

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/14/2020
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NAME OF PROVIDER OR SUPPLIER AGAPE HOME LIVING CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2708 16TH STREET GREENSBORO, NC 27405
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 10/14/20. The complaint was substantiated (intake # NC00169844). 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 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a</p>	V 107		

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

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V 107	<p>Continued From page 1</p> <p>decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff met minimum educational requirements for one of two audited former staff (FS) (#6). The findings are:</p> <p>Review on 9/30/20 of FS #6's personnel record revealed: -A hire date of 9/1/20; -A termination date of 9/24/20; -A job description of a Paraprofessional Coach; -No evidence that the staff meets the minimum level of education for a paraprofessional.</p> <p>Attempts to interview FS #6 on 9/30/20, 10/1/20 and 10/2/20 were not successful as she didn't feel well and didn't want to answer questions.</p> <p>Interview 9/3/20 with the Facility Owner revealed:</p>	V 107		

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V 107	Continued From page 2 -"[FS #6] was only there for 2 weeks;" -FS #6 was asked to provide verification of education but it was not received; -She was aware that she was responsible for ensuring staff met minimum educational requirements.	V 107		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.	V 109		

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V 109	<p>Continued From page 3</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Qualified Professional (QP) met the post-bachelor's degree experience requirement for 1 of 1 QP. The findings are:</p> <p>Review on 10/5/20 of the QP's personnel record revealed: -Date of hire was 8/1/20; -A job description of a QP; -Documentation of a Bachelor of Social Work dated 2017; -No documentation of experience.</p> <p>Interview with the QP on 9/30/20 revealed: -She had been employed by the facility since 8/1/20; -Her job title was QP; -She requested questions regarding her experience be directed to the Owner.</p> <p>Interview on 10/5/20 with the Owner revealed she thought the QP had some experience.</p> <p>Additional interview on 10/14/20 with the Owner revealed: -She had talked with the QP and was reminded that the QP worked at a group home while she was in school;</p>	V 109		

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V 109	Continued From page 4 -The QP hadn't included the experience on her application because the group home was now closed; -She had not verified that the QP had any experience; -She was aware that the QP was required to have experience in addition to her bachelor's degree.	V 109		
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 file followed up by appointment or consultation	V 118		

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V 118	<p>Continued From page 5</p> <p>with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility owner failed to demonstrate competence in medication administration, the facility staff failed to administer medications as ordered, complete finger stick blood sugar checks as directed and keep a current MAR that included all medications administered effecting 1 of 2 audited clients (client #1). The findings are:</p> <p>Reviews on 9/28/20 and 9/29/20 of client #1's record revealed:</p> <ul style="list-style-type: none"> -An admission date of 7/21/20; -Diagnoses of Schizoaffective Disorder, Mild/Moderate Intellectual Developmental Disability, Diabetes Mellitus, Type 2 uncontrolled, and Hypothyroidism; -An age of 26 years old; -A legal guardian had been appointed on 8/13/12; -Discharge Summary from local hospital dated 7/21/20 included: Novolog 100 unit/milliliter 0 - 12 units sliding scale before meals and at bedtime with no parameters for sliding scale; -A Medical Provider Visit and Summary dated 9/11/20 included, "Glucose: >600...A1C: 9.8 ...Novolog Insulin 5 units administered" and included: - A new order dated 9/11/20 for Novolog (insulin) 100 unit/milliliter, 2-10 units three times daily before meals per sliding scale less than 150 = 0, 151 - 200 = 2 units, 201 - 250 = 4 units, 251 - 300 = 6 units, 301 - 350 = 8 units, 351 - 400 = 10 	V 118		

