Division of Health Service Regulation

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| | | MHL029-134 | B. WING | | 08/31/2021 | |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, STA | TE, ZIP CODE | | |
| DAVIDSOI | N CRISIS CENTER | | MAIN STREET ON, NC 27292 | | | |
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| V 000 | INITIAL COMMENTS | 3 | V 000 | | | |
| | An annual survey wa Deficiencies were cite | s completed on 8/31/21. ed. | | | | |
| | category: 10A NACA | d for the following service 27G .5000 Facility Based ividuals of all Disability | | | | |
| V 536 | 27E .0107 Client RigI Int. | hts - Training on Alt to Rest. | V 536 | | | |
| | to restrictive intervent (b) Prior to providing disabilities, staff inclusemployees, students demonstrate compete completing training in other strategies for crowhich the likelihood or injury to a person of property damage is person of provider agencies based on state complete compliance and demonstrate (d) The training shall include measurable lemeasurable testing (of behavior) on those of methods to determine course. (e) Formal refresher | plement policies and size the use of alternatives tions. services to people with iding service providers, or volunteers, shall ence by successfully a communication skills and reating an environment in of imminent danger of abuse with disabilities or others or prevented. s shall establish training etencies, monitor for internal constrate they acted on data | | | | |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

| Division of | of Health Service Regu | lation | | | | | |
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| STATEMENT OF DEFICIENCIES | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | | (X3) DATE SURVEY | |
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| NAME OF P | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STA | TE, ZIP CODE | | | |
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| | | | | | | | |
| V 536 | Continued From page | e 1 | V 536 | | | | |
| | (f) Content of the trai | ning that the service | | | | | |
| | provider wishes to en | nploy must be approved by | | | | | |
| | the Division of MH/DI | D/SAS pursuant to | | | | | |
| | Paragraph (g) of this | Rule. | | | | | |
| | (g) Staff shall demon | strate 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 | | | | | | |
| | | at may affect people with | | | | | |
| | disabilities; | | | | | | |
| | | or building positive | | | | | |
| | relationships with per | | | | | | |
| | ` , | cultural, environmental and | | | | | |
| | • | that may affect people with | | | | | |
| | disabilities; | the improvement of and | | | | | |
| | | the importance of and | | | | | |
| | decisions about their | n's involvement in making | | | | | |
| | | essing individual risk for | | | | | |
| | escalating behavior; | essing individual risk for | | | | | |
| | | tion strategies for defusing | | | | | |
| | | tentially dangerous behavior; | | | | | |
| | and | termany dangerede penavier, | | | | | |
| | | navioral supports (providing | | | | | |
| | | h disabilities to choose | | | | | |
| | activities which direct | | | | | | |
| | behaviors which are u | | | | | | |
| | (h) Service providers | shall maintain | | | | | |
| | documentation of initial and refresher training for | | | | | | |
| | at least three years. | | | | | | |
| | (1) Documenta | tion shall include: | | | | | |
| | | ated in the training and the | | | | | |
| | outcomes (pass/fail); | | | | | | |
| | | vhere they attended; and | | | | | |
| | (C) instructor's | | | | | | |
| | (2) The Division | n of MH/DD/SAS may | | | | | |

Division of Health Service Regulation

STATE FORM 6899 7KDZ11 If continuation sheet 2 of 10

Division of Health Service Regulation

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| | | LSC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO THE APPRI | OPRIATE DATE | |
| | | | | DEFICIENCY) | | |
| V 536 | Continued From page | . 2 | V 536 | | | |
| , 000 | Continued From page | , _ | ' 555 | | | |
| | review/request this do | ocumentation at any time. | | | | |
| | (i) Instructor Qualifica | ations and Training | | | | |
| | Requirements: | · · | | | | |
| | l - | all demonstrate competence | | | | |
| | ` ' | esting in a training program | | | | |
| | | reducing and eliminating the | | | | |
| | need for restrictive int | | | | | |
| | | | | | | |
| | | all demonstrate competence | | | | |
| | | grade on testing in an | | | | |
| | instructor training pro | | | | | |
| | (3) The training | | | | | |
| | | nclude measurable learning | | | | |
| | 1 | le testing (written and by | | | | |
| | observation of behavi | ior) on those objectives and | | | | |
| | measurable methods | to determine passing or | | | | |
| | failing the course. | | | | | |
| | (4) The content | t of the instructor training the | | | | |
| | service provider plans | s to employ shall be | | | | |
| | approved by the Divis | sion of MH/DD/SAS pursuant | | | | |
| | to Subparagraph (i)(5 |) of this Rule. | | | | |
| | | instructor training programs | | | | |
| | | not limited to presentation of: | | | | |
| | | ng the adult learner; | | | | |
| | | r teaching content of the | | | | |
| | course; | | | | | |
| | , | r evaluating trainee | | | | |
| | performance; and | : 5.555 | | | | |
| | | ion procedures. | | | | |
| | | all have coached experience | | | | |
| | | ogram aimed at preventing, | | | | |
| | | - | | | | |
| | reducing and eliminating the need for restrictive interventions at least one time, with positive | | | | | |
| | | one ume, with positive | | | | |
| | review by the coach. | all Assaults a Assaults in | | | | |
| | | all teach a training program | | | | |
| | _ | reducing and eliminating the | | | | |
| | | terventions at least once | | | | |
| | annually. | | | | | |
| | (8) Trainers sha | all complete a refresher | | | | |
| | instructor training at le | east every two years. | | | | |

