

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601263	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2021
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NAME OF PROVIDER OR SUPPLIER JASPER'S HOUSE DAY TREATMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 2311 VILLAGE LAKE DRIVE CHARLOTTE, NC 28212
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 6-8-21. The complaint was unsubstantiated (#NC00178726). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances.</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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 107	<p>Continued From page 1</p> <p>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 the facility failed to ensure that staff were currently licensed for services provided effecting one of one Former Staff (FS#1). The findings are:</p> <p>Record review and interview on 5-17-21 for FS#1 revealed:</p> <ul style="list-style-type: none"> -Recorded hire date of 5-11-21. -Job title of Van Driver. -No copy of current driver's license recorded. -He has driven the van for the facility since "the beginning of March." <p>Interview on 5-11-21 with Former Client #1 revealed:</p> <ul style="list-style-type: none"> -He rode the facility's van with Staff #3 in January and February (2021) but that day of the 	V 107		

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V 107	<p>Continued From page 2</p> <p>allegations he was on the van driven by FS#1. -FS#1's wife used to drive the van, but she "had a baby."</p> <p>Interview on 5-27-21 with Client #2 revealed: -FS#1 had been driving the van "about 3 months, our regular driver is out."</p> <p>Interview 6-7-21 with the facility's Qualified Professional/Director revealed: -They had repeatedly asked FS#1 to produce his driver's license, but he never did. -They terminated his employment because he didn't produce a driver's license.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be corrected within 45 days.</p>	V 107		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G</p>	V 108		

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V 108	<p>Continued From page 3</p> <p>.5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of one Former Staff (FS#1) was trained in first aid and Cardiopulmonary Resuscitation (CPR) and to meet the needs of the clients as specified in the client's treatment/habilitation plan. The findings are:</p> <p>Review on 5-17-21 of FS#1's personnel record revealed: -Recorded hire date of 5-11-21. -No documentation of first aid or CPR training. -No documentation of any client specific training.</p> <p>Review on 5-17-21 of Former Client #1's record revealed: -Admitted 8-20-20, discharged 4-24-21.</p>	V 108		

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V 108	<p>Continued From page 4</p> <ul style="list-style-type: none"> -15 years old. -Diagnoses of Oppositional Defiant Disorder, Mild Intellectual Developmental Disability, Autism Spectrum Disorder, and Attention Deficit Disorder. -Psychotherapy Assessment dated 6-23-20 revealed: address explosive, destructive behaviors, assaultive outbursts, threats to harm others. Verbal aggression and touching peers and mother inappropriately. -Person Centered Plan dated 8-10-20 revealed: goals include; will learn alternative ways to participate in daily activities with increased compliance and a decrease in aggression and disruptive behaviors. <p>Review on 5-17-21 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Admitted 5-26-20. -13 years old. -Diagnosis of Oppositional Defiant Disorder. -Comprehensive Clinical Assessment dated 10-19-19 revealed; Client is seeking services because of his suicidal thoughts, and aggressive tendencies towards his siblings, friends, and parents... -Person Centered Plan dated 6-16-20 revealed; Client was displaying aggressive and assaultive behaviors...goals include increase emotional regulation, increase compliance with authority figures... <p>Review on 5-17-21 of Client #3's record revealed:</p> <ul style="list-style-type: none"> -Admitted 9-22-20. -15 years old. -Diagnoses of Attention Deficit Disorder, Disruptive Mood Dysregulation Disorder, and other Trauma Disorder. -Comprehensive Clinical Assessment dated 8-13-20 revealed; "consumer continues to both verbally and physically aggressive in the home 	V 108		

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V 108	<p>Continued From page 5</p> <p>and had to be taken to the behavioral health center 3 times and stayed overnight twice, and police intervention needed once." -Person Centered Plan dated 7-16-20 revealed: he is destructive in the home which is evidence of him throwing things and destroying property... also is verbally and physically aggressive toward his parents and siblings... parents report that they can't make him attend classes, due to the fear of him becoming aggressive and destructive. Goals include; refrain from physical aggressive behavior.</p> <p>Interview on 5-17-21 with FS#1 revealed: -He had been driving the van for the facility "since the beginning of March." -He had received no training about the clients. -"I'm not trying to blame [Former Client #1] (for making accusations) but I don't know what he is diagnosed with but he is not all the way right. I would definitely not let anyone mistreat him knowing he is not all the way right."</p> <p>Interview on 6-8-21 with facility's Qualified Professional/Director revealed: -He (FS#1) was one of the van drivers for the facility. -FS#1 was filling in for his wife who was out on medical leave. -They had not given him the training the other staff receive. -It was the Qualified Professional/Director's responsibility to ensure staff were trained before they started working.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals</p>	V 108		

