

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-619 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/03/2021 |
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| NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES-RIVER RIDGE | STREET ADDRESS, CITY, STATE, ZIP CODE 5301 ROBBINS DRIVE RALEIGH, NC 27610 |
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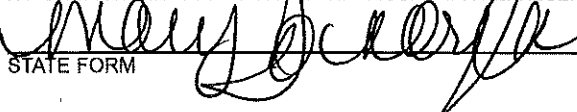
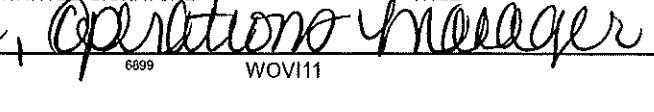
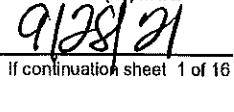
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| V 000 | INITIAL COMMENTS An annual survey was completed on 9/3/21. Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27G .2100 Specialized Community Residential Centers for Individuals with Developmental Disabilities. | V 000 | | |
| 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 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 | V 118 | Operations Manager confirmed Client #8 was hospitalized 6/8/21-6/23/21 through Case Management documentation and hospital notes. Learning Services RN will review MAR documentation at least weekly to check for any omissions or errors. Case Manager will file documentation, including hospital notes timely. | 9/7/21 ongoing ongoing |

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM  6999  WOV11  9/28/21 If continuation sheet 1 of 16

RECEIVED

By DHSR Mental Health Licensure & Certification at 3:12 pm, Sep 29, 2021

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| V 118 | <p>Continued From page 1 with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to keep the MARs current for 1 of 3 audited clients (#8). The findings are:</p> <p>Review on 9/1/21 of Client #8's record revealed:</p> <ul style="list-style-type: none"> - Admitted 11/12/20 - Diagnoses: Traumatic Brain Injury (TBI), Spinal Cord Injury (SCI) and Type II Diabetes <p>Review on 9/1/21 of Client #8's Physician order dated 8/5/21 revealed:</p> <ul style="list-style-type: none"> - Medications (meds) are as follows: <ul style="list-style-type: none"> -Lantus Solostar 100 units/milliliters (u/ml) inject 12 units (diabetes) -Lantus Solostar 100 u/ml inject 15 units (diabetes) -Lantus Solostar 100 u/ml inject 18 units (diabetes) -Lantus Solostar 100 u/ml inject 25 units (diabetes) -Pregabalin 200 milligram (mg) 1 capsule (cap) via g-tube twice daily (neuropathic pain) -Accu-check fastclix test 4 times daily before meals (diabetes) -Boost Shake one by mouth twice daily (glucose control) -Sodium Chloride 1 gram (gm) 1 tab via g-tube 3 times daily (sodium depletion) -Dantrolene Sodium 100mg 1 cap via g-tube 4 times daily (muscle relaxant) -Insulin Lispro 100 u/ml pen 3 times daily | V 118 | | |

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| V 118 | <p>Continued From page 2</p> <p>before meals (diabetes)</p> <ul style="list-style-type: none"> -Nyamyc 100,000 u/gm powder apply topically to the affected area 3 times daily (antifungal) -Lidocaine 5% patch apply 1 patch topically to each shoulder every morning and remove every evening (pain) -Baclofen 20mg tab 1 tab via g-tube 3 times daily (muscle spasticity) -Acetaminophen 500 mg tab 2 tabs twice daily (aches and pains) -Buspirone Hcl 5 mg tab 1 tab twice daily (anxiety) -Famotidine 20 mg tab 1 tab via g-tube twice daily (stomach acid) -Oxcarbazepine 300 mg tab 1 tab via g-tube twice daily (epilepsy) <p>Review on 9/1/21 of Client #8's June 2021 MAR revealed:</p> <ul style="list-style-type: none"> - No meds were signed off on from 6/8/21 - 6/23/21 - There was nothing noted on the back of the MAR explaining why no one signed off on client #8's meds <p>Interview on 9/1/21 the Lead Licensed Skilled Trainer (LST) reported:</p> <ul style="list-style-type: none"> - She was not sure if client #8 was in the hospital around the time that no staff signed off on giving his meds - Client #8 was in and out of the hospital "frequently" - Something should have been noted on the back of the MAR explaining why no one signed off on his meds <p>Interview on 9/1/21 the facility's Registered Nurse (RN) reported:</p> <ul style="list-style-type: none"> - Duties: monthly check of the MARs for errors | V 118 | | | |

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| V 118 | <p>Continued From page 3</p> <p>and compare old MARs with new MARs from the pharmacy to make sure they are correct</p> <ul style="list-style-type: none"> - Client #8's Licensed Practical Nurse (LPN) administered his meds - The end of each month, the MARs are pulled and given to the Operations Manager to check for any errors - They didn't have a consistent pattern of checking MARs weekly - Each staff that gave meds on their shift was responsible for double checking the MARs at the end of their shift to make sure there were no errors on the MAR - Anyone that gave meds was supposed to enter an explanation on the MAR if a medication was not given - There were numbers on the back of the MAR that corresponded to why the med wasn't given and that should be entered on the front of the MAR and the explanation should be written on the back - Can't answer why the MAR was not marked as an 8 (when client is in hospital) because she was not there - No one goes behind client #8's LPN on a daily basis to "specifically" check behind her - All staff should be checking behind each other when they do a shift change to make sure there are no questions or errors <p>Interview on 9/1/21 the Operations Manager reported:</p> <ul style="list-style-type: none"> - Client #8's LPN checked his MARs and gave his meds - The nurse from this facility was "like a 2nd set of eyes" - Med errors are the responsibility of both the contract nurse and this facility's nurse - There shouldn't be any errors - There should be an explanation on the back | V 118 | | |