Division of Health Service Regulation

STATE FORM 6899 7KDZ11 If continuation sheet 3 of 10

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 1 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
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| V 536 | (j) Service providers documentation of initi training for at least th (1) Docume (A) who particip outcomes (pass/fail); (B) when and v (C) instructor's (2) The Division request and review th (k) Qualifications of (1) Coaches shrequirements as a train (2) Coaches shre course which is b (3) Coaches shrompetence by computation. | shall maintain ial and refresher instructor ree years. entation shall include: bated in the training and the where attended; and name. n of MH/DD/SAS may nis documentation any time. Coaches: nall meet all preparation ainer. nall teach at least three times eing coached. nall demonstrate bletion of coaching or | V 536 | | | | |
| | facility failed to ensur | ews and interviews the re staff completed annual alternatives for restrictive | | | | | |
| | (LPN) record revealed - Hired on 8/26/19 - Job Title: Psychiatric | | | | | | |

Division of Health Service Regulation

alternatives to restrictive interventions expired on

STATE FORM 6899 7KDZ11 If continuation sheet 4 of 10

Division of Health Service Regulation

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C A. BUILDING: | | (X3) DATE SURVEY COMPLETED |
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| V 536 | Continued From page | e 4 | V 536 | | |
| | pandemic, but could in she missed. Interview on 8/31/21 in Aware LPN missed in LPN signed up for wing the could be shown in the cou | with LPN revealed: training due to the Covid-19 not specify which training with Director revealed: some trainings what she is lacking right now | | | |
| V 537 | | nts - Training in Sec Rest & | V 537 | | |
| | ISOLATION TIME-OU (a) Seclusion, physic time-out may be emp been trained and hav competence in the pr to these procedures. staff authorized to emprocedures are retrain competence at least a (b) Prior to providing disabilities whose treatincludes restrictive into service providers, em volunteers shall compseclusion, physical results. | CAL RESTRAINT AND JT ral restraint and isolation loyed only by staff who have e demonstrated oper use of and alternatives Facilities shall ensure that uploy and terminate these ned and have demonstrated annually. direct care to people with atment/habilitation plan terventions, staff including ployees, students or olete training in the use of straint and isolation time-out se interventions until the | | | |

Division of Health Service Regulation

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Division of Health Service Regulation

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| V 537 Conti | nued From page | e 5 | V 537 | | | |
| (c) A demo trainir the ne (d) Th include meass behave method course (e) For by ear annual (f) Corprovide the Director Parage (g) A but arr (1) the us (2) (under others (3) rights concerninger (4) of res (5) interverses psychuse or restrict (6) (7) | pre-requisite for instrating comparing in preventing and for restrictive extraining shall extra to extra the use of extra to the training shall extra to extra the use of extra to extra the use of extra to extra the use of extra three | r taking this training is etence by completion of , reducing and eliminating the interventions. The competency-based, the earning objectives, written and by observation of objectives and measurable the passing or failing the straining must be completed ider periodically (minimum dining that the service oloy must be approved by D/SAS pursuant to Rule. In grograms shall include, presentation of: formation on alternatives to interventions; on when to intervene ment danger to self and the safety and respect for the sall persons involved (using trictive interventions and an intervention); or the safe implementation tions; the safe implementation the safety of the client and the | | | | |

Division of Health Service Regulation

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Division of Health Service Regulation

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
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| V 537 | (h) Service providers documentation of initi at least three years. (1) Documentation of initi at least three years. (1) Documentation of initi at least three years. (A) who particip outcomes (pass/fail); (B) when and with the content of the c | shall maintain al and refresher training for tion shall include: ated in the training and the where they attended; and name. In of MH/DD/SAS may ocumentation at any time. Action and Training all demonstrate competence testing in a training program reducing and eliminating the terventions. In all demonstrate competence testing in a training program reducing and eliminating the terventions. In all demonstrate competence testing in a training program reclusion, physical restraint in all demonstrate competence grade on testing in an an an an an an an an an area. In shall be include measurable learning le testing (written and by or) on those objectives and to determine passing or at of the instructor training the is to employ shall be sion of MH/DD/SAS pursuant | V 537 | | | |

