

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-208 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 10/30/2020 |
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| NAME OF PROVIDER OR SUPPLIER THE VAUGHN-FAMILY HOME 1 | STREET ADDRESS, CITY, STATE, ZIP CODE 105 NEIL STREET GOLDSBORO, NC 27530 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed October 30, 2020. The complaint was unsubstantiated (Intake #NC00169164). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10 NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</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</p> | V 107 | | |

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

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| V 107 | <p>Continued From page 1</p> <p>conviction. The impact of this information on a 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, there was no evidence the facility had a complete personnel file for 3 of 5 staff (#2, #3, Qualified Professional(QP)). The findings are:</p> <p>Review on 10/26/2020 of the facility's records revealed: -No personnel record for staff #2, #3 and the QP. -None of the proceeding information for staff #2, #3 and QP (written job description, proof above age 18, access the North Carolina Health Care Personnel Registry, and criminal disclosures.</p> <p>Observation on 10/26/2020 at approximately 10:00am staff #3 was leaving the facility in the facility van with client #1 to attend a doctor's appointment and returned to the facility at</p> | V 107 | | |

Division of Health Service Regulation

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| V 107 | <p>Continued From page 2</p> <p>approximately 12:30pm.</p> <p>During interview on 10/26/2020 the Licensee revealed:</p> <ul style="list-style-type: none"> -The staff transporting client #1 to the doctor was his youngest son and he worked at the facility since August 2020. -His other son (staff #2) also worked at the facility. -His two sons were not staff they just volunteered at the facility when he needed help for transportation or assistance in staying with the clients if he was not able to be at the facility. -He did not have a personnel file for his two son's because they were only volunteers at the facility. -The QP was going to send him her record and he would fax her information to surveyor. <p>By the exit date of the survey the Licensee had not sent any information regarding the QP.</p> | V 107 | | |
| V 118 | <p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(4) A Medication Administration Record (MAR) of</p> | V 118 | | |

Division of Health Service Regulation

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| V 118 | <p>Continued From page 3</p> <p>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:</p> <p>(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.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to keep the MARs current affecting 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 10/26/2020 of client #1's record revealed: -55 year old male. -Admission date of 11/07/12. -Diagnoses of Schizoaffective Disorder, Bipolar Type, Intellectual Disability, General Anxiety Disorder.</p> <p>Review on 10/26/2020 of client #1's Physician orders revealed: 11/25/19 -Seroquel 400mg (used to treat schizophrenia in adults) Take 1 tablet every morning at 8am and 9pm.</p> | V 118 | | |

Division of Health Service Regulation

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| V 118 | <p>Continued From page 4</p> <p>-Mirtazapine 30mg (used to treat major depressive disorder) Take 1 tablet by mouth at 9pm.</p> <p>-Lorazepam 1mg (used to treat anxiety disorders and seizure disorders) Take 1 tablet every morning and 1 tablet at 2pm.</p> <p>-Lorazepam 2mg Take 1 tablet by mouth at 9pm.</p> <p>-Aspirin 325mg (used to treat or prevent heart attacks, strokes, and chest pain) take 1 tablet by mouth daily.</p> <p>10/1/2020</p> <p>-Haloperidol 5mg (used to treat schizophrenia) Take 1 tablet every morning and 1 at 2pm.</p> <p>Review on 10/26/2020 of client #1's October 2020 MAR revealed no initials on the following dates to indicate the medication had been administered:</p> <p>-Seroquel 400mg-10/25/20 at 9pm.</p> <p>-Mirtazapine 30mg-10/25/20 at 9pm.</p> <p>-Lorazepam 1mg-10/25/20 at 2pm.</p> <p>-Lorazepam 2mg-10/25/20 at 9pm.</p> <p>-Aspirin 325mg-10/26/20 at 8am.</p> <p>-Haloperidol 5mg-10/25/20 at 2pm.</p> <p>During interview on 10/23/2020 client #1 revealed he received his medication daily.</p> <p>During interview on 10/26/2020 the Licensee revealed:</p> <p>-He administered the medications.</p> <p>-The medication was administered and he just did not put the his initials.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | V 118 | | |

