

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-353	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2021
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NAME OF PROVIDER OR SUPPLIER CULTIVATING MINDS	STREET ADDRESS, CITY, STATE, ZIP CODE 324 THIRD STREET BELMONT, NC 28012
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 08/05/2021. The complaint was unsubstantiated (Intake #NC179263). Deficiencies were cited.</p> <p>This facility is licensed for the following category; 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision</p>	V 110		

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

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V 110	<p>Continued From page 1</p> <p>plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, 1 of 1 Former Executive Director(FED). demonstrated competency for the population served. The findings are:</p> <p>Review on 8/3/21 of the FED's personnel record revealed: -hire date of 12/30/20; -documentation of completed trainings in the following: CPI (Non-Violent Crisis Intervention) dated 1/19/21, Medication Administration 1/4/21, CPR(Cardiovascular Pulmonary Resuscitation)/First Aid, Mental Health(MH) /Developmental Disability(DD) and Substance Abuse(SA) 1/4/21, Client Rights and Confidentiality 12/30/20, Orientation 12/30/20 and Cultural Competency 1/5/21.</p> <p>Review on 8/2/21 of client #1's record revealed: -admission date of 6/29/21 -age 17 years; -diagnoses of Anxiety Disorder(D/O) Unspecified and History of Neglect/Physical/Emotional Abuse(victim); -CCA(Comprehensive Clinical Assessment) addendum dated 6/25/21 documented client #1 was on psychotropic medications and was in DSS(Department of Social Services) custody due to abuse and neglect. She had a history of elopement, was noncompliant and was abused by her father and her stepmother. She had</p>	V 110		

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V 110	<p>Continued From page 2</p> <p>anxiety, had a history of trauma and was a victim of emotional abuse;</p> <p>-Comprehensive Psychological Evaluation dated 9/25/20 documented client #1's birth father was in prison and she was placed with her grandmother until the grandmother's death. Client #1's grandmother put her arm in boiling water. Upon her grandmother's death, client #1 moved in with her father and her stepmother. Client #1 witnessed domestic violence (DV) in her father's home, witnessed abuse of her siblings and was also sexual abused by her father. Client #1 had a low distress tolerance, experienced flashbacks and had frequent intrusive memories.</p> <p>Review on 8/2/21 of client #2's record revealed:</p> <p>-admission date of 5/14/21;</p> <p>-age 17 years;</p> <p>-diagnoses of Unspecified Disruptive, Impulsive Control and Conduct D/O;</p> <p>-placement application dated 5/10/21 documented client #1 was in social services custody due to neglect and sexual abuse by her birth father. Client #2 had poor anger management, had low self-esteem and was socially immature. She suffered from depression, was impulsive and had suicidal thoughts;</p> <p>-CCA dated 5/2/21 documented client #2 experienced flashbacks and was physically abused by her father. Client #2 witnessed DV, had nightmares and had negative beliefs about herself. She displayed angry outbursts, reckless behaviors, hypervigilance, irritability and feelings of abandonment.</p> <p>Review on 8/2/21 of client #3's record revealed:</p> <p>-admission date of 5/18/21;</p> <p>-age 15 years;</p> <p>- diagnoses of Opiate and Stimulant D/O, ADHD(Attention Deficit Hyperactivity Disorder),</p>	V 110		

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V 110	<p>Continued From page 3</p> <p>Conduct D/O, Unspecified Trauma and Stressor D/O, Alcohol and Stimulant Use D/O, Cannabis Use D/O and Unspecified Depressive D/O; -admission assessment dated 4/20/21 documented client #3 was in social services custody, had a history of elopement, sexual promiscuity, self-harm and substance abuse. Client #2 had exhibited anxiety, destroyed property and had low self-esteem; -CCA Addendum dated 5/6/21 documented client #3 had past incidents of superficial self-harm, history of substance abuse issues and over 30 instances of elopement in past placements. Client #3 exhibited suicidal ideation(SI), verbal threats to peers and engaged in physical altercations.</p> <p>Review on 8/2/21 of client #4's record revealed: -admission date of 4/16/21; -age 17 years; -diagnoses of Major Depressive D/O, Generalized Anxiety D/O and Oppositional Defiant D/O; -CCA dated 05/13/2021 documented client #4 had a history of SI/cutting behaviors and elopement. Client #4 was attention seeking, manipulative and had difficulty accepting responsibility for her actions. Client #4 had issues regulating her emotions, was behind academically and ruminates about the past. Client #4 was adopted.</p> <p>Review on 8/3/21 of an internal investigation completed 7/31/21 by the Licensee/Qualified Professional (LQP) revealed: -client #1 reported she was tied up with a rope to another client and was walked around the neighborhood "like a dog" by the FED; -client #1 stated the incident took place around 3pm in the neighborhood where the facility was located; -client #1 reported she had "double knots around</p>	V 110		