Division of Health Service Regulation

STATE FORM 6899 7KDZ11 If continuation sheet 7 of 10

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| V 537 | Continued From page | e 7 | V 537 | | | |
| | contree. | | | | | |
| | course; (C) evaluation of | of trainee performance; and | | | | |
| | | ion procedures. | | | | |
| | | all be retrained at least | | | | |
| | | strate competence in the use | | | | |
| | <u>-</u> | restraint and isolation | | | | |
| | time-out, as specified | in Paragraph (a) of this | | | | |
| | Rule. | | | | | |
| | | all be currently trained in | | | | |
| | CPR. | | | | | |
| | (9) Trainers shall have coached experience | | | | | |
| | _ | f restrictive interventions at | | | | |
| | | positive review by the | | | | |
| | coach. | | | | | |
| | • • | all teach a program on the | | | | |
| | annually. | ventions at least once | | | | |
| | | all complete a refresher | | | | |
| | instructor training at le | | | | | |
| | (k) Service providers | | | | | |
| | | al and refresher instructor | | | | |
| | training for at least the | - | | | | |
| | () | tion shall include: | | | | |
| | (A) who particip outcome (pass/fail); | ated in the training and the | | | | |
| | | vhere they attended; and | | | | |
| | (C) instructor's | | | | | |
| | | n of MH/DD/SAS may | | | | |
| | | ocumentation at any time. | | | | |
| | (I) Qualifications of C | | | | | |
| | () | nall meet all preparation | | | | |
| | requirements as a tra | | | | | |
| | - | nall teach at least three | | | | |
| | times, the course whi | ch is being coached. | | | | |
| | (3) Coaches sh | nall demonstrate | | | | |
| | competence by comp | letion of coaching or | | | | |
| | train-the-trainer instru | | | | | |
| | (m) Documentation s | shall be the same | | | | |
| | preparation as for trai | iners. | | | | |

Division of Health Service Regulation

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Division of Health Service Regulation

| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE C | | (X3) DATE | SURVEY |
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| V 537 | Continued From pag | e 8 | V 537 | | | |
| | facility failed to ensure seclusion, physical reproviding services af (#1 & the Human Setailed to ensure form completed at least an audited staff (The Lid (LPN's). The finding Review on 8/31/21 or (LPN) record revealers Staff was hired on 8 solution time-out Review on 8/31/21 or Staff was hired on 8 solution time-out Review on 8/31/21 or Staff was hired on 8 solution time-out Review on 8/31/21 or Staff was hired on 8 solution time-out Review on 8/31/21 or Staff was hired on 8 solution time-out Review on 8/31/21 or (HSC) record revealers Staff was hired on 8 solution time-out Review on 8/31/21 or (HSC) record revealers Staff was hired on 8 solution time-out Review on 8/31/21 or (HSC) record revealers Staff was hired on 8 solution time-out Review on 8/31/21 or (HSC) record revealers Staff was hired on 8 solution time-out Review on 8/31/21 or (HSC) record revealers Staff was hired on 8 solution time-out Review on 8/31/21 or (HSC) record revealers Staff was hired on 8 solution time-out Review on 8/31/21 or (HSC) record revealers Staff was hired on 8 solution time-out Review on 8/31/21 or (HSC) record revealers Staff was hired on 8 solution time-out Review on 8/31/21 or (HSC) record revealers Staff was hired on 8 solution time-out Review on 8/31/21 or (HSC) record revealers Staff was hired on 8 solution time-out Review on 8/31/21 or (HSC) record revealers Staff was hired on 8 solution time-out Review on 8/31/21 or (HSC) record revealers Staff was hired on 8 solution time-out Review on 8/31/21 or (HSC) record revealers Staff was hired on 8 solution time-out Review on 8/31/21 or (HSC) record revealers Staff was hired on 8 solution time-out Review on 8/31/21 or (HSC) record revealers Staff was hired on 8 solution time-out Review on 8/31/21 or (HSC) record revealers Staff was hired on 8 solution time-out Review on 8/31/21 or (HSC) record revealers Staff was hired on 8 solution time-out Review on 8/31/21 or (HSC) record revealers Staff was hired on 8 solution time-out Review on 8/31/21 or (HSC) record revealers Staff was | iew and interviews, the re staff completed training estraint and isolation prior to fecting 2 of 3 audited staff rvice Clinician (HSC); and al refresher training was mually affecting 1 of 3 censed Practical Nurse is are: If Licensed Practical Nurse's ed: If L | | | | |
| | - Job Title: Human S - She started working received her training restraint and isolation Interview with the LP - She had missed on | ervice Clinician g with clients before she in seclusion, physical n time-out. N on 8/31/21 revealed: | | | | |

Division of Health Service Regulation

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Division of Health Service Regulation

| | OF DEFICIENCIES DF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
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| V 537 | Continued From page | 9 | V 537 | | | |
| | training she missed. | | | | | |
| | - She had been sched seclusion, physical re on the Wednesday fo the training had been - She provided service training in seclusion, isolation time-out on to date - Completed the training restraint and isolation. Interview on 8/31/21 vertaining in seclusion isolation time out is held to be a second or with the complete of the comple | es to clients before having obysical restraint and the Thursday after her start and ing in seclusion, physical time-out on 8/4/21 with the Director revealed: physical restraint and eld the first week of some trainings that she is lacking right now. In the director revealed: when Human Service and it had to be rescheduled was missing training | | | | |

Division of Health Service Regulation

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