

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1043-050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/15/2021
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NAME OF PROVIDER OR SUPPLIER SIERRA'S RESIDENTIAL SERVICES GROUP HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 665 LAKE RIDGE DRIVE CAMERON, NC 28326
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on January 15, 2021. The complaint (intake #NC00172296) was substantiated and (intake #NC00173415) was unsubstantiated. Deficiencies cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 1700 Residential Treatment Staff Secure for Children or Adolescents</p>	V 000		
V 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE</p> <p>(a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility.</p> <p>(b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section.</p> <p>(c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.</p> <p>(d) The children or adolescents served shall require the following:</p> <p>(1) removal from home to a community-based residential setting in order to facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and</p>	V 293		

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

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V 293	<p>Continued From page 1</p> <p>structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to coordinate services with other's responsible for one of one audited client (#1) system of care. The findings are:</p> <p>Review on 1/12/21 of Client #1's record revealed: -Age: 9 -Admission date: 6/15/20. -Diagnoses of Disruptive Mood Dysregulation Disorder and Post-Traumatic Stress Disorder. -Treatment plan dated 1/4/21 included the following goals: - "[Client #1] will interact with others within the</p>	V 293		

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V 293	<p>Continued From page 2</p> <p>home, school and community settings in an age appropriate and socially acceptable manner. [Client #1] will respect authority figures and will demonstrate the ability to develop positive peer relationships."</p> <p>- "[Client #1] will improve [Client #1's] communication skills and [Client #1's] ability to recognize, label and express [Client #1's] feelings without becoming defiant, and/or aggressive."</p> <p>- "[Client #1] will increase complaint and respectful behaviors and will follow directions from adults."</p> <p>- "[Client #1] will also maintain a healthy amount of sleep and rest each night on a daily basis."</p> <p>Interview on 1/14/21 with Client #1's Guardian revealed: -Client #1 was in a shared bedroom when she visited. -She found out when she did a seven-day visit. -She reported it was discussed and assured before admission that client #1 would not share a bedroom. -She said it was discussed during the placement child and family team meeting before admission. -This was discussed several days before client #1 moved in.</p> <p>Interview on 1/15/21 with the Qualified Professional and Office Manager revealed: -Confirmed client #1 had a roommate during guardians ' visit. -Reported it was not discussed prior to admission. -The office manager said she was on conference call client #1 ' s team introducing the policy and entering in 30-days. -Office manager reported admission process was done by her and the Clinical Director/President.</p>	V 293		

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V 293	Continued From page 3 -Client #1 was moved out the shared bedroom after the guardian ' s seven-day visit when concerns were addressed.	V 293		
V 295	27G .1703 Residential Tx. Child/Adol - Req. for A P 10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1). (b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following: (1) management of the day to day day-to-day operations of the facility; (2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and (3) participation in service planning meetings. This Rule is not met as evidenced by: The facility failed to have at least one full-time direct care staff who meets or exceeds the requirements of an Associate Professional for four of four audited clients (#1, #2, #3 and #4). The findings are:	V 295		

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V 295	<p>Continued From page 4</p> <p>Review on 1/12/21 of Client #1's record revealed: -Age: 9 -Admission date: 6/15/20. -Diagnoses of Disruptive Mood Dysregulation Disorder and Post-Traumatic Stress Disorder.</p> <p>Review on 1/21/21 of Client #2's record revealed: -Age: 10 -Admission date: 9/8/20. -Diagnoses of Attention Deficit Hyperactivity Disorder, Autism Disorder Post-Traumatic Stress Disorder and Oppositional Defiant Disorder.</p> <p>Review on 1/12/21 of Client #3's record revealed: -Age: 10 -Admission date: 5/28/19. -Diagnoses of Attention Deficit Hyperactivity Disorder, Combined Presentation and Unspecified Depressive Disorder (with Anxious Distress).</p> <p>Review on 1/12/21 of Client #4's record revealed: -Age: 10 -Admission date: 12/15/20. -Diagnoses of Attention Deficit Hyperactivity Disorder, Combined Presentation, Moderate and Oppositional Defiant Disorder.</p> <p>During interview on 1/15/21 with the Qualified Professional and Office Manager revealed: -Worked as the QP for about 3 years. -Confirmed the group home did not have an Associate Professional for over 2 yrs. -Confirmed she provided clinical supervision to the home and staff. -Reported they had three as needed AP's. -They would see if the as needed AP's would work full-time.</p>	V 295		

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V 296	Continued From page 5	V 296		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p>	V 296		

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V 296	<p>Continued From page 6</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews the facility failed to assure (1) it met minimum staffing for a 1700 facility and (2)supervison shall be continuous. The findings are.</p> <p>1. Observation on 1/7/21 at 9:00 a.m. revealed. -Surveyor arrived at the facility at 9:00 a.m. -Staff #5 was the only staff at the facility. -There were four clients at the facility. -The second staff arrived at 10:00 a.m. -Clients were in separate rooms and attending school online.</p> <p>Review on 1/12/21 of Client #1's record revealed: -Age: 9 -Admission date: 6/15/20. -Diagnoses of Disruptive Mood Dysregulation Disorder and Post-Traumatic Stress Disorder.</p> <p>Review on 1/12/21 of Client #2's record revealed: -Age: 10 -Admission date: 9/8/20. -Diagnoses of Attention Deficit Hyperactivity Disorder, Autism Disorder Post-Traumatic Stress Disorder and Oppositional Defiant Disorder.</p>	V 296		