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V 110	<p>Continued From page 4</p> <p>her waist;"</p> <ul style="list-style-type: none"> -interviewed all clients, the FED and staff #1 who were present during the incident; -client #1 reported her wrists were tied and not her waist; -client #4 reported she went along with client #1's statements because she was scared of client #1; -client #4 stated she wrapped the rope around her own wrist, the rope was not tied, and staff were in the middle of the rope; -client #3 stated she heard client #4 state she was going to get the group home shut down; -client #3 denied being tied to anyone; -client #2 stated she "just wasn't comfortable;" -client #2 stated, "I wasn't tied to anyone;" -client #2, client #3 and client #4 all denied seeing client #1 tied with the rope; -the FED denied tying anyone with a rope; -the FED stated she wrote an incident report regarding the "bonding activity;" -the FED was informed not to have contact with the clients; -the FED was relieved of duty on 7/31/21. <p>Review on 8/3/21 of a Level 1 incident report dated 7/11/21 completed by the FED revealed the following documented:</p> <ul style="list-style-type: none"> -clients had exhibited verbal aggression towards each other during an outing on 7/10/21; -clients were not able to be redirected at that time; -"Facility staff [the FED] initiated a resolution activity that included walking outside together while holding a rope;" -"The purpose of the activity was to facilitate teamwork, respect and trust among the consumers;" -"Consumers all enjoyed the activity. Consumers were able to communicate effectively during the activity they were able to trust everyone reached 	V 110		

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V 110	<p>Continued From page 5</p> <p>back to their destination safely while holding a rope walking at a steady pace and trusting your partner to walk at your pace;"</p> <p>-"Consumer discussed trusting each other, respecting each other and teamwork;"</p> <p>-"Consumer also had a moment of silence to reflect on something they were thankful for;"</p> <p>-"All consumer expressed they enjoyed the activity."</p> <p>Review on 7/30/21 with the local Department of Social Services(DSS) Child Protective Services(CPS) Social Worker(SW) revealed:</p> <p>-investigated the allegations;</p> <p>-completed his investigation and decision was made to unsubstantiate the allegations;</p> <p>-Had his last visit with the clients earlier this week.</p> <p>-When he went to the facility, client #1 came out and wanted to talk to him;</p> <p>-client #1 said she wanted to apologize for making a false call and wasting his time;</p> <p>-client #1 stated she had tried to "group" her peers into lying with her;</p> <p>-client #1 had originally got client #4 to go along with her and say it;</p> <p>-client #2 and client #3 denied the allegation;</p> <p>-staff repeatedly denied the allegations;</p> <p>-client #1 said it was a lie that staff tied them all together with a jump rope;</p> <p>-staff decided to try to do a bonding activity;</p> <p>-staff had clients wrap the rope to bind them together and link them to each other;</p> <p>-staff did not tie the rope;</p> <p>-clients wrapped the rope themselves to each other as an activity.</p> <p>Interview on 8/2/21 with client #1 revealed:</p> <p>-"was a false allegation;"</p> <p>-there was an open investigation;</p>	V 110		

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V 110	<p>Continued From page 6</p> <ul style="list-style-type: none"> -client #4 had bad intentions and didn't want to be at the group home; -"perceived a whole different way by [client #4];" -"not the way it happened;" -"it was not meant to happen that way;" -"I don't want to talk about it;" - already explained it to an investigator; -"[client #4] probably said a bunch of bull crap to the investigator;" -"[client #4] told me she was trying to get this place shut down;" -"I admitted my fault to the investigator." <p>Interview on 8/2/21 with client #2 revealed:</p> <ul style="list-style-type: none"> -"so basically we were outside, thinking about going for a walk;" -"put jump ropes around our arms;" -"we tied the jump rope around our arms;" -"we thought it was ok;" -"this is fine;" -two girls were with one staff, two girls were with the other staff; - "my arm was wrapped around the jump rope, other girl was wrapped with the other end;" -"the staff was in the middle, holding the rope, walking around the neighborhood;" -staff #1 and the FED were the staff involved; -"we tied it around our wrist;" -"First time ever done it. Not done it since;" -denied any staff dragged them around; -reported she did not tell the staff she did not want to do it; -stated it didn't bother her; -stated the staff told them prior kids in the group home tried to take off when trying to go for a walk; - "don't remember who(which staff) suggested it." <p>Interview on 8/2/21 with client #3 revealed:</p> <ul style="list-style-type: none"> -"we were outside playing around and we were 	V 110		

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V 110	<p>Continued From page 7</p> <p>playing with the jump rope;"</p> <p>- "we went for a walk;"</p> <p>- "we put jump ropes on us;"</p> <p>- "we were all playing around;"</p> <p>- "put my own jump rope on my wrists;"</p> <p>- "staff was there, walking with us;"</p> <p>- staff had the rope also around their arms;</p> <p>- it was a regular jump rope;</p> <p>- had two jump ropes;</p> <p>- two people wrapped with one jump rope;</p> <p>- client #3, client #2 and staff #1 were together;</p> <p>- "we were just playing so we just did it;"</p> <p>- "everybody's idea to do it;"</p> <p>- was a few weeks ago;</p> <p>- not done since;</p> <p>- walked about seven minutes around the block;</p> <p>- walked around the park, up beside the buildings and back to the group home;</p> <p>- cars were riding by.</p> <p>Interview on 8/2/21 with client #4 revealed:</p> <p>- outside playing kick ball;</p> <p>- outside for a couple of minutes;</p> <p>- started to ask "why we don't walk around the neighborhood and she(FED) said because of other people's incident;"</p> <p>- the FED said clients can walk around the neighborhood as long as the rope was tied around the clients;</p> <p>- "thought it was a joke;"</p> <p>- client double knotted the jump rope around her hands;</p> <p>- walked around the neighborhood.</p> <p>- "people were looking and taking pictures;"</p> <p>- "some of us felt uncomfortable but I was just walking and looking at nature until it was over;"</p> <p>- stopped at the church and staff#1 and the former ED wanted clients to pray;</p> <p>- walked back to the group home;</p> <p>- "Longest 35-45 minutes ever."</p>	V 110		