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V 118	<p>Continued From page 6</p> <p>units, above 400 = 10 units and call doctor; -An order change dated 9/11/20 for Levemir (insulin) 100 unit/milliliter, from 30 units daily at 12:00pm to 50 units daily at 12:00pm; -A Medical Provider Visit and Summary dated 9/18/20 included, "Glucose: 545 ...A1C: 9.8" with no medication order changes.</p> <p>Interview on 9/29/20 with client #1 revealed: -She had been informed by her medical provider at both her appointments in August that facility staff were supposed to check her blood sugar 3 times a day prior to meals; -Sometimes staff checked her blood sugar but sometimes they forgot; -There had been 1 time that facility staff had informed her that her blood sugar was low, and they had asked her to drink some juice and eat some candy; -She had never been informed by facility staff that her blood sugar was high; -The facility staff informed her of the results when they checked her, but she wasn't sure what the numbers meant.</p> <p>Interview on 10/5/20 with the pharmacy representative for client #1 regarding Novolog revealed: -When the client was admitted to the facility in July 2020 from a local hospital, a script was filled for Novolog 100 unit/milliliter, 0 - 12 units before meals and bedtime per sliding scale less than 139 = 0 units, 140 - 180 = 3 units, 181 - 240 = 4 units, 241 - 300 = 6 units, 301 - 350 = 8 units, 351 - 400 = 10 units, greater than 400 = 12 units and notify medical provider; -The order for Novolog was discontinued by client #1's medical provider on 8/20/20; -There was a new order for Novolog on 9/11/20 that the pharmacy didn't receive until 9/18/20 for</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>Novolog 100 unit/milliliter 2 - 10 units three times daily before meals per sliding scale - less than 150 = 0 units, 151 - 200 = 2 units, 201 - 250 = 4 units, 251 - 300 = 6 units, 301 - 350 = 8 units, 351 and above 10 units, above 400 = call medical provider.</p> <p>Additional interview on 10/5/20 with the pharmacy representative for client #1 regarding Levemir revealed: -When the client was admitted to the facility in July 2020 from a local hospital, a script was filled for Levemir 100 unit/milliliter 20 units at bedtime; -The order was changed by the medical provider to Levemir 100 unit/milliliter 30 units at noon in August 2020; -The order was changed by the medical provider to Levemir 100 unit/milliliter 50 units at noon on 9/11/20 but she didn't receive the order until 9/18/20.</p> <p>Finding #1. Below is the evidence to show the facility failed to administer Novolog 100 unit/milliliter, 0-12 units three times daily before meals and at bedtime per sliding scale as ordered from 7/21/20 - 8/20/20, Novolog 100 unit/milliliter 2-10 units three times daily from 9/11/20 - 10/14/20 and Levemir 100 unit/milliliter, 50 units at 12:00pm from 9/12/20 - 9/23/20.</p> <p>Review on 9/30/20 of client #1's MAR for the month of July 2020 revealed: -Novolog 100 unit/milliliter, "take 0-12 units subcutaneously before meals and bedtime;" -Handwritten sliding scale added by former staff (FS) #7 included "70-130 = 0 units, 131 - 180 = 2 units, 181 - 240 = 4 units, 241 - 300 = 6 units, 301 - 350 = 8 units, 351 - 400 units = 10 units; -There were staff initials after Novolog from July 21st - 31st;</p>	V 118		

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V 118	<p>Continued From page 8</p> <p>-There was no documentation of whether Novolog was administered and if so, the amount.</p> <p>Review on 9/30/20 of client #1's MAR for the month of August 2020 revealed: -Novolog 100 unit/milliliter, "take 0-12 units subcutaneously before meals and bedtime;" -There was no documentation of sliding scale parameters; -There were staff initials after Novolog from August 1st - 5th; -There was a handwritten note by FS #7 after Novolog dated 8/5/20 of "discontinue;" -There was no documentation of whether Novolog was administered and if so, the amount.</p> <p>Review on 9/30/20 of client #1's MAR for the month of September 2020 revealed: -Novolog 100 unit/milliliter, 2-10 units three times daily before meals per sliding scale as ordered on 9/11/20 was not included; -Levemir 100 unit/milliliter, 30 units daily at 12:00pm was administered from the 1st - 23rd; -Levemir 100 unit/milliliter, 50 units daily at 12:00pm was administered daily beginning on the 24th.</p> <p>Review on 9/28/20 of documentation of client #1's blood sugar checks from 7/21/20 - 8/20/20 (a total of 42 days) revealed: -A total range from 86 - 378; -8 readings in the range from 140 - 180 which would have required 3 units of Novolog to be administered; -8 readings in the range from 181 - 240 which would have required 4 units of Novolog to be administered; -5 readings in the range from 241 - 300 which would have required 6 units of Novolog to be administered;</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>-1 reading in the range from 301 - 350 which would have required 8 units of Novolog to be administered;</p> <p>-1 reading in the range from 351- 400 which would have required 10 units of Novolog to be administered and a call to the physician.</p> <p>Review on 9/28/20 of documentation of clients #1's blood sugar checks from 9/11/20 - 9/28/20 (a total of 18 days) revealed:</p> <p>-A total range from 134 - 527;</p> <p>-6 readings in the range from 151 - 200 which would have required 2 units of Novolog to be administered;</p> <p>-3 readings in the range from 201 - 250 which would have required 4 units of Novolog to be administered;</p> <p>-3 readings in the range from 251 - 300 which would have required 6 units of Novolog to be administered;</p> <p>-2 readings in the range from 301 - 350 which would have required 8 units of Novolog to be administered;</p> <p>-3 readings of 351 and above which would have required 10 units of Novolog to be administered and a call to the physician.</p> <p>Interview on 10/5/20 with a pharmacy representative regarding client #1 revealed:</p> <p>-She was not sure why the facility failed to administer Novolog from 8/6/20 - 8/20/20;</p> <p>-She had received a new order on 9/11/20 for Novolog 100 unit/milliliter, 2-10 units three times daily before meals per sliding scale;</p> <p>-She had attempted to contact the medical provider a couple of times to verify that the client was supposed to continue current medications and add the Novolog, but they hadn't returned her calls;</p> <p>-She had not been contacted by facility staff to</p>	V 118		