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V 296	<p>Continued From page 7</p> <p>Review on 1/12/21 of Client #3's record revealed: -Age: 10 -Admission date: 5/28/19. -Diagnoses of Attention Deficit Hyperactivity Disorder, Combined Presentation and Unspecified Depressive Disorder (with Anxious Distress).</p> <p>Review on 1/12/21 of Client #4's record revealed: -Age: 10 -Admission date: 12/15/20. -Diagnoses of Attention Deficit Hyperactivity Disorder, Combined Presentation, Moderate and Oppositional Defiant Disorder.</p> <p>Interview on 1/7/21 with Staff #7 revealed: -Confirmed she was the only staff at the facility upon surveyor's arrival. -She was waiting for another staff. -The other staff drove the county school bus and would arrive to the facility when done.</p> <p>Interview on 1/15/21 with the Qualified Professional and Office Manager revealed: -Reported if staff did not arrive on time for their shift the supervisor should be contacted.</p> <p>2. Review on 1/11/21 of Client #1's record revealed: -Age: 9 -Admission date: 6/15/20. -Diagnoses of Disruptive Mood Dysregulation Disorder and Post-Traumatic Stress Disorder.</p> <p>Interview on 1/7/21 with Client #1 revealed: -He reported they watched that had no cursing. -He reported listening to music with staff #7 that included cursing. -"We did not watch stuff like that," when asked if</p>	V 296		

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V 296	<p>Continued From page 8</p> <p>there was cursing in the movies.</p> <p>Interview on 1/7/21 with Client #2 revealed: -The movies had cursing. -They listened to music.</p> <p>Client #3 was unavailable for an interview due to remote learning.</p> <p>Interview on 1/7/21 with Client #4 revealed: -He watched television and movies at the facility. -He watched movies on Netflix. -They watched a lot of cartoon movies. -They listened to rap music with staff #5, staff #6 and staff #8. -Reported there was no cursing in the rap music.</p> <p>Interview on 1/14/21 with Client #1's Guardian revealed: -Client #1 reported that he watched a full movie. -This was confirmed by the home manager. -The movie was a horror movie. -Client #1 reported he was listening to music with inappropriate and explicit lyrics. -This happened around September 2020. - She also believed client #1 had accessed a website that had music. -This occurred during virtual school. -Client #1's parent was looking through his notebook and got a name she did not know. -Client #1 said he got it off the chat room. -It was brought up as a concern more than once.</p> <p>Interview on 1/7/21 with Staff #7 revealed: -She heard in the past about clients watching inappropriate movies. -Clients spoke to her about it. -Clients reported they would watch inappropriate movies with staff #8. -Clients told her they would listen to rap music</p>	V 296		

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V 296	<p>Continued From page 9</p> <p>with staff #8 from his personal phone.</p> <ul style="list-style-type: none"> -The inappropriate movies did not include sex or nudity; it included inappropriate language and activity, -Clients told her they watched R- rated movies in the past with staff #8. <p>Interview on 1/15/21 with the Qualified Professional and Office Manager revealed:</p> <ul style="list-style-type: none"> -When client #1 entered the group home the home was switching over cable services. -One of the peers hit one of the movies and turned it on. -They did not have a radio and the car did not work. -Client #1 got upset with a peer and sent a message. -The principle sent an email indicating no inappropriate emails would be used. -Client #1 was doing his work and staff was rotating around. -They got the alert and process with client #1. -Staff knew the rules and had to be followed. -Denied clients watched inappropriate movies and listened to rap music with staff. 	V 296		
V 297	<p>27G .1705 Residential Tx. Child/Adol - Req. for L P</p> <p>10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS</p> <p>(a) Face to face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional. For purposes of this Rule, licensed professional means an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance-related disorders this</p>	V 297		

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V 297	<p>Continued From page 10</p> <p>shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor.</p> <p>(b) The consultation specified in Paragraph (a) of this Rule shall include:</p> <p>(1) clinical supervision of the qualified professional specified in Rule .1702 of this Section;</p> <p>(2) individual, group or family therapy services; or</p> <p>(3) involvement in child or adolescent specific treatment plans or overall program issues.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure clinical consultation was provided at the facility at least four hours each week by a licensed professional (LP) for one of one audited client (#1). The findings are:</p> <p>Review on 1/11/21 of Client #1's record revealed: -Age: 9 -Admission date: 6/15/20. -Diagnoses of Disruptive Mood Dysregulation Disorder and Post-Traumatic Stress Disorder. -Previous therapist assigned 6/17/20. -Previous therapist sessions terminated 10/21/20 during Child/Family Treatment Team Meeting. -Client assigned new therapist and first session on 12/14/20 at 2 p.m.</p> <p>Review on 1/14/21 of Client #1's Former Therapist Clinical Notes revealed: -6/17/20 - "It was recommended that [Client #1] participate in weekly outpatient therapy to address [Client #1's] symptoms of Post-Traumatic Stress Disorder and factors associated with traits</p>	V 297		

