

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/06/2021
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NAME OF PROVIDER OR SUPPLIER NEVINS, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 3523 NEVIN ROAD CHARLOTTE, NC 28269
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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 000	INITIAL COMMENTS 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 000		
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	V 536		

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JUN 20 2021
DHSR-MH Licensure Sect

Division of Health Service Regulation

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



TITLE *Clinical Director*

(X6) DATE *7/15/21*

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V 536	<p>Continued From page 1</p> <p>annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p>	V 536		

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

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V 536	<p>Continued From page 3</p> <p>instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure refresher training in Alternatives to Restrictive Interventions was completed by each staff at least annually for 4 of 5 staff (Staff #1, #2, #3, #4). The findings are:</p> <p> </p> <p>Review on 7-6-21 of Staff#1's personnel record revealed: -Staff #1 was hired on 7-6-99 with the job title Team Lead and completed training in Evidence</p>	V 536		

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V 536	<p>Continued From page 4</p> <p>Based Protective Intervention (EBPI) on 10-15-19.</p> <p>Review on 7-6-21 of Staff #2's personnel record revealed: -Staff #2 was hired on 2-25-13 with the job title Innovations Supervisor and completed training in EBPI on 10-15-19.</p> <p>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.</p> <p>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.</p> <p>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.</p>	V 536		



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,

A handwritten signature in black ink, appearing to read "Kimberly Hailey", written over a horizontal line.

Kimberly Hailey