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V 118	<p>Continued From page 10</p> <p>ask why the Novolog had not been filled; -"I can fill the script."</p> <p>Interview on 10/8/20 with a representative from client #1's medical provider revealed: -The order for Novolog 100 unit/milliliter, 2-10 units three times daily before meals per sliding scale was discontinued on 8/20/20; -A new order for Novolog 100 unit/milliliter, 2-10 units three times daily before meals per sliding scale was written on 9/11/20; -Facility staff had accompanied client #1 to the medical provider on 9/11/20 and the new order for Novolog was explained to them; -Blood sugar that ranged from 70 - 180 was considered normal; -Blood sugar that was in the 200 range typically caused polydipsia, polyuria, polyphagia and dry mouth and skin; -Blood sugar that was in the 300 range typically caused blurry vision; -Blood sugar that was in the 400 or above range was considered a medical emergency and medical attention was needed.</p> <p>Interview on 10/2/20 with former staff (FS) # 7 revealed: - "We didn't keep a record of how much (Novolog) was give;" - "Everything was going fine (administering Novolog to client #1) ...[The Owner] called and scheduled her (client #1) a doctor appointment and had the doctor change it (Novolog administered based on sliding scale) to one shot of Levemir;" -The Owner wanted me to administer sliding scale Novolog because she thought I was the most qualified but she didn't want to pay me to administer the medication when I wasn't scheduled.</p>	V 118		

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V 118	<p>Continued From page 11</p> <p>Interviews on 10/5/20 and 10/14/20 with the Owner revealed:</p> <ul style="list-style-type: none"> -She was not sure why it took 12 days for client #1 to receive the correct dosage of Levemir (9/12/20 - 9/23/20); -She wasn't aware that facility staff were required to document the amount of Novolog administered; -She was sure that there had to be a discontinue order for Novolog dated 8/5/20 since the staff had written discontinue on the MAR; -She was unable to provide the discontinue order; -The local hospital that client #1 was discharged from prior to admission had not advised the Owner that the client was ordered Novolog sliding scale until facility staff arrived to transport the client to the facility; -Novolog 100 unit/milliliter, 2-10 units three times daily before meals per sliding scale had not been administered to client #1 beginning on 9/11/20 because it wasn't on the MAR; -"My pharmacy never got a script for the Novolog...I just called the pharmacy;" -"They (medical provider) never told us (facility staff) she (client #1) was supposed to be on Novolog; -"I took her (client #1) myself (to the appointment on 9/11/20);" -"It seems like it's a doctor's error, not mine;" -"We do what the doctor tells us;" -"I don't have PhD behind my name;" -"I really would like to appeal this because this is a slip up on the doctor's part;" -"I don't want to be blamed for something that's not my fault;" -"That's not fair to me and my staff when we're doing everything we're supposed to." <p>Based on the lack of documentation, it was not</p>	V 118		

