

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-236	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/28/2020
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NAME OF PROVIDER OR SUPPLIER TRINITY BEHAVIORAL HEALTHCARE PC	STREET ADDRESS, CITY, STATE, ZIP CODE 2716 TROXLER ROAD BURLINGTON, NC 27215
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 10/28/20. The complaint was unsubstantiated (intake #NC00170531). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .1200 Psychosocial Rehabilitation; 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment</p>	V 000		
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>	V 536		

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

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

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V 536	<p>Continued From page 2</p> <p>(B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once</p>	V 536		

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V 536	<p>Continued From page 3</p> <p>annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure one of three audited staff (Therapist #1) had training on the use of alternatives to restrictive interventions prior to providing services. The findings are:</p> <p> </p> <p>Review on 10/27/20 of the facility's personnel files revealed:</p>	V 536		

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V 536	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Therapist #1 had a hire date of 4/3/19. -Therapist #1 had no documentation of training on the use of alternatives to restrictive interventions. <p>Interview with the Human Resources Staff on 10/27/20 revealed:</p> <ul style="list-style-type: none"> -The facility used National Crisis Intervention + (NCI+) training on the use of alternatives to restrictive interventions. -She thought the therapist were exempt from the NCI+ training because they are licensed. -She knows that Therapist #1 did not have NCI+ training since she has been with the agency. -She confirmed there was no documentation of training on the use of alternative to restrictive intervention for Therapist #1. <p>Interview with the Assistant to the Licensee on 10/27/20 revealed:</p> <ul style="list-style-type: none"> -The facility used NCI + training on the use of alternatives to restrictive interventions. -She knew that the therapist for the facility were not trained in NCI +. -She confirmed there was no documentation of training on the use of alternative to restrictive intervention for Therapist #1. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 536		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p>	V 736		

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V 736	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 10/27/20 at approximately 10:56 AM of the facility revealed the following issues: -Outpatient classroom- The baseboards were removed from wall. There was a plum sized hole in wall behind door. Paint was peeling from walls and the walls had black scuff marks. Chairs had fabric hanging from underneath. There was dirt and trash on the floor. There were three dime sized holes in wall. -Physician's room- The baseboards were removed from the wall. The walls had dirt like stains. The area rug had grass all over it. There was a quarter sized hole in wall behind door. -Hallway- The baseboards were removed from the wall. The walls had black scuff marks. -Restroom in lobby area-There was a hole approximately four inches long and two inches wide behind door. -Lobby area-The baseboards were removed from the wall. There was fabric hanging from underneath the chairs. The walls had black scuff marks. -Psychosocial Rehabilitation (PSR) classroom-The walls were stained. The floor had dirt like stains. -PSR kitchen area-The floor was stained and had black scuff marks. There was trash on floor. The walls were stained and had peeling paint. The dishwasher had several tubes and wires</p>	V 736		

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V 736	<p>Continued From page 6</p> <p>exposed. There was water on floor behind the dishwasher.</p> <ul style="list-style-type: none"> -The empty room near kitchen area-There was a cable wire hanging from the wall. There was a loss wall socket. -Area behind the main building- There was trash was on the ground. -Therapist #2 office- The baseboards were removed from the walls. -Hallway in therapy area-The baseboards were removed from the walls. -Therapist #1 office-The baseboards were removed from the walls. -Kids play area- The floor had dirt and trash on it. There was a stained area rug. The chair cushions were stained. <p>Interview with the Assistant to the Licensee on 10/27/20 revealed:</p> <ul style="list-style-type: none"> -They were doing some renovations to the buildings. -She thought they started in July 2020. -They were aware of most of the issues with the facility. -There was carpet on the floor originally and it was removed. -They put tile on most of the floors. -The baseboards were removed throughout the facility. -They were painting the walls and had not placed the baseboards back on the walls. -The dishwasher does not work and it had been there for a few weeks. -She confirmed the facility was not maintained in a safe, clean, attractive and orderly manner. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		