STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL032-361	A. BUILDING: _____ B. WING _____	07/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE RESIDENTIAL OPTIONS FOR SUBS	1815 JAMES STREET DURHAM, NC 27707

(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 000	INITIAL COMMENTS An annual survey was completed on July 12, 2021. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .4300 Therapeutic Community	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .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. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and	V 108		

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V 108	Continued From page 1 clients. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure two of four audited staff (#2 and #3) had training in Cardiopulmonary Resuscitation (CPR) and First Aid (FA). The findings are: a. Review on 7/9/21 of the facility's personnel files revealed: - Staff #2 had a hire date of 12/1/11. - Staff #2 was hired as a Women's Program Director. - Staff #2's CPR and FA training expired on 8/23/19. -There was no documentation of current CPR and FA training for staff #2. b. Review on 7/9/21 of the facility's personnel files revealed: - Staff #3 had a hire date of 4/5/14. - Staff #3 was hired as a Senior Resident Manager. - Staff #3's CPR and FA training expired on 3/23/18. -There was no documentation of current CPR and FA training for staff #3. Interview with the Chief Program Officer on 7/9/21 revealed: -She knew the FA and CPR training for staff was not current. -The trainings are not current due to COVID 19. -The trainer for the FA and CPR training could not	V 108		

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V 108	Continued From page 2 do in person staff training. -They had a refresher training scheduled for March 2020, however the training was cancelled. -She confirmed the FA and CPR training was not current for staff #2 and staff #3.	V 108		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by	V 536		

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V 536	Continued From page 3 the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (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). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training	V 536		

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V 536	Continued From page 4 Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor	V 536		

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V 536	Continued From page 5 training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure four of four audited staff (#1, #2, #3 and #4) had current training on the use of alternatives to restrictive interventions. The findings are: a. Review on 7/9/21 of the facility's personnel files revealed: - Staff #1 had a hire date of 2/1/04. - Staff #1 was hired as a Women's Program Director. - Staff #1's Evidence Based Protective Interventions-Prevent (EBPI) training expired on	V 536		

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V 536	Continued From page 6 7/1/20. -There was no documentation of current EBPI training for staff #1. b. Review on 7/9/21 of the facility's personnel files revealed: - Staff #2 had a hire date of 12/1/11. - Staff #2 was hired as a Women's Program Director. - Staff #2's EBPI training expired on 5/31/20. -There was no documentation of current EBPI training for staff #2. c. Review on 7/9/21 of the facility's personnel files revealed: - Staff #3 had a hire date of 4/5/14. - Staff #3 was hired as a Senior Resident Manager. -Staff #3's EBPI training expired on 7/1/20. -There was no documentation of current EBPI training for staff #3. d. Review on 7/9/21 of the facility's personnel files revealed: - Staff #4 had a hire date of 7/28/08. - Staff #4 was hired as a Lead Clinical Counselor -Staff #4's EBPI training expired on 8/30/19. -There was no documentation of current EBPI training for staff #4. Interview with the Chief Program Officer on 7/9/21 revealed: -She knew the EBPI training for staff was not current. -The trainings are not current due to COVID 19. -The trainer for the EBPI training could not do in person staff training. -They had a refresher training scheduled for March 2020, however the training was cancelled. -She confirmed staff #1, staff #2, staff #3 and	V 536		

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V 536	Continued From page 7 staff #4 had no current training on the use of alternatives to restrictive intervention.	V 536		