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V 110	<p>Continued From page 8</p> <p>Review on 8/4/21 of the facility's progress notes revealed the following:</p> <ul style="list-style-type: none"> -progress note dated 7/11/21 completed by the FED regarding client #1 documented, "Client went outside and participated in activity that focused on trust, teamwork and respect. Client walked with staff and another consumer at a steady pace holding a rope ensuring that everyone reached their destination. Client discussed respecting each others' feelings, team work and trust. Client shared that she is happy that she is able to spend her time here. Client reflected on something in her life she is thankful for;" - progress note dated 7/11/21 completed by the FED regarding client #2 documented, "Client went outside and participated in activity that focused on trust, teamwork and respect. Client walked at a steady pace with client and staff holding a rope ensuring that everyone reached their destination. Client discussed respecting each others' feelings, team work and trust. Client reflected on something in her left that she was thankful for. Client shared that she forgot things sometimes and she needs to be reminded;" -progress note dated 7/11/21 completed by the FED regarding client #3 documented, "Staff conducted an activity with client to help facilitate teamwork, trust and respect. Staff and client communicated effectively holding on to rope walking at a steady pace trusting their partner to walk as their pace to reach their destination. Staff and client talked about trust respecting others' feelings and teamwork. Staff encouraged client to reflect on something she is thankful for;" -progress note dated 7/11/21 completed by the FED regarding client #4 documented, "Staff conducted an activity with client to help facilitate teamwork, trust and respect. Staff and client 	V 110		

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V 110	<p>Continued From page 9</p> <p>communicated effectively holding on to rope walking at a steady pace trusting their partner to walk as their pace to reach their destination. Staff and client talked about trust respecting others' feelings and teamwork. Client shared she feels she is doesn't do anything right and just wanted to do the right thing and apologized to other clients if she offended them in any way. Client was praised for her accountability. Client reflected in something she was thankful for."</p> <p>Interview on 8/4/21 with staff #1 revealed: -been working at the group home since May 2021; -worked both day and overnight shifts. -after dinner, the clients were playing with a jump rope; -they did a walk and stayed in a group, "I put it (jump rope) around my wrists;" -they walked together on the backroads in the neighborhood past two streets; -walk was less than 15 minutes; -stopped at the church; -the FED said to take a moment and think; -walked back together to the group home; -it was a bonding activity; -"Was odd what they(clients) are saying;" -Had two jump ropes; -she was with two clients, -the FED was with two clients; -the clients had the handle part of the jump rope; -the clients wrapped the jump rope slightly around their wrists; -did what the FED told her to do; -the Licensee/Qualified Professional(QP) asked her what happened that day; -the Licensee/QP told her the activity was not appropriate.</p> <p>Interview on 8/4/21 with the FED revealed:</p>	V 110		

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V 110	<p>Continued From page 10</p> <ul style="list-style-type: none"> -started in March/April 2021; -role was Executive Director/Direct Care; -in charge of policy and procedures, payroll and administrative duties; -worked different shifts; -filled in for staff who called out and worked overnight; -clients had exhibited aggression at the day treatment and at the group home; -clients didn't trust each other; -researched and looked up bonding activities on the computer; -she was with client #1 and client #4; -staff #1 was with client #2 and client #3; -she was in the middle of the rope; -client #1 and client #4 were holding the rope with their hand; -each client was opposite of her; -the rope was behind her back; -each client had the rope in their hand and were holding onto the rope; -goal was to walk at the same pace, trust each other and walk and talk; -talked about trust; -had each client on the side of her; -had clients reflect on something happy; -talked about triggers and what clients were thankful for; -client #3 talked about not liking her middle name; -client #1 shared being happy she was placed at group home ; -all clients did reflection; -all gave positive affirmations; -not even 10 minutes to take walk and return to group home; -wrapped the jump rope on their hands; -hold the jump rope with their hands; -were not tied; -got back to the group home; -clients and staff sat on the porch and talked; 	V 110		

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V 110	<p>Continued From page 11</p> <ul style="list-style-type: none"> -went back inside and had dinner; -no one said anything when they got back to group home; -had a good night; <p>happened on Sunday;</p> <ul style="list-style-type: none"> -explained activity while outside at the time to staff #1; -made decision to step away from her job. <p>Observation on 8/4/21 at approximately 2:47pm revealed:</p> <ul style="list-style-type: none"> -Licensee/QP gathered jump ropes from staff closet; -four jump ropes observed in the group home; -one jump rope was black rubber cord with red plastic ends; -one jump rope was teal rubber cord with black sweat absorbent ends; -one jump rope was clear blue rubber cord with gray sweat absorbent ends; -one jump rope was purple rubber cord with black sweat absorbent ends. <p>Interview 8/4/21 with the Licensee/QP revealed:</p> <ul style="list-style-type: none"> -did not find out about incident the same day; -received a call on 7/13/21 around 530pm-6pm that client #1 said she was tied and wanted to speak to Licensee/QP; -her response was "what tied?" -faced time with client #1; -client #1 laughed and said "I don't want to tell you this;" -client #1 said, "I was tied and walked around. Like a dog;" -client #1 said people were taking pictures of her; -during the face-time phone call with client #1, client #3 walked by and said "nobody stopped and took pictures of us and nobody was tied" and then client #3 walked out of the room; -client #1 said the FED tied her and client #4 	V 110		