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V 118	<p>Continued From page 12</p> <p>possible to determine whether client #1 was administered Novolog and if so, how much.</p> <p>Finding #2. Below is the evidence to show the facility failed to complete, and document finger stick blood sugar checks as directed, four times daily from 7/22/20 - 8/19/20 and three times daily from 9/11/20 - 10/14/20.</p> <p>Review on 9/28/20 of a paper that included documentation of client #1's finger stick blood sugar checks from 7/22/20 - 8/19/20 (a total of 29 days) revealed: -Documentation of blood sugar checks as ordered for 7 days; -Client #1 was in the hospital for 5 days; -There was no documentation at all to show that blood sugar checks were completed for 15 days; -There was documentation of only 3 checks for 1 day; -There was documentation of only 2 checks for 1 day.</p> <p>Review on 9/28/20 of client #1's glucometer history from 7/22/20 - 8/19/20 revealed: -Facility staff had documented 1 result of a blood sugar check, but the reading was not in the history of the glucometer; -There were 10 results in the history of the glucometer that facility staff had not documented.</p> <p>Review on 9/28/20 of a notebook that included documentation of client #1's finger stick blood sugar checks from 9/12/20 - 9/27/20 (a total of 16 days) revealed: -Documentation of blood sugar check as ordered for 1 day; -There was no documentation at all to show that blood sugar checks were completed for 6 days; -There was documentation of only 1 check for 5</p>	V 118		

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V 118	<p>Continued From page 13</p> <p>days; -There was documentation of only 2 checks for 4 days.</p> <p>Review on 9/28/20 of client #1's glucometer history from 9/12/20 - 9/27/20 revealed: -Facility staff had documented 1 result of a blood sugar check, but the reading was not in the history of the glucometer; -There was 1 result in the history of the glucometer that facility staff had not documented.</p> <p>Interview on 10/5/20 with staff #3 revealed: -"We check her (client #1) blood sugar 3 times a day, sometimes 2 on the weekends, it's 12-hour shifts;" -She thought blood sugar checks were supposed to be completed and documented once per shift; -She was not aware blood sugar checks were supposed to be completed prior to meals.</p> <p>Interview on 9/30/20 with the Qualified Professional revealed: -Client #1 was supposed to have her blood sugar checked 3 times a day; -"We're (facility staff) on that (checking blood sugar) with her;" -She checked on the weekends when she worked to ensure that client #1's blood sugar checks were being completed as ordered and had found discrepancies where they had not been documented; -"I didn't know there was a way to actually check the glucometer (history);" -She wasn't aware that client #1 was supposed to be administered Novolog on a sliding scale; -"Typically, if it's (blood sugar) like 400 or 500 something, we'll call [the Owner];" -"When I was there 2 weeks ago, I had the experience of her (client #2) sugar being high;"</p>	V 118		

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V 118	<p>Continued From page 14</p> <p>-She had called the Owner and was informed to give the client peanut butter and water; -She was unable to remember the exact result but knew it was in the 400's; -She wasn't sure what the normal range for blood sugar was.</p> <p>Interview on 10/5/20 with the Owner revealed: -She was not aware of why facility staff continued to sporadically check client #1's blood sugar when she was not being administered Novolog since there was no order to do so; -She was not aware that facility staff were not checking client #1's blood sugar 3 times daily as ordered when the client was being administered Novolog but thought the client might have refused; -Client #1 had informed her on 10/3/20 that she didn't want her blood sugar checked 3 times a day.</p> <p>Review on 10/14/20 of a Plan of Protection dated 10/14/20 completed by the Owner revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? Going forward Agape Home Living Care, LLC Director will follow up with Doctor and Pharmacy on any orders discontinued and refills. Director will be creating forms for Novolog and Levemir for [client #1] and will be check daily by Director. Called doctor to make an emergency appointment, waiting for call back from Nurse at [Medical Provider]. If no call back due to pharmacy not receiving the Initial request will do a walk in appointment first thing 10-15-20." -"Describe your plans to make sure the above happens. Director will take [client #1] to Doctors office on 10-15-20 and go over prescriptions for clear directions and will follow up with Pharmacy to assure medications request have been</p>	V 118		