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V 108	Continued From page 6 (V109) for a Type B rule violation and must be corrected within 45 days.	V 108		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.	V 109		

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V 109	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews one of one Qualified Professional/Director failed to demonstrate knowledge, skills and ability required by the population served. The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0202 Personnel Requirements (V107) Based on record review and interview the facility failed to ensure that staff were currently licensed for services provided effecting one of one Former Staff (FS#1). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0202 Personnel Requirements (V108) Based on record review and interview the facility failed to ensure one of one Former Staff (FS#1) was trained in first aid and Cardiopulmonary Resuscitation (CPR) and to meet the needs of the clients as specified in the client's treatment/habilitation plan. The findings are:</p> <p>Cross Reference; 131E-256. Health Care Personnel Registry (V131) Based on record reviews and interviews the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment effecting one of one Former Staff (FS#1). The findings are:</p> <p>Cross reference: 122C-80 Criminal History Record Check required for certain applicants for employment (V133)</p>	V 109		

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V 109	<p>Continued From page 8</p> <p>Based on record review and interviews the facility failed to request a criminal background check within 5 business days effecting one of one Former Staff (FS#1). The findings are:</p> <p>Cross Reference: 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536) Based on record reviews and interviews the facility failed to ensure that all persons were trained on alternatives to restrictive interventions prior to providing services to people with disabilities effecting one of one Former Staff (FS#1). The findings are:</p> <p>Cross Reference: 10A NCAC 27E. .0108 Training in Seclusion, Physical Restraint and Isolation Time out (V537) Based on record reviews and interviews the facility failed to ensure that all persons were trained on seclusion,physical restraints, and isolation prior to providing services to people with disabilities effecting one of one Former Staff (FS#1). The findings are:</p> <p>Review on 6-2-21 of Former Client #1's hospital records dated 4-20-21 revealed: -"PT (patient) w/hx (with history) of Autism and ADHD (Attention Deficit Hyperactivity Disorder). PT called someone 'the N word' and then threatened to 'jump someone.' -"had increased irritability and verbal aggression over the past month. Today at school he called a fellow student as well as the bus driver an offensive racial epithet in an attempt to get out of going to school." -"denies any current pain or complaints. He tells me that he did (possible error) want to go to school so he called his classmate a 'bad word' and the classmate punched him." -"presented to the ED (Emergency</p>	V 109		

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V 109	<p>Continued From page 9</p> <p>Department) with increased aggression." -"Presented to the ED for psychiatric evaluation." -"Patient reports two boys who are his classmates started punching him. He then clarified he called the two classmates a bad word and then they started punching him." -"When mother was asked if she think school is a trigger for is behavior she agreed." -"Admission: assessment; PT presents with ratability, thoughts of harm to a peer, and school refusal. Pt denies HI (homicide ideation) after he discovered this could lead to admission, however this writer and his mom remain concerned over increasing irritability in school which could lead to harm to the pt or others if this is not addressed urgently...Mom will speak to the school regarding the bullying issues and ask school to investigate this and put a planing place to help the pt." -...stating he does not want to go back to school. Mom states a couple nights ago he was swinging at her when he was angry and he has not done this for two months. Recently he also called a relative who is staying in the house a bad word and he is saying that an 8 year old is calling him names." -"He states he is having thoughts of wanting to fight the classmate [Client #2] who he says is bothering him and also rides his van." -Nowhere in hospital records does it mention busies, cut or contusions of Former Client #1's face.</p> <p>Record review and interview on 5-17-21 for FS#1 revealed: -Documented hire date of 5-11-21. -North Carolina Interventions + not completed until 5-1-21. -Health Care Personnel Registry was not accessed until 5-3-21.</p>	V 109		