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| V 118 | Continued From page 4 of the MAR if a med was not given - She couldn't explain why there was nothing marked on the MAR for the week of June 8 - 23, 2021 Interview on 9/1/21 the Client #8's LPN reported: - She was employed through an outside agency - She worked the nightshift 7pm - 7am - She was assigned to work as a 1:1 LPN for client #8 - She gave him his meds, wound care and took care of his colostomy bag - The nurse that administered his meds was responsible for signing off on the MAR - She couldn't remember if client #8 was in the hospital in June 2021 Due to the failure to accurately document medication administration it could not be determined if the client received his medications as ordered by the physician. | V 118 | | | |
| V 131 | G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. | V 131 | All personnel files will be audited for any missing Health Care Personnel Registry Checks. Operations Manager will obtain any missing checks. | 10/22/21 | |

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| V 131 | Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Health Care Personnel Registry (HCPR) was completed for one of three (#1) audited staff. The findings are: Review on 9/1/21 of staff #1's record revealed: -Hire date of 4/19/21 -No HCPR was present in the record Interview on 9/1/21 with the Operations Manager stated: -Corporate conducted the HCPR checks for all employees prior to hiring. -Not sure why staff #1's HCPR was not present in her record. -The HCPR check could be at their corporate office in another state. | V 131 | Operations Manager will complete Health Care Personnel Registry Check prior to hire. Operations Manager will file initial Health Care in onsite personnel file. Operations Manager will complete Health Care Personnel Registry Checks annually. Annual Health Care Personnel Registry Check will be filed in onsite personnel file. | ongoing ongoing | |
| V 133 | G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment | V 133 | All personnel files will be audited for any missing Criminal History Record Checks. Operations Manager will obtain any missing checks from the HR department. HR completes Criminal History Record Check upon hire. Initial check will be filed in personnel file onsite. Operations Manager will be responsible for ensuring checks are obtained and filed. | 10/22/21 ongoing | |

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| V 133 | Continued From page 6 is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State | V 133 | HR completes Criminal History Record Check annually. Annual check will be filed in personnel file onsite. Operations Manager will be responsible for ensuring checks are obtained and filed. Operations Manager will monitor monthly for completion. | 10/29/21 | ongoing |

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| V 133 | Continued From page 7 criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the | V 133 | | | |

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| V 133 | <p>Continued From page 8</p> <p>provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or</p> | V 133 | | |

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| V 133 | <p>Continued From page 9</p> <p>Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins</p> | V 133 | | |

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| V 133 | Continued From page 10 conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure they submitted a request for a Criminal Record check prior to employment for two of three audited staff (#2, #3). The findings are: Review on 9/1/21 of staff #2's record revealed: -Hire date of 11/9/15 -No Criminal Record check present in the record. Review on 9/1/21 of staff #3's record revealed: -Hire date of 3/6/16 -No Criminal Record check present in the record. Interview on 9/1/21 the Operations Manager stated: -Corporate conducted the criminal record checks for all employees. -Those criminal record checks were kept in their corporate office location in another state. -Had requested those to be faxed. No criminal record checks were received as of the close of this survey on 9/3/21. | V 133 | | |
| V 536 | 27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON | V 536 | | |

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| V 536 | Continued From page 11 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 Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with | V 536 | All staff have been scheduled to attend CPI Nonviolent Crisis Intervention Training. All new staff will be scheduled to attend CPI Nonviolent Crisis Intervention Training upon hire by the Operations Manager. All staff will be scheduled to attend annual CPI Non Violent Crisis Intervention Training, based on the completion date of their initial training. Operations Manager will monitor on a monthly basis. | 9/28/21 ongoing ongoing ongoing |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-619 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 09/03/2021 |
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| NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES-RIVER RIDGE | | STREET ADDRESS, CITY, STATE, ZIP CODE 5301 ROBBINS DRIVE RALEIGH, NC 27610 | | |
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| V 536 | Continued From page 12 disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning | V 536 | | |

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| V 536 | <p>Continued From page 13</p> <p>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> <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</p> | V 536 | | |

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| V 536 | Continued From page 14 requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of three (#1) audited staff had initial training and two of three audited staff (#2, #3) had annual training in Alternatives to Restrictive Interventions. The findings are: Review on 9/1/21 of staff #1's record revealed: -Hire date of 4/19/21 -No training in Alternatives to Restrictive Interventions Review on 9/1/21 of staff #2's record revealed: -Hire date of 11/9/15 -Alternatives to Restrictive Interventions dated 12/9/19 Review on 9/1/21 of staff #3's record revealed: -Hire date of 3/6/16 -Alternatives to Restrictive Interventions dated 3/9/20 Interview on 9/1/21 the Operations Manager stated: | V 536 | | |

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| V 536 | Continued From page 15 -They had been using a curriculum for many years in Alternatives to Restrictive Interventions and the trainer was no longer with them. -They were switching curriculums and planned to get trained on those. -Due to Coronavirus, it had been difficult to get the trainings. | V 536 | | | |