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V 297	<p>Continued From page 11</p> <p>which exhibit characteristics of Disruptive Mood Dysregulation Disorder over the last 12 months. [Client #1] will also engage in activities that address symptoms related to enhancing [Client #1's] peer development skills needed as [Client #1] matures and engages more with groups of people [Client #1's] age. [Client #1] presents with symptoms of intense patterns of expressive behavior and inappropriate communication towards peers/authority figures in various domains (home, school or community), thus needing cognitive training to understand the benefits of change while residing in Level III care for the next 90 days."</p> <p>-7/2/20 - "[Client #1] participated in an assessment in March, May and July 2020 where it was concluded that [Client #1] was at the starting point of working on new goals to adjust within [Client #1's] new environment over the course of next 90 days. In a scale from one to 10, [Client #1] communicates that [Client #1] is at a five in monitoring [Client #1's] progress at this time."</p> <p>-7/30/20 - "[Client #1's] treatment team met and established need for additional therapy sessions utilizing family centered treatment principles thru Lego Therapy on a biweekly basis to continue strengthening family bonds with mandated visits with [Client #1's] mother."</p> <p>-8/6/20 - "Clinician and parent developed a schedule for Family Centered Treatment dates during weekly session in coordination with the facility to ensure there is structured time for family therapy."</p> <p>-8/12/20 - "Family Centered Treatment sessions began with orientation to Lego Therapy with an assessment in gaining perspective into family communication skills."</p> <p>-8/19/20 - "[Client #1] and parent participated in genogram and back to school survey for building</p>	V 297		
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V 297	<p>Continued From page 12</p> <p>communication skills towards identifying strengths within the family relationship." Additional family therapy sessions included the following dates and participants revealed: -8/27/20 - Therapist, [Client #1], parent and Sierra Residential Staff. -9/2/20 - Therapist, [Client #1] and Sierra Residential Staff. -9/10/20 - Therapist, [Client #1], parent and Sierra Residential Staff. -9/16/20 - Therapist, [Client #1] and Sierra Residential Staff. -9/21/20 - Therapist, [Client #1], parent and Sierra Residential Staff. -9/30/20 - Therapist, [Client #1], parent and Sierra Residential Staff. -10/5/20 - Therapist, [Client #1], parent and Sierra Residential Staff. -10/22/20 - "[Client #1's] stakeholders meet to discuss the future treatment options where [Client #1's] services with individual/family therapy were discontinued at the direction of [Client #1's] [County] guardian ..."</p> <p>Review on 1/13/21 of Client #1's Treatment Plan dated 1/4/21 revealed: - "Brief Summary: Child/Family Treatment Team Meeting was conducted on 120/21/20 ..." - "Concerns addressed ... [Former Therapist] was invited to briefly discuss method of therapy used etc. which was sighted as progression. Conversation led into [Client #1's] [County] guardian asking why [FT] changed [FT's] recommendation from Level III to Level II. [FT] explained that [FT] had time to thoroughly evaluate [Client #1] across all settings and Level II is [FT's] clinical recommendation. [Client #1's] [County] guardian stated well we will no longer use your service to [FT]. [FT] sated [FT] will completed supervised phone call this week with</p>	V 297		

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NAME OF PROVIDER OR SUPPLIER SIERRA'S RESIDENTIAL SERVICES GROUP HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 665 LAKE RIDGE DRIVE CAMERON, NC 28326
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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 297	<p>Continued From page 13</p> <p>[Client #1] and [Client #1's] mother wishing them well ..."</p> <p>Interview on 1/14/21 with Client #1's Guardian revealed:</p> <ul style="list-style-type: none"> -They didn't start individual and family therapy in the timely manner. -The facility also promised weekly family phone calls supervised by group home therapist and that did not happen initially. -The therapy did not start until the middle to end of July for any therapy. -Client #1 needed weekly individual therapy and did not receive it. -Client #1 should at least had every other week family therapy and weekly individual therapy. -Client #1 was placed at the home group in June and did not start therapy until August 2020. -Client #1's participation in an assessment in March and May of 2020 was prior to admission. -Assessment in July 2020 was during the time client #1 was admitted. -Client #1 was admitted in June and therapy did not start until August 2020. <p>Interview on 1/15/21 with the Qualified Professional and Office Manager revealed:</p> <ul style="list-style-type: none"> -Initially the therapist was supposed to come to the house. -Therapist was providing therapy individual and family therapy over the phone with client #1. -The therapist and client #1's mother made the schedule. -Once therapist and family established date and time, QP would call the home to ensure client #1 was available. -During child and family team meeting, therapist and guardian discussed reason individual therapy was not facilitated weekly. -The therapist needed to get authorization to 	V 297		

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V 297	Continued From page 14 provide individual and family therapy. -Every other week therapy was setup. -They were using the group therapist to provide individual therapy until regular therapist obtained authorization. -The guardian agreed to utilize the group therapist for individual therapy until outside one was established. -Upon exit they would get individual and family therapy notes from the group therapist. -On 1/19/21 the office manager said the group therapist confirmed conducting individual and family therapy sessions. -The group therapist reportedly did not document sessions.	V 297		
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,	V 536		

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V 536	<p>Continued From page 15</p> <p>include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider 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</p>	V 536		

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V 536	<p>Continued From page 16</p> <p>documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an 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</p>	V 536		

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V 536	<p>Continued From page 17</p> <p>interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may 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, two audited staff (#5, #6) failed to demonstrate competency in the proper use of alternatives to</p>	V 536		

