		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		MHL060015	B. WING	B. WING				
NAME OF P	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, ST.	ATE, ZIP CODE	07/06/2021			
NEVINS.	NEVINS, INC. 3523 NEVIN ROAD							
CHARLOTTE, NC 28269								
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE			
V 000	INITIAL COMMENTS		V 000					
	An annual and complaint survey was completed on 7-6-21. The complaint was unsubstantiated (intake #NC168530). Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27G .2300 Adult Developmental Vocational Programs for Individuals with Developmental Disabilities. V 536 27E .0107 Client Rights - Training on Alt to Rest. Int.							
V 536			V 536					
	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			RECEIVED JUN 2 0 2021 DHSR-MH Licensure Sec	tt .			

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE A

TITLE Clinical Director

(X6) DATE

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:	
		MHL060015	B. WING		07/06/2021
NEVINS, INC. 3523 NEVI			DDRESS, CITY, STA		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE	
V 536	annually). (f) Content of the train provider wishes to em the Division of MH/DD Paragraph (g) of this fig. (g) Staff shall demons following core areas: (1) knowledge a people being served; (2) recognizing behavior; (3) recognizing external stressors that disabilities; (4) strategies for relationships with person organizational factors disabilities; (6) recognizing organizational factors decisions about their lifus (7) skills in asse escalating behavior; (8) communication de-escalating pote and (9) positive behaviors which directly behaviors which directly behaviors which are unit (h) Service providers of documentation of initial at least three years. (1) Documentation of initial at least three years. (1) Documentation of pass/fail);	ning that the service uploy must be approved by D/SAS pursuant to Rule. Strate competence in the and understanding of the and interpreting human the effect of internal and a may affect people with a building positive cons with disabilities; cultural, environmental and that may affect people with the importance of and a involvement in making fe; ssing individual risk for constrategies for defusing entially dangerous behavior; avioral supports (providing disabilities to choose of oppose or replace insafe). Shall maintain I and refresher training for on shall include: ted in the training and the intere they attended; and	V 536		

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE NEVINS, INC. 3523 NEVIN ROAD CHARLOTTE, NC 28269 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) B. WING DEFICIENCY STREET ADDRESS, CITY, STATE, ZIP CODE STATE ADDRESS, CITY, STATE, ZIP CODE STATE AD	AND PLAN OF CORRECTION	F DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	0.5 0.507	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE			TTE, NC 2826				
	PREFIX (EACH DEFICIEN	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	ACTION SHOULD BE COMPLETO THE APPROPRIATE DATE		
(2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be 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 evaluating trainee performance; and (D) documentation procedures. (C) methods for evaluating trainee performance; and (D) documentation procedures. (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 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 one time, with positive review by the coach.	(2) The Division review/request this of (i) Instructor Qualific Requirements: (1) Trainers since by scoring 100% on aimed at preventing need for restrictive in (2) Trainers since by scoring a passing instructor training profession of the professi	The Division of MH/DD/SAS may eview/request this documentation at any time. Instructor Qualifications and Training equirements: Trainers shall demonstrate competence of scoring 100% on testing in a training program med at preventing, reducing and eliminating the ead for restrictive interventions. Trainers shall demonstrate competence of scoring a passing grade on testing in an estructor training program. The training shall be propered to the training shall be proved by the determine passing or determine provider plans to employ shall be proved by the Division of MH/DD/SAS pursuant subparagraph (i)(5) of this Rule. Acceptable instructor training programs all include but are not limited to presentation of: understanding the adult learner; methods for teaching content of the determine program aimed at preventing, decing and eliminating the need for restrictive derventions at least one time, with positive derventions at least one time, with positive derventions at least one time, with positive determined at preventing, reducing and eliminating the determined at preventing.	V 536				

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V 53	instructor training at let (j) Service providers documentation of inititraining for at least thr (1) Docume (A) who participe outcomes (pass/fail); (B) when and w (C) instructor's (2) The Division request and review th (k) Qualifications of C (1) Coaches sharequirements as a trai (2) Coaches share course which is be (3) Coaches share competence by complitrain-the-trainer instructions	east every two years. shall maintain al and refresher instructor ree years. entation shall include: ated in the training and the where attended; and name. n of MH/DD/SAS may is documentation any time. coaches: all meet all preparation ner. all teach at least three times eing coached. all demonstrate etion of coaching or	V 536			
	5 staff (Staff #1, #2, #3 Review on 7-6-21 of S revealed: -Staff #1 was hired on	w and interviews, the refresher training in				

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMP	LETED		
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NAME OF F	PROVIDER OR SUPPLIER			TATE, ZIP CODE			
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			TE, NC 2826				
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V 536	Continued From page	4	V 536				
	Based Protective Intel 10-15-19.						
	revealed: -Staff #2 was hired on Innovations Supervisor						
	-Staff #2 was hired on 2-25-13 with the job title Innovations Supervisor and completed training in EBPI on 10-15-19. Review on 7-6-21 of Staff #3's personnel record revealed: -Staff #3 was hired on 3-12-18 with the job title Direct Care Staff/Job Coach and completed training in EBPI on 3-9-20. Review on 7-6-21 of Staff #4's personnel record revealed: -Staff #4 was hired on 9-11-91 with the job title Direct Care Staff Supervisor and completed training in EBPI on 10-15-19. Interview on 7-6-21 with the Director of Clinical Services and Programs revealed: -the day program re-opened to serve clients on 6-1-21 after being closed during the pandemic; -the facility did not secure an EBPI trainer to complete annual training for the staff that were furloughed prior to re-opening the day program; -"EBPI is scheduled on 7-12-21 at 10am for all furloughed staff or staff that recently returned to work." -the facility only teaches restrictive interventions, no hands on techniques or holds are taught.						
	Direct Care Staff Super training in EBPI on 10- Interview on 7-6-21 with Services and Program re-open 6-1-21 after being closs the facility did not seed complete annual training furloughed prior to re-orange. "EBPI is scheduled on furloughed staff or staff work." -the facility only teached	rvisor and completed 15-19. th the Director of Clinical s revealed: bened to serve clients on ed during the pandemic; ure an EBPI trainer to ng for the staff that were pening the day program; 17-12-21 at 10am for all that recently returned to s restrictive interventions,					



July 15, 2021

Dear Sir/Madame,

Please see included the Plan of correction for deficiency cited: 27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS

Plan of Correction for Nevins, Inc.

Time Frames for Compliance.

On Wednesday July 21, 2021 EBPI has been scheduled on campus for all current staff who do not currently have either the initial or refresher training.

Indicate what measures will be put in place to correct the deficient area of practice.

Human resources will continue to audit employee files periodically to ensure all trainings are up to date. With the re-opening of campus, all staff will continue to be trained at time of hire and annually thereafter.

Indicate what measures will be put in place to prevent the problem from occurring again.

Human resources will continue to audit employee files periodically to ensure all trainings are up to date. Human Resources will also continue to monitor the agency training log approximately monthly. With the re-opening of campus, all staff will continue to be trained at time of hire and annually thereafter.

Indicate who will monitor the situation to ensure it will not occur again.

Clinical Services and Human Resources will communicate regarding new hires and staff returning to campus since the re-opening due to COVID-19.

Indicate how often the monitoring will take place.

Human Resources will also continue to monitor the agency training log approximately monthly. Should you have any additional questions please do not hesitate to contact me.

Respectfully,

Kimberly Hailey