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V 109	<p>Continued From page 10</p> <ul style="list-style-type: none"> -No documentation of a Criminal Background check being requested. -No training in client's diagnoses or behaviors documented. -He had been driving a van for the facility since "the beginning of March." -He had no training about the clients. -He had never had a major incident on his van. -The kids would "joke around." -He described Former Client #1 as "not all the way right." -He admitted he did not know Former Client #1's diagnoses. -At no time did he ever see any client strike Former Client #1. - " I don't know what he is diagnosed with but he is not all the way right. I would definitely not let anyone mistreat him knowing he is not all the way right." <p>Interview on 5-7-21 with Former Client #1 revealed:</p> <ul style="list-style-type: none"> -Clients #2 and #3 "hit me on my face. I had blood in my mask." - On 4-19-21: "We took this kid to the YMCA (Young Men's Christian Association). The drivers name was [Former Staff #1]. He (Client #2) opened the van door I was in the front seat. They (Client #2 and Client #3) punched me 10 to 15 times. Both got out of the van and went to the door (his door) The driver was there. I got home. [Client #3] and [Client #2] both got out of the van again. Mom told them to get back in the van." - "I ' m not lying my mom thinks they're lying. I ran to my room closed the door. I said I was alright, just mad. I told her I was fine." -The van driver had been on the van but did not tell the two clients (Clients #2 and #3) to stop 	V 109		

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V 109	<p>Continued From page 11</p> <p>hitting him. -He stated that the van driver "didn't care" that he was being hit by the other clients.</p> <p>Interview on 5-27-21 with Client #2 revealed: -He had not been on the van when the alleged incident occurred (4-19-21)</p> <p>Interview on 5-6-21 with Client #3 revealed: -At no time did either he or Client #2 hit former Client #1.</p> <p>Interview on 5-12-21 and 6-7-21 with the Qualified Professional/Director revealed: -On 4-20-21, Former Client #1's mother made an allegation that on 4-19-21, Clients #2 and #3 struck her son while her son was sitting in the front seat of the van. -Former Client #1's mother did have pictures of blood in a mask and bruises on Former Client #1's face. Both Client #2 and Client #3 denied anyone struck Former Client #1. -Former Staff #1 also denied anyone struck Former Client #1. -Former Staff #1 had started driving the van late March 2021. -His wife was the regular van driver and Former Staff #1 offered to fill in for her when she went out on medical leave. -She repeatedly asked Former Staff #1 to show her his driver's license but he never did, so she terminated his employment. -When initially asked for Former Staff #1's personnel record she replied that since he was the van driver, he didn't really have a record. -She stated that "she would take the hit" for Former Staff #1 not having the training or background checks. -It was her responsibility to make sure staff</p>	V 109		

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V 109	<p>Continued From page 12</p> <p>had been trained. -They have already gone through all staff records to make sure there were no more issues.</p> <p>Review on 6-7-21 of Plan of Protection dated 6-7-21 and signed by the Qualified Professional/Director revealed:</p> <p>What will you immediately do to correct the above rule violation in order to protect clients from further risk or additional harm" " As of May 3, 2021 [Former Staff #1] is no longer employed by ARJ Jasper's House day Treatment program. This is to ensure we utilize proper protocol with our hiring process. We immediately did an internal investigation on May 4 and concluded on May 10, 2021. This was to ensure proper protocol and we are complying to all state regulations. Our goal is to ensure that everyone who works with our students has the proper trainings to assist with meeting their therapeutic needs."</p> <p>Describe your plans to make sure the above happens. "This has already taken place to ensure that it doesn't occur again."</p> <p>Former Client #1 and Clients #2 and #3 have diagnoses including Oppositional Defiant Disorder, Disruptive Mood Dysregulation Disorder and Attention Deficit Disorder. Former Client #1 also has a Diagnosis of Autism Spectrum Disorder. All three clients have issues with being physically aggressive and destructive. Former Staff #1 was hired to fill in for his wife as she was out on leave. Former Staff #1 had no training in client diagnoses or behaviors when the alleged incident happened on 4-19-21. No background checks had been completed until May 3, 2021.</p>	V 109		