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NAME OF PROVIDER OR SUPPLIER CULTIVATING MINDS	STREET ADDRESS, CITY, STATE, ZIP CODE 324 THIRD STREET BELMONT, NC 28012
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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 110	<p>Continued From page 12</p> <p>together and dragged them down the street;</p> <p>-client #1 said" I was double knotted around my waist" and they were dragged;</p> <p>-client #1 said it happened on Sunday;</p> <p>-Licensee/QP called staff #1 and asked her "did you tie up my kids?"</p> <p>-staff #1 said no the FED "did exercise with some rope. My kids weren't tied;"</p> <p>-the Licensee/QP called the FED and "I asked her did she tie [client #1] and [client #4] with a rope?"</p> <p>-the FED said, "we wrapped it around our wrists and did a bonding exercise;"</p> <p>-the FED laughed it off and said "you know good and well I did not tie them up;"</p> <p>-the FED said client #1 was behind her and client #4 was in front of her and she was in the middle;</p> <p>-Licensee/QP told her "I said not to walk them in the neighborhood;"</p> <p>-the FED went against the Licensee/QP's structure;</p> <p>-the FED said she did not tie them up;</p> <p>-the FED said they had their hand wrapped by the rope;</p> <p>-first asked staff #1 to show her;</p> <p>-staff #1 said she could not see them (the FED, client #1 and client #4);</p> <p>-staff #1 said, "You said no touching. I did not know what I was supposed to do because [she] is the Executive Director;"</p> <p>-staff #1 reported she had client #2 and client #3;</p> <p>-the FED told staff #1 to put herself in the middle;</p> <p>-staff #1 did it because the FED was the boss;</p> <p>-staff #1 said she did not see other clients tied with the rope;</p> <p>-staff #1 said she wrapped the rope around her hand;</p> <p>-the FED demonstrated to the Licensee/QP how she wrapped the rope around her wrist/arm;</p> <p>-an internal investigation started 7/13/21;</p> <p>-told the FED she did not need to come back</p>	V 110		

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V 110	<p>Continued From page 13</p> <p>around the clients; -"I did not know what was going on;" -know the FED had no intentions were not to hurt anybody; -nothing was said to her when she was here Sunday; -she was at the facility every day; -she worked on Monday and no one said anything to her then; -initially client #1 said the rope was on her waist but then said was on her wrist; -client #4 said she wanted to get the group home shut down; -the DSS CPS SW had come by the group home to interview the clients a second time for his investigation; -the DSS CPS SW was walking out door and client #1 asked to speak to her and the DSS CPS SW; -client #1 said she wanted to apologize; -it should not have been done in the first place; -the FED said she looked up the activity; -client #2 made the statement she was triggered by the incident out of the blue. She made a statement that she had been tied up as a kid before; -called her social worker about the trauma. The social worker said it was not true. Once client #2 made the comment, relieved the FED of her duties and business; -"With this population, getting alittle too scary for me;" -"I told client #2 her feelings are validated;" -told staff #1 it was ok to call her(QP) if she ever had any questions about anything; -in the process of removing the FED from Nu Vision Group, LLC corporation; -also had started to do the state licensure paperwork to change it in licensure; -the FED was the one who purchased the jump</p>	V 110		

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V 110	<p>Continued From page 14</p> <p>ropes; -was not aware that the FED had purchased them.</p> <p>Review on 8/5/21 of a Plan of Protection dated 8/5/21 and completed by the Licensee/QP revealed the following documented: -"What immediate action will the facility take to ensure the safety of the consumers in your care? [The former ED] (staff with allegation) was placed on suspension while internal and external investigation took place. Meeting was scheduled within 24 hours of being notified of allegation. [The former ED] was removed from company effective 8/1/21 with no further contact with staff or clients. Staff were present for house meeting regarding allegations and how to maintain compliant with the care and safety of our population served;" -"Describe your plan to make sure the above happens. Staff will have a competency training for safety when caring for clients in CM(Cultivating Minds). Residential Care Level III today 8/5/21. Staff will take post test after competency training. Next scheduled house meeting for check in with clients with regards to feelings will take place again 8/5/21 evening @7p and continue morning check ins while in transport to day treatment."</p> <p>Clients #1, #2, #3 and #4 had diagnoses which included Anxiety Disorder, Unspecified Disruptive Disorder, Impulsive Control Disorder, Conduct Disorder; Substance Abuse Disorders, ADHD, Unspecified Trauma and Stressor D/O, Major Depressive Disorder, Generalized Anxiety Disorder and Oppositional Defiant Disorder. Clients #1, #2, #3 and #4 have histories of trauma which included exposure to domestic violence, victimization of neglect, physical, sexual and emotional abuse as well as experienced high</p>	V 110		