Division of Health Service Regulation

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| V 131 | <p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</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 complete Health Care Personnel Registry (HCPR) check prior to hire for 3 of 5 staff (#2, #3, Qualified Professional (QP). The findings are:</p> <p>Review on 10/26/2020 of the information provided for staff #2 revealed: -Started working at the facility in August 2020. -HCPR check for staff #2 was completed on 10/24/2020.</p> <p>Review on 10/26/2020 of the information provided for staff #3 revealed: -Started working at the facility in August 2020. -HCPR check for staff #3 was completed on 10/24/2020.</p> <p>A record for the QP was not provided by the exit date of the survey.</p> <p>During interview on 10/26/2020 the Licensee</p> | V 131 | | |

Division of Health Service Regulation

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| V 131 | <p>Continued From page 6</p> <p>revealed:</p> <ul style="list-style-type: none"> -The staff transporting client #1 to the doctor was his youngest son and he worked at the facility since August 2020. -His other son (staff #2) also worked at the facility. -His two sons were not staff they just volunteered at the facility when he needed help for transportation or assistance in staying with the clients if he was not able to be at the facility. -He did not have a personnel file for his two son's because they were only volunteers at the facility. -The QP was going to send him her record and he would fax her information to surveyor. <p>This deficiency has been cited 4 times since the original cite on 08/02/17 and must be corrected within 30 days.</p> | V 131 | | |
| V 133 | <p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(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.</p> <p>(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</p> | V 133 | | |

Division of Health Service Regulation

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| V 133 | Continued From page 7 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 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 | V 133 | | |
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Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-208 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 10/30/2020 |
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| V 133 | Continued From page 8 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. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (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. 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 | V 133 | | |

Division of Health Service Regulation

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| V 133 | <p>Continued From page 9</p> <p>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> <p>(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.</p> <p>(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> <p>(e) Relevant Offense. - As used in this section, "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;</p> | V 133 | | |

Division of Health Service Regulation

| | | | |
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| V 133 | <p>Continued From page 10</p> <p>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 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;</p> | V 133 | | |