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V 118	<p>Continued From page 15</p> <p>received day of service. The Qualified Professional from a sister facility will work with the Director to ensure that there are no further issues."</p> <p>Client #1 was admitted to the facility on 7/21/20 with diagnoses of Schizoaffective Disorder, Mild/Moderate Intellectual Developmental Disability, Diabetes Mellitus, Type 2 uncontrolled, and Hypothyroidism. Facility staff failed to document the amount of Novolog that was administered from 7/21/20 - 8/5/20 (a total of 16 out of 16 days). The client was not administered Novolog insulin on a sliding scale as ordered from 8/6/20 - 8/20/20 and 9/11/20 - 10/14/20 (a total of 49 out of 49 days) or the correct dosage of Levemir insulin from 9/12/20 - 9/23/20 (a total of 12 days). Facility staff failed to complete, and document finger stick blood sugar checks as ordered from 7/21/20 - 8/20/20 and 9/11/20 - 9/28/20 (a total of 17 out of 49 days). The checks that were documented ranged from 86 - 527 and there were 39 readings that should have resulted in Novolog being administered. The failure of the Owner to demonstrate competence in medication administration and the facility staff to follow medication orders, resulted in neglect of the clients diabetic needs and constitutes a Type A 1 rule violation for serious neglect which must be corrected in 23 days. An administrative penalty of \$2000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.</p>	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification	V 131		

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V 131	<p>Continued From page 16</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hiring 1 of 1 Qualified Professional (QP). The findings are:</p> <p>Review on 10/5/20 of the QP's personnel record revealed: -Date of hire was 8/1/20; -A job description of a QP; -The HCPR had been accessed on 9/29/20.</p> <p>Interview with the QP on 9/30/20 revealed she had been employed by the facility since 8/1/20.</p> <p>Interview on 10/14/20 with the Owner revealed: -The QP's date of hire was 8/1/20; -She was not able to explain why the HCPR had not been accessed prior to hiring the QP; -She was aware that the HCPR was required to be accessed prior to hiring staff.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 131		

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V 132	Continued From page 17	V 132		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <p>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p>	V 132		

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V 132	<p>Continued From page 18</p> <p>This Rule is not met as evidenced by: Based on interviews and record review, the facility failed to report an allegation of abuse to the Health Care Personnel Registry (HCPR) and failed to investigate the allegation affecting 1 of 5 audited staff (the Owner). The findings are:</p> <p>Review on 9/29/20 of client #2's record revealed: -An admission date of 11/19/18; -Diagnoses of Bipolar Disorder, Post Traumatic Stress Disorder, Mild Intellectual Developmental Disability and Major Depressive Disorder; -An age of 21 years old; -A legal guardian had been appointed.</p> <p>Interview and observation on 9/28/20 at 1:46pm with client #2 revealed: -She was unable to provide an estimated time when the incident took place; -"She (the Owner) pulled my hair and punched me in the face;" -Client #2 was observed pointing to her left jaw where no injuries were visible; -The Owner hit her with her fist; -"...I tried to hit her (the Owner) and fight back and protect myself and stuff;" -"I was crying...it was bad;" -"I don't feel safe here (the facility);" -She had informed the Qualified Professional (QP) of the incident but she was not sure what date; -She had not talked to any of the staff regarding</p>	V 132		

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V 132	<p>Continued From page 19</p> <p>the incident since she had talked with the QP.</p> <p>Interview on 10/1/20 with the legal guardian of client #2 revealed she had not been informed of the allegation of abuse.</p> <p>Review on 9/28/20 of the facility's Incident Reports dated 7/26/20 - 9/28/20 revealed no incident reports regarding an allegation of abuse that involved the Owner hitting client #2.</p> <p>Review on 10/2/20 of the Incident Response Improvement System revealed no incidents regarding client #2.</p> <p>Interview on 9/30/20 with the QP revealed: -"This was just a casual conversation (with client #2);" -She was unable to provide an estimated time when this conversation took place; -"She (client #2) was basically saying how she felt like she was restrained improperly;" -"She (client #2) felt like she was protecting herself by biting [the Owner];" -"I did give that information to [the Owner];" -"She (the Owner) was stating that basically that (allegation of abuse) wasn't the case and of course they're certified and they basically know what to do;" -She had not discussed the incident with any other clients or staff.</p> <p>Interview on 10/14/20 with the Owner revealed: -She denied hitting and pulling client #2's hair; -"I don't do that...I run a completely different type of group home;" -She had been informed of the allegation of abuse by the QP; -"I advised the QP to document that;" -She was aware that all allegations of abuse were</p>	V 132		