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V 536	<p>Continued From page 18</p> <p>restrictive interventions. The findings are:</p> <p>Review on 1/13/21 Staff #5's personnel record revealed: -Hired date of 4/9/2018. -Non-Violent Crisis Intervention plus (NCI +) Restrictive annual recertification April 2020. -Suspended 1/6-1/8, 2021. -Returned to work 1/11/21. -Staff was not retrained before returning to work.</p> <p>Review on 1/13/21 of Staff #6's personnel record revealed: -Hired date of 8/25/20. -Non-Violent Crisis Intervention plus (NCI +) Restrictive annual recertification August 26, 2020. -Suspended 1/6-1/8, 2021. -Return to work 1/11/21. -Staff was not retrained before returning to work.</p> <p>Review on 1/12/21 of Level II Incident reported dated 1/6/21 revealed: - "On January 4, 2021, at approximately 7:30 p.m., [Staff #5] reported that [Client #1] was upset because [Client #1] did not want to complete the chore that was assigned to [Client #1]. [Staff #5] reported that [Client #1] was sent to [Client #1's] room to calm down and start hygiene. [Staff #5] reported [Staff #5] immediately followed [Client #1] to [Client #1's] room to assure [Client #1] was ok because [Client #1] was slamming doors and attempted to do property destruction and self-harm. [Staff #5] reported that [Client #1] started to slam the bedroom door multiple times. [Staff #5] reported that [Staff #5] stepped into the room and attempted verbal de-escalation with [Client #1]. [Staff #5] reported that [Staff #5] monitored [Client #1] attempting to put a light in a wall socket. [Staff #5] reported that when [Staff #5] took the light from [Client #1], [Client #1] ran</p>	V 536		

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V 536	<p>Continued From page 19</p> <p>toward [Staff #5] to hit [Staff #5] and [Staff #5] placed [Client #1] in an NCI Plus Therapeutic hold. [Staff #5] reported that while [Client #1] was placed in an NCI Plus Therapeutic hold, [Client #1] was kicking and going wild therefore [Staff#5] yelled out for assistance for [Staff #6]. [Staff #6] reported that [Staff #6] assisted [Staff #5] when [Staff #5] called out for assistance. [Staff #6] reported that [Client #1] was kicking and hitting [Staff #5] upon [Staff #6] entering the bedroom. [Staff #6] reported that [Staff #6] immediately held and blocked [Client #1's] legs while [Client #1] was placed in an NCI Plus Therapeutic hold in a standing position to stop [Client #1] from assaulting (kicking) [Staff #5]. [Staff #5] reported that the NCI Plus Therapeutic hold was released within 3-4 minutes when [Client #1] was clam. Staff debriefed [Client #1] regarding [Client #1's] display of inappropriate behaviors. Staff discussed and explored with [Client #1] more positive strategies for coping and managing [Client #1's] feelings of anger, frustration and disappointment. [Client #1] was receptive and remained calm and complaint without further incident."</p> <p>Interview on 1/12/21 with Staff #5 revealed: -She usually worked 8-4 shift but due to other staff having Covid she also worked 12:00 p.m. - 12:00 a.m. -Worked as a Paraprofessional. -Reason client #1 put in a therapeutic hold due to non-compliant, verbally and physically aggressive to staff and violating house rules. -Client #1 was washing dishes before the therapeutic hold. -She initiated the hold. -Client #1 was washing dishes and the staff #6 had assisted client #1with the dishes. -Client #1 became verbally aggressive during dish</p>	V 536		

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V 536	<p>Continued From page 20</p> <p>washing towards staff #6.</p> <ul style="list-style-type: none"> -She and staff #6 kept explaining to client #1 why client #1 had to wash the dishes. -Client #1 was upset that he had to wash the dishes. -Every week clients have a different chore. -As staff #6 kept trying to calm client #1 down, client #1 became physically aggressive while washing the dishes and charged after staff #6. -She told client #1 to take a break, go in the room and calm down. -When client #1 went to his bedroom, she and staff #6 went in the bedroom to make sure client #1 was okay. -Clients were not allowed to be out of staff eye sight. -Clients must always be monitored. -When she walked in client #1's room, she caught client #1 with the lamp without the cover and facing the light bulb to the electrical outlet. -She took the lamp from client # and told client #1 reason she took it. -She told client #1 she took the lamp because it could have caused harm to him and the house. -She said it could have caused a fire. -Once she took the lamp from client #1, he became physically aggressive towards her. -She was in client #1's room and staff #6 was standing at client #1's door to see the other clients while she implemented the therapeutic hold by herself. -She was suspended from January 6-8 and returned January 11, 2021. -She did not have to repeat NCI plus training. <p>Interview on 1/12/21 with Staff #6 revealed:</p> <ul style="list-style-type: none"> -She was hired the end of August or beginning of September 2020 as a Paraprofessional. -Her normal shift was weekends Friday, Saturday and Sunday but due to coworkers getting sick she 	V 536		