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V 110	Continued From page 15 levels of anxiety, flashbacks, nightmares, frequent intrusive memories, hypervigilance, irritability and feelings of abandonment. On 7/11/21, the former ED conducted a "bonding activity" using jump ropes to bind the clients and staff together and walk around the neighborhood. This activity was not approved by the Licensee/QP. The former ED reported she found the activity on the internet. The extensive trauma histories of the clients and the unapproved activity involving binding clients with a jump rope was detrimental to the clients' health, safety and welfare and constitutes a Type B rule 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 110		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The	V 118		

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V 118	<p>Continued From page 16</p> <p>MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to ensure medications were administered on the order of a person authorized by law to prescribe medications and failed to ensure the MAR had instructions for administration the medication affecting 4 of 4 clients (#1, #2, #3 and #4). The findings are:</p> <p>Finding #1: Review on 8/2/21 of client #1's record revealed: -admission date of 6/29/21 -age 17 years; -diagnoses of Anxiety Disorder(D/O) Unspecified and History of Neglect/Physical/Emotional Abuse; -physician's order dated 7/28/21 for Benadryl 50mg(milligrams) one tablet at bed.</p> <p>Review on 8/3/21 of client #1's MAR from 6/29/21-8/3/21 revealed: -Chloraseptic Max Sore Throat Lozenges</p>	V 118		

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V 118	<p>Continued From page 17</p> <p>documented as administered on 7/1/21 at 7:21am; -no dosing instructions on the July MAR for Chloraseptic Max Sore Throat Lozenges; -Benadryl 25mg two tablets at bed documented as administered from 6/29/21-8/2/21.</p> <p>Observations on 8/3/21 of client #1's OTC(over the counter) medications revealed: - Chloraseptic Max Sore Throat Lozenges one tablet every two hours prn(as needed) with an expiration date of 6/22/21; - Benadryl 25mg two tablets at bed dispensed 7/12/21.</p> <p>Further review on 8/3/21 of client #1's record revealed no physician's order for Chloraseptic Max Sore Throat Lozenges one tablet every 2 hours prn present in the record.</p> <p>Interview on 8/2/21 with client #1 revealed: -took her medications twice a day in the am and the pm; -at night take two pills of Bendryl; -get medications every day.</p> <p>Finding #2: Review on 8/2/21 of client #2's record revealed: -admission date of 5/14/21; -age 17 years; -diagnoses of Unspecified Disruptive, Impulsive Control and Conduct D/O; -physician's order dated 6/8/20 for sertraline 100mg one tablet daily.</p> <p>Review on 8/3/21 of client #2's MAR from 6/1/21-8/3/21 revealed: -dosing date of 6/3 at 7am for sertraline 100mg one tablet daily left blank with no explanation on the 6/2021 MAR;</p>	V 118		

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V 118	<p>Continued From page 18</p> <ul style="list-style-type: none"> -Chloraseptic Max Sore Throat Lozenges Lozenges one tablet every two hours prn documented as administered on 6/1/21 at 3:50pm with no dosing instructions on the 6/2021 MAR; -acetaminophen 500mg take two gelcaps every 6 hours no more than 6 gelcaps in 24 hours documented as administered on 6/15/21 at 8:32pm with no dosing instructions on the 6/2021 MAR; -certizine 10mg one tablet daily documented as administered 7/1/21-7/31/21; -Saline Nasal Spray 0.65% two sprays in each nostril every 8 hours prn documented as administered 7/1/21-7/31/21; -MedoxyProgesterone 10mg one tablet daily documented as administered 7/8/21-7/17/21; -NutroFuratin Monohyd 100mg one tablet daily documented as administered 7/8/21-7/17/21; -Ciclopirox 8% solution apply topically at bedtime documented as administered 7/8/21-7/31/21. <p>Observation on 8/3/21 at 11:09am of client #2's medications revealed:</p> <ul style="list-style-type: none"> -sertraline 100mg one tablet daily dispensed 7/19/21; -Chloraseptic Max Sore Throat Lozenges Lozenges one tablet every two hours prn OTC with expiration date of 6/2022; -acetaminophen 500mg take two gelcaps every 6 hours no more than 6 gelcaps in 24 hours OTC with expiration date of 12/2022; -certizine 10mg one tablet daily not on site; -Saline Nasal Spray 0.65% two sprays in each nostril every 8 hours prn not on site; -MedoxyProgesterone 10mg one tablet daily not on site; -NutroFuratin Monohyd 100mg one tablet daily not on site; -Ciclopirox 8% solution apply topically at bedtime not on site. 	V 118		