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V 132	Continued From page 20 required to be reported to the HCPR and investigated.	V 132		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private	V 133		

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V 133	<p>Continued From page 21</p> <p>entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of</p>	V 133		

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V 133	<p>Continued From page 22</p> <p>a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <ol style="list-style-type: none"> (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. <p>(e) Relevant Offense. - As used in this section,</p>	V 133		

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V 133	Continued From page 23 "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in	V 133		

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V 133	<p>Continued From page 24</p> <p>violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure a criminal history record check was requested within five business days of a conditional offer of employment affecting 1 of 1 Qualified Professional (QP). The findings are:</p> <p>Review on 10/5/20 of the QP's personnel record revealed:</p>	V 133		

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NAME OF PROVIDER OR SUPPLIER AGAPE HOME LIVING CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2708 16TH STREET GREENSBORO, NC 27405
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V 133	<p>Continued From page 25</p> <p>-Date of hire was 8/1/20; -A job description of a QP; -A criminal history record check was requested/completed on 9/29/20.</p> <p>Interview with the QP on 9/30/20 revealed she had been employed by the facility since 8/1/20.</p> <p>Interview on 10/14/20 with the Owner revealed: -The QP's date of hire was 8/1/20; -She was not able to explain why a criminal history record check had not been requested within five business days of conditional employment of the QP; -She was aware that a criminal history record check was required to be requested within five business days of a conditional offer of employment to staff.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 133		
V 500	<p>27D .0101(a-e) Client Rights - Policy on Rights</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</p> <p>(a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66.</p> <p>(b) The governing body shall develop and implement policy to assure that:</p> <p>(1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and</p> <p>(2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to</p>	V 500		

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V 500	<p>Continued From page 26</p> <p>present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.</p> <p>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive</p>	V 500		

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V 500	<p>Continued From page 27</p> <p>interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all instances of alleged abuse were reported to the local Department of Social Services (DSS) effecting 1 of 2 audited clients (client #2). The findings are:</p> <p>Review on 9/29/20 of client #2's record revealed: -An admission date of 11/19/18; -Diagnoses of Bipolar Disorder, Post Traumatic Stress Disorder, Mild Intellectual Developmental Disability and Major Depressive Disorder; -An age of 21 years old; -A legal guardian had been appointed.</p> <p>Interview and observation on 9/28/20 at 1:46pm with client #2 revealed: -She was not able to provide an estimated time period that this incident took place; -"She (the Owner) pulled my hair and punched me in the face;" -Client #2 was observed pointing to her left jaw where no injuries were visible; -The Owner hit her with her fist; -"...I tried to hit her (the Owner) and fight back and protect myself and stuff;" -"I was crying...it was bad;" -"I don't feel safe here (the facility);" -She had informed the Qualified Professional (QP) of the incident but she was not sure what date; -She had not talked to any of the staff regarding the incident since she had talked with the QP.</p>	V 500		

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V 500	<p>Continued From page 28</p> <p>Interview on 10/1/20 with the legal guardian of client #2 revealed she had not been informed of the allegation of abuse.</p> <p>Review on 9/28/20 of the facility's Incident Reports dated 7/26/20 - 9/28/20 revealed no incident reports regarding an allegation of abuse that involved the Owner hitting client #2.</p> <p>Review on 10/2/20 of the Incident Response Improvement System revealed no incidents regarding client #2.</p> <p>Interview on 9/30/20 with the QP revealed: -"This was just a casual conversation (with client #2);" -She was unable to provide an estimated date of how long ago it had been since the conversation; -"She (client #2) was basically saying how she felt like she was restrained improperly;" -"She (client #2) felt like she was protecting herself by biting [the Owner];" -"I did give that information to [the Owner];" -"She (the Owner) was stating that basically that (allegation of abuse) wasn't the case and of course they're certified and they basically know what to do;" -She had not discussed the incident with any other clients or staff.</p> <p>Interview on 10/14/20 with the Owner revealed: -She denied hitting and pulling client #2's hair; -"I don't do that...I run a completely different type of group home;" -She had been informed of the allegation of abuse by the QP; -"I advised the QP to document that;" -She was aware that all allegations of abuse were required to be reported to the local DSS.</p>	V 500		