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V 536	<p>Continued From page 21</p> <p>had been working 4p.m. to 12:00 a.m. Monday through Fridays.</p> <ul style="list-style-type: none"> -The therapeutic hold happened on the 4 p.m. - 12:00 a.m. shift on 1/4/21. -The therapeutic hold occurred after dinner. -She and staff #5 had all the boys doing their chores before bed. -Client #1's chore was the kitchen. -Client #1 had to wipe off the counters, wash the dishes in the sink and sweep the kitchen floor. -She told client #1 that she would sweep and mop if client #1 would wash the dishes. -Client #1 was having a behavior before the shift. -Client #1 was agitated and anytime someone said something client #1 was on edge. -Client #1 was yelling asking why he had to do chores. -She told client #1 that she would help him with the chores. -Client #1 was standing by the sink and she was by the door way (entry way) to monitor other clients. -Staff #5 was getting clients medication together in the living room. -Client #1 started throwing the dishes. -She asked client #1 not to throw the dishes. -When she said that, client #1 came towards her. -Client #1 had his fist balled up and walking fast towards her. -Client #1 was yelling saying, "he don't know why he had to wash the dishes, this isn't fair." -Staff #5 got up and said to client #1, "we're not doing that." Staff #5 asked client to go to his room. -Staff had to keep an eye on all clients. -Staff #5 followed client #1 to client #1's room to make sure client #1 was okay. -Client #1 was angry at her, so staff #5 followed client #1 to help defuse the situation. -She instructed the other clients to go to bed. 	V 536		
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V 536	<p>Continued From page 22</p> <ul style="list-style-type: none"> -This was about 8:30 p.m. - 9:00 p.m. clients normal bed time. -Once she got the clients in bed, she heard client #1 yelling. -She saw client #1 standing by his electrical outlet by his bed. -She seen client #1 with a pencil and lamp in his hand. -She was not sure what client #1 was doing. -Staff #5 took the lamp and pencil from client #1 and told him it was an unsafe behavior. -Staff #5 took the items away because she did not want client #1 to harm himself. -Staff #5 took the items and client #1 got more aggressive. -Client #1 had a short fuse and it was not hard to upset client #1. -Client #1 started yelling in staff #5's face. -Staff #5 kept telling client #1 it was time to lie down. -Client #1 disregarded any redirection staff #5 given him. -At that point, staff #5 felt client #1 was unsafe and put him in a therapeutic hold. <p>Interview on 1/14/21 with the NCI Plus Trainer revealed:</p> <ul style="list-style-type: none"> -He was the NCI Plus trainer for the agency for at least 3 or 4 years. -There were guidelines to what could be taught due to Covid. Training was in person but not for the physical part. -Trained staff utilizing educational and instructional including showing films. <p>Interview on 1/15/21 with the Qualified Professional and Office Manager revealed:</p> <ul style="list-style-type: none"> -In the past staff #5 and staff #6 de-escalated clients very well when she was at the group 	V 536		

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V 536	Continued From page 23 home. -All staff will be retrained on 1/19/21.	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually).	V 537		

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V 537	<p>Continued From page 24</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> <p>(1) refresher information on alternatives to the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(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);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</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>	V 537		

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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 25</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use 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</p>	V 537		

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V 537	<p>Continued From page 26</p> <p>coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interviews, two of two facility staff (#5, #6) failed to demonstrate competency in the proper use of restrictive intervention procedures. The findings are:</p> <p> </p> <p>Review on 1/13/21 Staff #5's personnel record revealed: -Hired date of 4/9/2018.</p>	V 537		

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V 537	<p>Continued From page 27</p> <p>-Non-Violent Crisis Intervention plus (NCI +) Restrictive annual recertification April 2020. -Suspended 1/6-1/8, 2021. -Returned to work 1/11/21. -Staff was not retrained before returning to work.</p> <p>Review on 1/13/21 of Staff #6's personnel record revealed: -Hired date of 8/25/20. -Non-Violent Crisis Intervention plus (NCI +) Restrictive annual recertification August 26, 2020. -Suspended 1/6-1/8, 2021. -Return to work 1/11/21. -Staff was not retrained before returning to work.</p> <p>Review on 1/12/21 of Level II Incident reported dated 1/6/21 revealed: - "On January 4, 2021, at approximately 7:30 p.m., [Staff #5] reported that [Client #1] was upset because [Client #1] did not want to complete the chore that was assigned to [Client #1]. [Staff #5] reported that [Client #1] was sent to [Client #1's] room to calm down and start hygiene. [Staff #5] reported [Staff #5] immediately followed [Client #1] to [Client #1's] room to assure [Client #1] was ok because [Client #1] was slamming doors and attempted to do property destruction and self-harm. [Staff #5] reported that [Client #1] started to slam the bedroom door multiple times. [Staff #5] reported that [Staff #5] stepped into the room and attempted verbal de-escalation with [Client #1]. [Staff #5] reported that [Staff #5] monitored [Client #1] attempting to put a light in a wall socket. [Staff #5] reported that when [Staff #5] took the light from [Client #1], [Client #1] ran toward [Staff #5] to hit [Staff #5] and [Staff #5] placed [Client #1] in an NCI Plus Therapeutic hold. [Staff #5] reported that while [Client #1] was placed in an NCI Plus Therapeutic hold, [Client #1] was kicking and going wild therefore [Staff#5]</p>	V 537		