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V 109	Continued From page 13 Former Staff #1 was terminated due to not being able to produce a valid driver's license. The lack of training and lack of background checks combined with the clients diagnoses and history of violent behaviors is detrimental to the health, safety and welfare of the clients. This deficiency constitutes a Type B violation. If the violation is not corrected within 45 days, an administrative penalty of 200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 109		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification 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. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment effecting one of one Former Staff (FS#1). The findings are: Record review and interview on 5-17-21 for FS#1 revealed: -Documented hire date of 5-11-21.	V 131		

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V 131	<p>Continued From page 14</p> <p>-HCPR accessed 5-3-21. -He had been driving a van for the facility since the "beginning of March".</p> <p>Interview on 5-17-21 with the Qualified Professional/ Director revealed: -FS#1 had been driving the facility van since approximately the end of March 2021. -He was filling in as a van driver for his wife who was out on medical leave. -They should have made sure the proper protocol had been followed before he started driving.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be corrected within 45 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. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment</p>	V 133		

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V 133	<p>Continued From page 15</p> <p>is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private 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</p>	V 133		

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V 133	<p>Continued From page 16</p> <p>criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the</p>	V 133		

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V 133	<p>Continued From page 17</p> <p>provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <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</p>	V 133		

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V 133	<p>Continued From page 18</p> <p>Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in 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</p>	V 133		

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V 133	<p>Continued From page 19</p> <p>conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to request a criminal background check within 5 business days effecting one of one Former Staff #1 (FS#1). The findings are:</p> <p>Record review and interview on 5-17-21 for FS#1 revealed: -Documented hire date of 5-11-21. -No documentation of criminal background check being requested -He had been driving the van for the facility since the "beginning of March."</p> <p>Interview on 5-17-21 with the Qualified Professional/ Director revealed: -FS#1 had been driving the facility van since approximately the end of March 2021. -He was filling in as a van driver for his wife who was out on medical leave. -They should have made sure the proper protocol had been followed before he started driving.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be corrected within 45 days.</p>	V 133		

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V 536	Continued From page 20	V 536		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p>	V 536		

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V 536	<p>Continued From page 21</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> <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</p>	V 536		

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V 536	<p>Continued From page 22</p> <p>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> <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>	V 536		

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V 536	<p>Continued From page 23</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>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure that all persons were trained on alternatives to restrictive interventions prior to providing services to people with disabilities effecting one of one Former Staff #1 (FS#1). The findings are:</p> <p>Record review and interview on 5-17-21 for FS#1 revealed:</p> <ul style="list-style-type: none"> -Documented hire date of 5-11-21. -North Carolina Intervention + training completed on 5-1-21 -He had been driving the van for the facility since the "beginning of March." -He had not had any training from the facility. <p>Interview on 5-17-21 with the Qualified Professional/ Director revealed:</p> <ul style="list-style-type: none"> -FS#1 had been driving the facility's van since 	V 536		

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V 536	Continued From page 24 approximately the end of March 2021. -FS#1 should have been trained in alternatives to restrictive interventions before he started driving for the facility. This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be corrected within 45 days.	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based,	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601263	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2021
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NAME OF PROVIDER OR SUPPLIER JASPER'S HOUSE DAY TREATMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 2311 VILLAGE LAKE DRIVE CHARLOTTE, NC 28212
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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>include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <ol style="list-style-type: none"> (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p>	V 537		

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V 537	<p>Continued From page 26</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use</p>	V 537		

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V 537	<p>Continued From page 27</p> <p>of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by:</p>	V 537		

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V 537	<p>Continued From page 28</p> <p>Based on record reviews and interviews the facility failed to ensure that all persons were trained on seclusion, physical restraints, and isolation prior to providing services to people with disabilities effecting one of one Former Staff #1 (FS#1). The findings are:</p> <p>Record review and interview on 5-17-21 for FS#1 revealed:</p> <ul style="list-style-type: none"> -Documented hire date of 5-11-21. -North Carolina Intervention + training completed on 5-1-21 -He had been driving the van for the facility since the "beginning of March." -He had not had any training from the facility. <p>Interview on 5-17-21 with the Qualified Professional/ Director revealed:</p> <ul style="list-style-type: none"> -FS#1 had been driving the facility's van since approximately the end of March 2021. -FS#1 should have been trained in restrictive interventions before he started driving for the facility. <p>This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) for a Type B rule violation and must be corrected within 45 days.</p>	V 537		