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V 118	<p>Continued From page 19</p> <p>Further review on 8/3/21 of client #2's record revealed:</p> <ul style="list-style-type: none"> -no physician's order present in the record for Chloraseptic Max Sore Throat Lozenges Lozenges one tablet every two hours prn; -no physician's order present in the record for acetaminophen 500mg take two gelcaps every 6 hours no more than 6 gelcaps in 24 hours; -no initial physician's order and no discontinue order present in the record for certizine 10mg one tablet daily; -no initial physician's order and no discontinue order present in the record for Saline Nasal Spray 0.65% two sprays in each nostril every 8 hours prn; -no physician's order present in the record for MedoxyProgesterone 10mg one tablet daily; -no physician's order present in the record for NutroFuratin Monohyd 100mg one tablet daily; -no initial physician's order and no discontinue order present in the record for Ciclopirox 8% solution apply topically at bedtime; -an unsigned document from a local medical provider dated 7/7/21 with the following listed medications: MedoxyProgesterone 10mg one tablet daily, NutroFuratin Monohyd 100mg one tablet twice daily and Ciclopirox 8% solution apply topically at bedtime; -an unsigned document from a local medical provider dated 7/7/21 with the following listed medications: certizine 10mg one tablet daily for allergies and Saline Nasal Spray 0.65% two sprays in each nostril every 8 hours prn for allergies. <p>Interview on 8/2/21 with client #2 revealed:</p> <ul style="list-style-type: none"> -get medications daily; -staff never forgets. 	V 118		

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V 118	<p>Continued From page 20</p> <p>Interview on 8/3/21 with the Licensee/Qualified Professional(QP) revealed: -medications were prescribed for client #2 when she got sick; -no refills on the medications prescribed to address the illness; -client #1 completed the medications; -thought the printout from the provider would suffice as medication orders.</p> <p>Finding #3: Review on 8/2/21 of client #3's record revealed: -admission date of 5/18/21; -age 15 years; - diagnoses of Opiate and Stimulant D/O, ADHD, Conduct D/O, Unspecified Trauma and Stressor D/O, Alcohol and Stimulant Use D/O, Cannabis Use D/O, Unspecified Depressive D/O --physician's order dated 5/13/21 for Sprintec 28 birth control one tablet daily.</p> <p>Review on 8/3/21 of client #3's MARs from 6/1/21-8/3/21 revealed: -Sprintec 28 birth control one tablet daily documented as administered 6/1/21-6/19/21 with "d/c'd" written on June 2021 MAR and not listed on the July 2021 MAR and August 2021 MAR: -Benadryl 25mg 1-2 tablets every 4-6 hours do not take more than 6 doses prn in 24 hours documented as administered on 6/26/21 at 1:00pm; -Hydrocortisone Cream apply to affected area 3-4 times daily prn documented as administered 6/26/21 at 1:05pm.</p> <p>Observation on 8/3/21 at 10:20am of client #3's medications revealed: -Sprintec 28 birth control one tablet daily not on site; - Benadryl 25mg 1-2 tablets every 4-6 hours do</p>	V 118		

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V 118	<p>Continued From page 21</p> <p>not take more than 6 doses prn in 24 hours OTC with expiration date of 2/2023; -Hydrocortisone Cream apply to affected area 3-4 tims daily prn OTC with expiration date of 4/2024.</p> <p>Further review on 8/3/21 of client #3's record revealed: -no discontinue order present in the record for Sprintec 28 birth control one tablet daily; -no initial physician's order present in the record for Benadryl 25mg 1-2 tablets every 4-6 hours do not take more than 6 doses prn in 24 hours; -no initial physician's order present in the record for Hydrocortisone Cream apply to affected area 3-4 times daily prn; -unsigned documentation dated 6/14/21 from a local medical provider listed client #3's change in birth control as Deprovera injections.</p> <p>Finding #4: Review on 8/2/21 of client #4's record revealed: -admission date of 4/16/21; -age 17 years; -diagnoses of Major Depressive Disorder, Generalized Anxiety Disorder and Oppositional Defiant Disorder; --no initial physician's order present in the record for acetaminophen 500 mg, 2 tabs taken by mouth every 6 hours not to exceed 6 caplets in 24 hours (prn).</p> <p>Review on 8/3/21 of client #4's MARs from 6/1/21-8/3/21 revealed: -acetaminophen 500 mg, 2 tabs taken by mouth every 6 hours not to exceed 6 caplets in 24 hours (prn). Documented as administered on 06/26/2021.</p> <p>Observation on 8/3/21 at 10:19 am of client #4's medications revealed:</p>	V 118		

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V 118	Continued From page 22 -acetaminophen 500 mg, 2 tabs taken by mouth every 6 hours not to exceed 6 caplets in 24 hours (prn) OTC with expiration date of 12/2022. Interview on 8/3/21 with the Licensee/Qualified Professional revealed: -had the physician sign standing orders for over the counter medications but can not locate it; -will ensure all medications have corresponding medication orders; -will ensure all MARs have all required information; -will ensure all MARs, bottle labels and medication orders match.	V 118		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident;	V 367		

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V 367	<p>Continued From page 23</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided.</p>	V 367		

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V 367	<p>Continued From page 24</p> <p>The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ul style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure all level II and level III incidents were reported to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The allegations are:</p> <p>Review on 7/30/21 of IRIS (Incident Response Improvement System) by county location of the facility, by name of the facility and by licensee of the facility from 5/1/21-7/30/21 revealed no incident reports entered into the system.</p>	V 367		