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V 537	<p>Continued From page 28</p> <p>yelled out for assistance for [Staff #6]. [Staff #6] reported that [Staff #6] assisted [Staff #5] when [Staff #5] called out for assistance. [Staff #6] reported that [Client #1] was kicking and hitting [Staff #5] upon [Staff #6] entering the bedroom. [Staff #6] reported that [Staff #6] immediately held and blocked [Client #1's] legs while [Client #1] was placed in an NCI Plus Therapeutic hold in a standing position to stop [Client #1] from assaulting (kicking) [Staff #5]. [Staff #5] reported that the NCI Plus Therapeutic hold was released within 3-4 minutes when [Client #1] was clam. Staff debriefed [Client #1] regarding [Client #1's] display of inappropriate behaviors. Staff discussed and explored with [Client #1] more positive strategies for coping and managing [Client #1's] feelings of anger, frustration and disappointment. [Client #1] was receptive and remained calm and complaint without further incident."</p> <p>Interview on 1/12/21 with Staff #5 revealed:</p> <ul style="list-style-type: none"> -She usually worked 8-4 shift but due to other staff having Covid she also worked 12:00 p.m. - 12:00 a.m. -Worked as a Paraprofessional. -Reason client #1 put in a therapeutic hold due to non-compliant, verbally and physically aggressive to staff and violating house rules. -Client #1 was washing dishes before the therapeutic hold. -She initiated the hold. -Client #1 was washing dishes and the staff #6 had assisted client #1 with the dishes. -Client #1 became verbally aggressive during dish washing towards staff #6. -She and staff #6 kept explaining to client #1 why client #1 had to wash the dishes. -Client #1 was upset that he had to wash the dishes. 	V 537		

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V 537	<p>Continued From page 29</p> <ul style="list-style-type: none"> -Every week clients have a different chore. -As staff #6 kept trying to calm client #1 down, client #1 became physically aggressive while washing the dishes and charged after staff #6. -She told client #1 to take a break, go in the room and calm down. -When client #1 went to his bedroom, she and staff #6 went in the bedroom to make sure client #1 was okay. -Clients were not allowed to be out of staff eye sight. -Clients must always be monitored. -When she walked in client #1's room, she caught client #1 with the lamp without the cover and facing the light bulb to the electrical outlet. -She took the lamp from client # and told client #1 reason she took it. -She told client #1 she took the lamp because it could have caused harm to him and the house. -She said it could have caused a fire. -Once she took the lamp from client #1, he became physically aggressive towards her. -She was in client #1's room and staff #6 was standing at client #1's door to see the other clients while she implemented the therapeutic hold by herself. -Staff #6 was standing by the door. -Once she had client #1 in a hold, client #1 started fighting and kicking her and trying to get out of the hold. -Once client #1 got one arm free and still trying to kick and fight her, she asked staff #6 to help with a two man hold because client #1 was too aggressive. -The technique allowed to do one man hold. -It was like a bear hug with arms crisscrossed in front of client #1 and his back into her chest. -At the beginning of the one man hold they were standing up. -During two man hold she and staff #6 laid client 	V 537		

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V 537	<p>Continued From page 30</p> <p>#1 on the floor.</p> <ul style="list-style-type: none"> -Client #1 had his arms behind his back with his legs straight. -Client #1 held client's legs. -She was holding client #1's arms. -Reported that was the technique for a two man hold. -She denied holding clien#1's neck down -They never put hands around client's neck during therapeutic hold. - "That's not the proper technique." -Client #1 stayed in the 2 man hold for one minute. -Client #1 calmed down and went to bed. -Client #1 did not have the rash prior to the hold. -The rash didn't happen until about 2 hours later. -She noticed clients face red and puffy during 15-minute checks. -This happened around 8:30 - 9:00 p.m. -Client #1 did not mention anything about his face hurting. -She asked client #1 how his face felt, she said client #1 said it was itchy. -They did not use any gloves during the hold. -Client #1 had gloves on prior to the hold. -Client #1 was writing with gloves - latex. -Client #1 constantly bit his nails and using the gloves was a suggestion. -She asked the doctor if there was anything to do to stop client #1 from biting his nails. -She reported the doctor said to apply nail polish or gloves to stop the biting. -She took client #1 to the doctor the next day. -She took client #1 to the primary care doctor about 10 in the morning. -The doctor told her it was believe a combination to both an allergy reaction and possible from the hold. -The doctor suggested to take client #1 to county hospital for blood work and run test to see reason 	V 537		

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V 537	<p>Continued From page 31</p> <p>for the breakout.</p> <ul style="list-style-type: none"> -She took client #1 to county hospital around 11:00 - 12:00 on the same day. -The doctor said it was pressure applied to the neck and said there was no bruises or marks to indicate strangulation. -She told the doctor there was never a time she or staff #6 put hands on client #1's neck. -There was never a time their hands were around client's neck. -Client #1 was present during doctors' feedback about hands on the neck. -There were no marks on client's neck. -She took the picture the next day at the doctor's office. -There was a rash on client #1's face, chest and neck. -Client#1 had on a tee-shirt and jeans during therapeutic hold. -She was suspended from January 6-8 and returned January 11, 2021. -She did not repeat NCI plus training before returning to work. <p>Interview on 1/12/21 with Staff #6 revealed:</p> <ul style="list-style-type: none"> -She was hired the end of August or beginning of September 2020 as a Paraprofessional. -Her normal shift was weekends Friday, Saturday and Sunday but due to coworkers getting sick she had been working 4p.m. to 12:00 a.m. Monday through Fridays. -The therapeutic hold happened on the 4 p.m. - 12:00 a.m. shift on 1/4/21. -The therapeutic hold occurred after dinner. -She and staff #5 had all the boys doing their chores before bed. -Client #1's chore was the kitchen. -Client #1 had to wipe off the counters, wash the dishes in the sink and sweep the kitchen floor. -She told client #1 that she would sweep and mop 	V 537		