Division of Health Service Regulation

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|--------------------|--|---------------|---|--------------------|
| V 133 | <p>Continued From page 11</p> <p>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 reviews and interview the facility failed to request state criminal background check within five business days of employment for 3 of 5 staff (#2, #3 and Qualified Professional (QP)). The findings are:</p> <p>Review on 10/26/2020 of the information provided for staff #2 revealed: -Started working at the facility in August 2020. -No documentation of a state criminal background check.</p> <p>Review on 10/26/2020 of the information provided for staff #3 revealed: -Started working at the facility in August 2020. -No documentation of a state criminal background check.</p> <p>A record for the QP was not provided by the exit date of the survey.</p> <p>During interview on 10/26/2020 the Licensee revealed: -The staff transporting client #1 to the doctor was his youngest son and he worked at the facility since August 2020. -His other son (staff #2) also worked at the facility. -His two sons were not staff they just volunteered at the facility when he needed help for transportation or assistance in staying with the</p> | V 133 | | |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-208 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 10/30/2020 |
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| NAME OF PROVIDER OR SUPPLIER THE VAUGHN-FAMILY HOME 1 | STREET ADDRESS, CITY, STATE, ZIP CODE 105 NEIL STREET GOLDSBORO, NC 27530 |
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| V 133 | Continued From page 12 clients if he was not able to be at the facility. -He did not have a personnel file for his two son's because they were only volunteers at the facility. -The QP was going to send him her record and he would fax her information to surveyor. This deficiency has been cited 5 times since the original cite on 09/21/16 and must be corrected within 30 days. | V 133 | | |
| V 536 | 27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed | V 536 | | |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-208 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 10/30/2020 |
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| NAME OF PROVIDER OR SUPPLIER THE VAUGHN-FAMILY HOME 1 | STREET ADDRESS, CITY, STATE, ZIP CODE 105 NEIL STREET GOLDSBORO, NC 27530 |
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| V 536 | <p>Continued From page 13</p> <p>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 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> | V 536 | | |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-208 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 10/30/2020 |
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| NAME OF PROVIDER OR SUPPLIER THE VAUGHN-FAMILY HOME 1 | STREET ADDRESS, CITY, STATE, ZIP CODE 105 NEIL STREET GOLDSBORO, NC 27530 |
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| V 536 | <p>Continued From page 14</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 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> | V 536 | | |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-208 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 10/30/2020 |
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| NAME OF PROVIDER OR SUPPLIER THE VAUGHN-FAMILY HOME 1 | STREET ADDRESS, CITY, STATE, ZIP CODE 105 NEIL STREET GOLDSBORO, NC 27530 |
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| V 536 | <p>Continued From page 15</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 all staff were trained on alternatives to restrictive interventions using the approved curriculum chosen by the facility affecting 3 of 5 staff (#2, #3 and Qualified Professional (QP)). The findings are:</p> <p> </p> <p>Review on 10/26/2020 of the information provided for staff #2 revealed:</p> | V 536 | | |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-208 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 10/30/2020 |
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| NAME OF PROVIDER OR SUPPLIER THE VAUGHN-FAMILY HOME 1 | STREET ADDRESS, CITY, STATE, ZIP CODE 105 NEIL STREET GOLDSBORO, NC 27530 |
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| V 536 | <p>Continued From page 16</p> <p>-Started working at the facility in August 2020. -No documentation of training on alternatives to restrictive interventions.</p> <p>Review on 10/26/2020 of the information provided for staff #3 revealed: -Started working at the facility in August 2020. -No documentation of training on alternatives to restrictive interventions.</p> <p>A record for the QP was not provided by the exit date of the survey.</p> <p>During interview on 10/26/2020 the Licensee revealed: -Staff #2 and staff #3 were his sons. -His two sons were not staff they just volunteered at the facility when he needed help for transportation or assistance in staying with the clients if he was not able to be at the facility. -He did not have a personnel file for his two son's because they were only volunteers at the facility. -The QP was going to send him her record and he would fax her information to me.</p> | V 536 | | |
| V 537 | <p>27E .0108 Client Rights - Training in Sec Rest & ITO</p> <p>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.</p> | V 537 | | |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-208 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 10/30/2020 |
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| NAME OF PROVIDER OR SUPPLIER THE VAUGHN-FAMILY HOME 1 | STREET ADDRESS, CITY, STATE, ZIP CODE 105 NEIL STREET GOLDSBORO, NC 27530 |
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| V 537 | <p>Continued From page 17</p> <p>(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.</p> <p>(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.</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; | V 537 | | |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-208 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 10/30/2020 |
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| V 537 | <p>Continued From page 18</p> <p>(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;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</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 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> | V 537 | | |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-208 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 10/30/2020 |
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| NAME OF PROVIDER OR SUPPLIER THE VAUGHN-FAMILY HOME 1 | STREET ADDRESS, CITY, STATE, ZIP CODE 105 NEIL STREET GOLDSBORO, NC 27530 |
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| V 537 | <p>Continued From page 19</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 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> | V 537 | | |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-208 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 10/30/2020 |
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| NAME OF PROVIDER OR SUPPLIER THE VAUGHN-FAMILY HOME 1 | STREET ADDRESS, CITY, STATE, ZIP CODE 105 NEIL STREET GOLDSBORO, NC 27530 |
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| V 537 | <p>Continued From page 20</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: Based on record reviews and interviews, the facility failed to ensure 3 of 5 staff (#2, #3, Qualified Professional (QP)) received training in seclusion, physical restraint and isolation time-out. The findings are:</p> <p>Review on 10/26/2020 of the information provided for staff #2 revealed: -Started working at the facility in August 2020. -No documentation of training in seclusion, physical restraint and isolation time-out.</p> <p>Review on 10/26/2020 of the information provided for staff #3 revealed: -Started working at the facility in August 2020. -No documentation of training in seclusion, physical restraint and isolation time-out.</p> <p>A record for the QP was not provided by the exit date of the survey.</p> <p>During interview on 10/26/2020 the Licensee revealed: -Staff #2 and staff #3 were his sons. -His two sons were not staff they just volunteered</p> | V 537 | | |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-208 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 10/30/2020 |
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| V 537 | Continued From page 21 at the facility when he needed help for transportation or assistance in staying with the clients if he was not able to be at the facility. -He did not have a personnel file for his two son's because they were only volunteers at the facility. -The QP was going to send him her record and he would fax her information to me. | V 537 | | |