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V 521	<p>27E .0104(e9) 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>(e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions:</p> <p>(9) Whenever a restrictive intervention is utilized, documentation shall be made in the client record to include, at a minimum:</p> <p>(A) notation of the client's physical and psychological well-being;</p> <p>(B) notation of the frequency, intensity and duration of the behavior which led to the intervention, and any precipitating circumstance contributing to the onset of the behavior;</p> <p>(C) the rationale for the use of the intervention, the positive or less restrictive interventions considered and used and the inadequacy of less restrictive intervention techniques that were used;</p> <p>(D) a description of the intervention and the date, time and duration of its use;</p> <p>(E) a description of accompanying positive methods of intervention;</p> <p>(F) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the emergency use of seclusion, physical restraint or isolation time-out to eliminate or reduce the probability of the future use of restrictive interventions;</p> <p>(G) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the planned use of seclusion, physical restraint or isolation time-out, if determined to be clinically necessary; and</p> <p>(H) signature and title of the facility employee who initiated, and of the employee who further authorized, the use of the intervention.</p>	V 521		

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V 521	<p>Continued From page 30</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the necessary documentation was in the client record when a restrictive intervention was utilized affecting two of two audited clients (#1 and #2). The findings are:</p> <p>Review on 9/29/20 of client #1's record revealed: -An admission date of 7/21/20; -Diagnoses of Schizoaffective Disorder, Mild/Moderate Intellectual Developmental Disability, Diabetes, and Hypothyroidism; -An age of 26 years old; -A legal guardian had been appointed.</p> <p>Review on 9/29/20 of client #2's record revealed: -An admission date of 11/19/18; -Diagnoses of Bipolar Disorder, Post Traumatic Stress Disorder, Mild Intellectual Developmental Disability and Major Depressive Disorder; -An age of 21 years old; -A legal guardian had been appointed.</p> <p>Review on 9/28/20 of the facility incident reports for client #1 revealed: -"Date of Incident: 8/13/20;" -"Time: 8pm - 10pm;" -Duration: blank; -Staff Involved: Staff #3 and #4 and Former Staff (FS) #7; -"Type of Incident: Behavioral;" -"Action Taken: NCI (Nonviolent Crisis Intervention) to keep her (client #1) from hurting herself and staff and other clients and property;" -"Follow-Up/Next Steps: Contact [the Owner] and her guardian..;" -"Description of Incident: Consumer wanted</p>	V 521		

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V 521	<p>Continued From page 31</p> <p>attention and stated she was going to run away then she went in her room and stated she was going to kill herself and started destroying her room throwing objects at staff she started talking gel pens trying to stab herself in the arm and then took a CD player cord trying to choke herself with it staff took all object out her room she was yelling and cussing trying to fight staff and that's when staff had to restrain her on the bed from hurting herself and staff and from her destroying her room consumer refuse to take meds (medications) after she was calm down she took her meds and went to bed;"</p> <p>-Staff completing report: Staff #3, Staff #4, and Owner;</p> <p>-No documentation of the duration of the restrictive intervention or debriefing and planning with client #1 and her guardian to eliminate or reduce the probability of the future use of restrictive interventions.</p> <p>Review on 9/28/20 of the facility incident reports for client #2 revealed:</p> <p>-Documentation was completed by staff #3;</p> <p>-"Date of Incident: 9/14/20;"</p> <p>-"Time: 5:45;"</p> <p>-"What did the client do? Consumer (client #2) was yelling and cussing at staff saying what she was and won't doing trying to fight staff and owner and bit owner had to use NCI;"</p> <p>-"When I (staff #3) arrived consumer (client #2) was outside her room with a mask on and consumer was suppose to be in her room, due to her sickness she refuse to go in her room and was yelling and cussing at staff she states you [b***h]...she (client #2) didn't want to be here (facility) she was running away trying to fight staff and staff had to use NCI consumer bit owner...consumer (client #2) later calm down took meds and ate dinner...consumer (client #2)</p>	V 521		