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V 537	<p>Continued From page 32</p> <p>if client #1 would wash the dishes.</p> <ul style="list-style-type: none"> -Client #1 was having a behavior before the shift. -Client #1 was agitated and anytime someone said something client #1 was on edge. -Client #1 was yelling asking why he had to do chores. -She told client #1 that she would help him with the chores. -Client #1 was standing by the sink and she was by the door way (entry way) to monitor other clients. -Staff #5 was getting clients medication together in the living room. -Client #1 started throwing the dishes. -She asked client #1 not to throw the dishes. -When she said that, client #1 came towards her. -Client #1 had his fist balled up and walking fast towards her. -Client #1 was yelling saying, "he don't know why he had to wash the dishes, this isn't fair." -Staff #5 got up and said to client #1, "we're not doing that." Staff #5 asked client to go to his room. -Staff had to keep an eye on all clients. -Staff #5 followed client #1 to client #1's room to make sure client #1 was okay. -Client #1 was angry at her, so staff #5 followed client #1 to help defuse the situation. -She instructed the other clients to go to bed. -This was about 8:30 p.m. - 9:00 p.m. clients normal bed time. -Once she got the clients in bed, she heard client #1 yelling. -She saw client was standing by his electrical outlet by his bed. -She seen client #1 with a pencil and lamp in his hand. -She was not sure what client #1 was doing. -Staff #5 took the lamp and pencil from client #1 and told him it was an unsafe behavior. 	V 537		

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V 537	<p>Continued From page 33</p> <ul style="list-style-type: none"> -Staff #5 took the items away because she did not want client #1 to harm himself. -Staff #5 took the items and client #1 got more aggressive. -Client #1 had a short fuse and it was not hard to upset client #1. -Client #1 started yelling in staff #5's face. -Staff #5 kept telling client #1 it was time to lie down. -Client #1 disregarded any redirection staff #5 given him. -At that point, staff #5 felt client #1 was unsafe and put him in a therapeutic hold. -Client #1's back was towards staff #5 and his arms were wrapped around his chest. -Staff #5 was holding client #1's arms, kind of like the "bear hug". -Client #1 started kicking and got one of client #1's arms free and started flinging client #1's arms. -She was still in the door way of client #1's room to monitor the other clients and the therapeutic hold. -Staff #5 asked her to help and to hold client #1's feet. -At this point staff #5 put client #1 on the ground because of client #1 kicking and swinging client #1's arms. -Client #1 was on client #1's roll back, staff #5 held client #1's arms around his chest and she had his ankles. -Client #1's legs were flat on the ground -Client #1 was still yelling but not able to kick legs or swing arms. -Staff #5 kept asking client #1 to calm down. -Client #1 kept yelling, saying "this is not fair" and client #1 said client #1 wanted the lamp back. -From that point, she and staff #5 had client #1 on hold for about 4 minutes. -They counted to 10 about 3 times to try to get 	V 537		

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V 537	<p>Continued From page 34</p> <p>client #1 to calm down.</p> <p>-Client #1 was still so upset.</p> <p>-They were trying to reason with client #1 and to make sure client #1 was still not physically aggressive.</p> <p>-Client #1 calmed down within those 3-4 minutes.</p> <p>-They asked client #1 if he was calm and able to go to bed and to sleep.</p> <p>-Client #1's bedroom and client #1 seemed fine.</p> <p>-She did bed checks every five minutes but around 9 p.m. she noticed client #1 had a rash.</p> <p>-She came out and told staff #5 and told staff #5 she needed look at client #1.</p> <p>-Client #1 looked like client #1 had hives.</p> <p>-They called client #1 out the bedroom.</p> <p>-Client #1 came out, staff #5 looked at his face and said it looked like an allergic reaction.</p> <p>-They were not sure so staff #5 contacted the Qualified Professional.</p> <p>-Brittany took a picture of client #1 to show QP what they were seeing.</p> <p>-While she was on the phone, she had client #1 wash face with cold water with a wash cloth.</p> <p>-She tried to see if the rash would go away and calm down.</p> <p>-Client #1 went back to bed and she asked him if he felt okay and if it was itchy.</p> <p>-Client #1 told her it was itchy but did not hurt.</p> <p>-The rash was on client #1's face, forehead and upper lip by his nose.</p> <p>-Client #1 went to back to bed and fell asleep.</p> <p>-She checked client#1 every 5 minutes and he was still asleep.</p> <p>-Client #1 still had the wash cloth on his forehead while he was sleep.</p> <p>-When she went in client#1's room about 11p.m. she took the wash cloth off his forehead and put it on client bed post.</p> <p>-Client #1's face had calmed down "a lot" and she let client #1 sleep.</p>	V 537		