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V 367	<p>Continued From page 25</p> <p>Review on 8/3/21 of an internal investigation completed 7/31/21 by the Licensee/Qualified Professional (LQP) revealed:</p> <ul style="list-style-type: none"> -client #1 reported she was tied up with a rope to another client and was walked around the neighborhood "like a dog" by the FED; -client #1 stated the incident took place around 3pm in the neighborhood where the facility was located; -client #1 reported she had "double knots around her waist;" -interviewed all clients, the former ED and staff #1 who was present during incident; -client #1 reported her wrists were tied and not her waist; -client #4 reported she went along with client #1' statements because she was scared of client #1; -client #4 stated she wrapped the rope around her own wrist, the rope was not tied, and staff were in the middle of the rope; -client #3 stated she heard client #4 state she was going to get the group home shut down; -client #3 denied being tied to anyone; -client #2 stated she "just wasn't comfortable; -client #2 stated, "I wasn't tied to anyone;" -client #2, client #3 and client #4 all denied seeing client #1 tied with the rope; -the FED denied tying anyone with a rope; -the FED stated she wrote an incident report regarding the bonding activity; -the FED was informed not to have contact with the clients; -the FED was relieved of duty on 7/31/21. <p>Interview on 8/2/21 with client #1 revealed:</p> <ul style="list-style-type: none"> -"was a false allegation;" -there was an open investigation; -client #4 had bad intentions and didn't want to be at the group home; -"perceived a whole different way by [client #4];" 	V 367		

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V 367	<p>Continued From page 26</p> <ul style="list-style-type: none"> - "not the way it happened;" - "it was not meant to happen that way;" - "I don't want to talk about it;" - already explain it to an investigator; - "[client #4] probably said a bunch of bull crap to the investigator;" - "[client #4] told me she was trying to get this place shut down;" - "I admitted my fault to the investigator." <p>Interview on 8/2/21 with client #2 revealed:</p> <ul style="list-style-type: none"> - "so basically we were outside, thinking about going for a walk;" - "put jump ropes around our arms;" - "we tied the jump rope around our arms;" - "we thought it was ok;" - "this is fine;" - two girls were with one staff, two girls were with the other staff; - "my arm was wrapped around the jump rope, other girl was wrapped with the other end;" - "the staff was in the middle, holding the rope, walking around the neighborhood;" - staff #1 and the FED were the staff involved; - "we tied it around our wrist;" - "First time ever done it. Not done it since;" - denied any staff dragged them around; - reported she did not tell the staff she did not want to do it; - stated it didn't bother her; - stated the staff told them prior kids in the group home tried to take off when trying to go for a walk; - "don't remember who(which staff) suggested it." <p>Interview on 8/2/21 with client #3 revealed:</p> <ul style="list-style-type: none"> - "we were outside playing around and we were playing with the jump rope;" - "we went for a walk;" - "we put jump ropes on us;" 	V 367		

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V 367	<p>Continued From page 27</p> <ul style="list-style-type: none"> - "we were all playing around;" - "put my own jump rope on my wrists;" - "staff was there, walking with us;" - staff had the rope also around their arms; - it was a regular jump rope; - had two jump ropes; - two people wrapped with one jump rope; - client #3, client #2 and staff #1 were together; - "we were just playing so we just did it;" - "everybody's idea to do it;" - was a few weeks ago; - not done since; - walked about seven minutes around the block; - walked around the park, up beside the buildings and back to the group home; - cars were riding by. <p>Interview on 8/2/21 with client #4 revealed:</p> <ul style="list-style-type: none"> - outside playing kick ball; - outside for a couple of minutes; - started to ask "why we don't walk around the neighborhood and she(FED) said because of other people's incident;" - the FED said clients can walk around the neighborhood as long as the rope was tied around the clients; - "thought it was a joke;" - client double knotted the jump rope around her hands; - walked around the neighborhood. - "people were looking and taking pictures;" - "some of us felt uncomfortable but I was just walking and looking at nature until it was over;" - stopped at the church and staff#1 and the former ED wanted clients to pray; - walked back to the group home; - "Longest 35-45 minutes ever." <p>Interview on 8/4/21 with staff #1 revealed:</p> <ul style="list-style-type: none"> - been working at the group home since May 	V 367		

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V 367	<p>Continued From page 28</p> <p>2021;</p> <ul style="list-style-type: none"> -worked both day and overnight shifts. -after dinner, the clients were playing with a jump rope; -they did a walk and stayed in a group, "I put it (jump rope) around my wrists;" -they walked together on the backroads in the neighborhood past two streets; -walk was less than 15 minutes; -stopped at the church; -the FED said to take a moment and think; -walked back together to the group home; -it was a bonding activity; -"Was odd what they(clients) are saying;" -Had two jump ropes; -staff #1 was with two clients, -the FED was with two clients; -the clients had the handle part of the jump rope; -the clients wrapped the jump rope slightly around their wrists; -did what the FED told her to do; -the Licensee/Qualified Professional(QP) asked her what happened that day; -the Licensee/QP told her the activity was not appropriate. <p>Interview on 8/4/21 with the FED revealed:</p> <ul style="list-style-type: none"> -started in March/April 2021; -role was Executive Director/Direct Care; -In charge of policy and procedures, payroll and administrative duties; -worked different shifts; -filled in for staff who called out and worked overnight; -clients had exhibited aggression at the day treatment and at the group home; -clients didn't trust each other; -researched and looked up bonding activities on the computer; -she was with client #1 and client #4; 	V 367		