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V 521	Continued From page 32 was later in her room depress and crying about her past staff spoke with her;" -No documentation of the duration of the restrictive intervention or debriefing and planning with client #2 and her guardian to eliminate or reduce the probability of the future use of restrictive interventions. Interview on 9/28/20 with the Owner revealed it was the responsibility of the staff that was involved with the restrictive intervention to document the incident.	V 521		
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	V 537		

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V 537	<p>Continued From page 33</p> <p>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"> (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</p>	V 537		

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V 537	<p>Continued From page 34</p> <p>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 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>	V 537		

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V 537	<p>Continued From page 35</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 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>	V 537		

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V 537	<p>Continued From page 36</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 4 audited staff (staff #3 and #4) had been annually retrained in seclusion, physical restraint and isolation time out and demonstrate competence in the proper use of restraints. The findings are:</p> <p>Reviews on 9/28/20 and 9/29/20 of client #1's record revealed: -An admission date of 7/21/20; -Diagnoses of Schizoaffective Disorder, Mild/Moderate Intellectual Developmental Disability, Diabetes Mellitus, Type 2 uncontrolled, and Hypothyroidism; -An age of 26 years old; -A legal guardian had been appointed on 8/13/12.</p> <p>Review on 9/30/20 of staff #3's personnel record revealed: -A hire date of 12/17/18; -A job description of a Paraprofessional Coach; -Completion of National Crisis Intervention (NCI) Plus 12/14/18.</p> <p>Review on 9/30/20 of staff #4's personnel record revealed: -A hire date of 7/12/19; -A job description of a Paraprofessional Coach; -Completion of NCI Plus 7/11/19.</p> <p>Review on 9/28/20 of the facility incident reports for client #1 revealed: -"Date of Incident: 8/13/20;" -"Time: 8pm - 10pm;" -Duration: blank; -Staff Involved: Staff #3 and #4 and Former Staff (FS) #7;</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/14/2020
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NAME OF PROVIDER OR SUPPLIER AGAPE HOME LIVING CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2708 16TH STREET GREENSBORO, NC 27405
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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 37</p> <p>- "Type of Incident: Behavioral;"</p> <p>- "Action Taken: NCI (Nonviolent Crisis Intervention) to keep her (client #1) from hurting herself and staff and other clients and property;"</p> <p>- "Follow-Up/Next Steps: Contact [the Owner] and her guardian..;"</p> <p>- "Description of Incident: Consumer wanted attention and stated she was going to run away then she went in her room and stated she was going to kill herself and started destroying her room throwing objects at staff she started talking gel pens trying to stab herself in the arm and then took a CD player cord trying to choke herself with it staff took all object out her room she was yelling and cussing trying to fight staff and that's when staff had to restrain her on the bed from hurting herself and staff and from her destroying her room consumer refuse to take meds (medications) after she was calm down she took her meds and went to bed;"</p> <p>- Staff completing report: Staff #3, Staff #4, and Owner;</p> <p>- No documentation of the duration of the restrictive intervention or debriefing and planning with client #1 and her guardian to eliminate or reduce the probability of the future use of restrictive interventions.</p> <p>Interview on 10/5/20 with staff #3 revealed:</p> <p>- She had restrained client #1 on 8/13/20 on the floor and not the bed;</p> <p>- She was aware that clients were not allowed to be restrained on soft surfaces;</p> <p>- She was not sure why staff #4 had completed the incident report incorrectly;</p> <p>- She must not have read the incident report prior to signing it along with staff #4.</p> <p>Interview on 9/28/20 with staff #4 revealed:</p> <p>- She was not involved with the restraint of client</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/14/2020
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V 537	<p>Continued From page 38</p> <p>#1 on 8/13/20; -When she arrived for her shift, the incident was ending so she assisted with completing the incident report based on the account given by staff #3.</p> <p>Interviews on 9/28/20 and 10/5/20 with the Owner revealed: -She had texted the NCI Plus trainer on 7/20/20 to request an updated certificate for staff #3 but had not received an answer; - The trainer had also not responded regarding scheduling training's; -"No, she (client #1) was not on the bed...cause I was there;" -She was aware that clients were not allowed to be restrained on soft surfaces; -She wasn't sure why the incident report stated client #1 was restrained on the bed.</p>	V 537		