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V 537	<p>Continued From page 35</p> <ul style="list-style-type: none"> -The QP said if the swelling and hives got worst to take client #1 to the hospital. -The hives and swelling went down after placing the cold wash cloth on client #1's face. -Client #1's face wasn't swollen; the hives were raised." -The night shift came in at 12 a.m. asked that they keep an eye on client #1 -She told the night shift staff that if anything changed to call the staff #5 and staff #5 would take client #1 to the hospital. -To her knowledge nothing changed that night. -Denied during the two-man hold client #1 was not face down. -When client #1 first got on the floor he was on his stomach. -Staff #5 put client #1 down on the floor and rolled him over on his back. -Client #1 was not in a therapeutic hold when staff #5 laid him on his stomach and rolled him over. -Staff #5 had client #1 arms while placing him on the floor. -Client #1 was on his back during the two man hold. -She held client #1's ankle. -Staff #5 had client #1's arms crossed over on client #1's chest. -Client #1 had on a tee shirt and sweat pants. -Denied she and staff #5 had hands on client #1's neck. -Reported they used the two-man hold and it was the proper technique. -Once client #1 was calm she and staff #5 allowed client #1 to sit up. -Not sure why client #1 would say she and staff #5 held client #1's neck. -She worked this shift for about one week. -She was suspended from January 6-8, 2021 and returned to work January 11, 2021. -She did not repeat NCI plus training before 	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1043-050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/15/2021
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NAME OF PROVIDER OR SUPPLIER SIERRA'S RESIDENTIAL SERVICES GROUP HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 665 LAKE RIDGE DRIVE CAMERON, NC 28326
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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 36</p> <p>returning to work.</p> <p>Interview on 1/14/21 with the NCI Plus Trainer revealed:</p> <ul style="list-style-type: none"> -He was the NCI Plus trainer for the agency for at least 3 or 4 years. -There were guidelines to what could be taught due to Covid. Training was in person but not for the physical part. -Trained staff utilizing educational and instructional including showing films. -The training was face to face with good spacing due to Covid. - He encouraged agency not to allow new hire as the one to put hands on clients. -There was some role playing but not physically touching each other. -They would go through some of the motions and backed to looking at the films. -He taught therapeutic hold and therapeutic wrap. -Therapeutic hold was like if the client tried to punch staff, staff would block it and put client in the hold. -He did not use the term "bear hug." -He taught employees to restrict person to use hold after an attempted punch. -During his recertification he learned this technique did not work as well. -Therapeutic wrap was implemented so that another staff would go behind the client and wrap client while in motion of hitting the other staff. -There was "such a thing" for floor restraint he did not teach it. -Face down restraints "did not make since." He did not teach it. -He did not teach any floor or chair restraints. -If client hit the floor staff had to release client and the hold. -Clients would not do much on the floor. 	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1043-050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/15/2021
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NAME OF PROVIDER OR SUPPLIER SIERRA'S RESIDENTIAL SERVICES GROUP HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 665 LAKE RIDGE DRIVE CAMERON, NC 28326
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V 537	<p>Continued From page 37</p> <ul style="list-style-type: none"> -He was not certified in any of the floor restraints because he did not like it. -He also trained on limited control walk and was used if a client was dizzy or disoriented and needed assistance; staff would put hand or elbow or wrist to assist. -Two-person therapeutic walk was when one person can't handle another person. -Staff should have a code for assistance . -Two-person therapeutic walk involved two employees putting hips together with staff on each side of the client. -Therapeutic hold and wrap should be used when client caused harm to self and other and severe property damage. -Therapeutic hold and wrap did not required hold on the floor. -If client was on the floor and rolled over on the stomach and restrained "that sounded pretty good, but I did not teach that." -He taught staff that when a client hit the floor to release the client. -If client got up then put client in wrap or hold. -He did not teach any floor technique to restrain clients. -He did not receive call from the agency to retrain employees involved in therapeutic hold. <p>Interview on 1/15/21 with the Qualified Professional and Office Manager revealed:</p> <ul style="list-style-type: none"> -She and the officer manager conducted an internal investigation regarding allegations alleging improper use of NCI Plus Therapeutic Hold. -When she asked the question about technique used it was reported to her that the therapeutic hold was a stand-up position. -It was not indicated to her the hold had client #1 lying on the floor. -Laying client on the floor was not a technique the 	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl043-050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/15/2021
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NAME OF PROVIDER OR SUPPLIER SIERRA'S RESIDENTIAL SERVICES GROUP HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 665 LAKE RIDGE DRIVE CAMERON, NC 28326
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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	Continued From page 38 agency used. -The group home was trained to use the "block move." -Block and hold and then Restrictive Wrap standing up. -Staff #5 and staff #6 was suspended during the investigation. -Staff #5 and staff #6 returned to work on 1/11/21. -Their internal investigation was found unsubstantiated. -HCPR unsubstantiated the allegations. -All staff will be retrained on 1/19/21.	V 537		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. 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 and attractive manner. The findings are: Observation on 1/7/21 at 10:45 a.m. revealed: -There was drywall putty repair on the wall in every bedroom. -The bedrooms walls needed to be painted. -There was no electrical socket cover in the last bedroom on the right. -The first bedroom to the left window had broken blinds and bend curtain rod.	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl043-050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/15/2021
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V 736	<p>Continued From page 39</p> <ul style="list-style-type: none"> -The first bedroom to the left bathroom light bulbs were missing; required 7 and had 1. -The last bedroom on the right had black writing on the wall. -The kitchen dining room chairs were wobbly and unstable. -Hallway bathroom 2nd door on the right had only 1 lightbulb working and can hold 7-8 lightbulbs. <p>Interview on 1/21/21 with the Qualified Professional and Office Manager revealed:</p> <ul style="list-style-type: none"> -Confirmed the issues and had a work order to paint the client ' s bedroom. -All the sockets covers were replace and client #1 took the cover off. -They ordered a new set of the dining rooms chairs. -They just finished the health and fire inspection and issues were already addressed. 	V 736		