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V 367	<p>Continued From page 29</p> <ul style="list-style-type: none"> -staff #1 was with client #2 and client #3; -she was in the middle of the rope; -client #1 and client #4 were holding the rope with their hand; -each client was opposite of her; -the rope was behind her back; -each client had the rope in their hand and were holding onto the rope; -goal was to walk at the same pace, trust each other and walk and talk; -talked about trust; -had each client on the side of her; -had clients reflect on something happy; -talked about triggers and what clients were thankful for; -client #3 talked about not liking her middle name; -client #1 shared being happy she was placed at group home ; -all clients did reflection; -all gave positive affirmations; -not even 10 minutes to take walk and return to group home; -wrapped the jump rope on their hands; -hold the jump rope with their hands; -were not tied; -got back to the group home; -clients and staff sat on the porch and talked; -went back inside and had dinner; -no one said anything when they got back to group home; -had a good night; <p>happened on Sunday;</p> <ul style="list-style-type: none"> -explained activity while outside at the time to staff #1; -made decision to step away from her job. <p>Interview on 8/4/21 with the Licensee/QP revealed:</p> <ul style="list-style-type: none"> -did complete the HCPR (Health Care Personnel Registry) report and completed her internal 	V 367		

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V 367	Continued From page 30 investigation; -did not complete an incident report in IRIS; -will ensure the IRIS reports are completed as required.	V 367		
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 the Division of MH/DD/SAS pursuant to	V 536		

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V 536	<p>Continued From page 31</p> <p>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> <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>	V 536		

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V 536	<p>Continued From page 32</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 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>	V 536		

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V 536	<p>Continued From page 33</p> <p>(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.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(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.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure staff completed training on alternatives to restrictive interventions prior to providing services for 1 of 1 Associate Professional (AP). The findings are:</p> <p>Review on 8/3/21 of the AP's personnel record revealed: -hire date of 5/29/21 with the job title of Direct Care Staff; -no documentation of completed training in alternative to restrictive interventions present in the record.</p>	V 536		

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V 536	<p>Continued From page 34</p> <p>Interview on 8/3/21 with the AP revealed: -been working at the group home 2-3 months; -started as a paraprofessional and now in training for the AP; -had a Degree in Human Services and been in the field 27 years; -had training in NCI (North Carolina Interventions) A and B; -just did NCI training in June 2021 through another company; -did not provide the owner with a copy of her current NCI training; -not had CPI (Non-Violent Crisis Intervention) here yet; -worked 1:45pm-8:00pm shift; -was doing 3 days a week; -now working 5 days a week since training as the AP.</p> <p>Interview on 8/3/21 with the Licensee/Qualified Professional (QP) revealed: -the AP had not completed training in CPI yet; -thought the AP had 90 days to get CPI training as long as she worked with someone who had been trained in CPI; -the AP was scheduled for Friday 8/27/21 for CPI training; -will get the AP scheduled much earlier for CPI training.</p>	V 536		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest & ITO</p> <p>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</p>	V 537		

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V 537	<p>Continued From page 35</p> <p>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.</p> <p>(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.</p> <p>(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.</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 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 	V 537		

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V 537	<p>Continued From page 36</p> <p>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> <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</p>	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-353	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2021
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NAME OF PROVIDER OR SUPPLIER CULTIVATING MINDS	STREET ADDRESS, CITY, STATE, ZIP CODE 324 THIRD STREET BELMONT, NC 28012
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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 37</p> <p>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 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>	V 537		

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V 537	<p>Continued From page 38</p> <p>(B) when and where they attended; and (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: (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. (m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure staff completed training on physical restraints prior to providing services for 1 of 1 Associate Professional (AP). The findings are:</p> <p>Review on 8/3/21 of the AP's personnel record revealed: -hire date of 5/29/21 with the job title of Direct Care Staff; -no documentation of completed training in physical restraints present in the record.</p> <p>Interview on 8/3/21 with the AP revealed: -been working at the facility for 2-3 months; -started as a paraprofessional and now in training for the AP; -had a Degree in Human Services and been in the field 27 years; -had training in NCI (North Carolina Interventions)</p>	V 537		

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V 537	<p>Continued From page 39</p> <p>A and B;</p> <ul style="list-style-type: none"> -just did NCI training in June 2021 through another company; -did not provide the owner with a copy of her current NCI training; -not had CPI (Non-Violent Crisis Intervention) here yet; -worked 1:45pm-8:00pm shift; -was doing 3 days a week; -now working 5 days a week since training as the AP; -not restrained any of girls; -in this field want to try not to do restraints. <p>Review on 8/2/21 of the facility's incident reports from 4/1/21-present revealed no incidents involving physical interventions of the clients.</p> <p>Interviews on 8/2/21 with clients #1, #2, #3 and #4 revealed they had not been restrained since they were admitted to the facility.</p> <p>Interview on 8/3/21 with the Licensee/Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -the AP had not completed training in CPI yet; -thought the AP had 90 days to get CPI training as long as she worked with someone who has been trained in CPI; -the AP was scheduled for Friday 8/27/21 for CPI training; -will get the AP scheduled much earlier for CPI training. 	V 537		