of 8/12/18. -Employed as Residential Mental - 2nd shift. -Crisis Prevention Intervention expired 8/6/20. -There was no current CPI training certification in the personnel record.</p> <p>Review on 9/8/20 of Staff #13 personnel record revealed: -Hire date of 9/1/19. -Employed as Residential Mental - 2nd and 3rd shift. -Crisis Prevention Intervention expired 8/3/20. -There was no current CPI training certification in the personnel record.</p> <p>Interview on 9/8/20 with the Executive Director revealed: -The agency trained staff on CPI and facilitated by the facility's first responder and senior first responder. -The administrative assistant was supposed to keep track when it was time for recertifications. -Confirmed staff #8 and #13 CPI training expired.</p> | V 537 | | |