

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-332	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/27/2021
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NAME OF PROVIDER OR SUPPLIER FREEDOM	STREET ADDRESS, CITY, STATE, ZIP CODE 1089 X RAY DRIVE GASTONIA, NC 28054
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V 000	<p>INITIAL COMMENTS</p> <p>A limited follow up Survey for the Type A1 rule violations was completed on September 27, 2021. This was a limited follow up survey, only 10A NCAC 27G .0202 Personnel Requirements (V107), 10A NCAC 27G .0202 Personnel Requirements (V108), 10A NCAC 27G .0209 Medication Requirements (V118), General Statute 122C-80 Criminal History Record Check Required for Certain Applicants for Employment (V131), General Statute 131E Health Care Personnel Registry (V133), 10A NCAC 27G .3101 Scope (V218), 10A NCAC 27G .3102 Staff (V219), 10A NCAC 27G .3103 Operations (V220), 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect, or Exploitation (V512), 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536), and 10A NCAC 27E .0108 Training in Seclusion, Physical Restraint and Isolation Time-Out (V537) were reviewed for compliance. The following were brought back into compliance 10A NCAC 27G .0202 Personnel Requirements (V107), 10A NCAC 27G .0202 Personnel Requirements (V108), 10A NCAC 27G .0209 Medication Requirements (V118), General Statute 122C-80 Criminal History Record Check Required for Certain Applicants for Employment (V131), General Statute 131E Health Care Personnel Registry (V133), 10A NCAC 27G .3101 Scope (V218), 10A NCAC 27G .3102 Staff (V219), and 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect, or Exploitation (V512). Deficiencies were cited.</p> <p>The facility is licensed for the following service categories: 10A NCAC 27G .3100 Non-hospital Medical Detoxification for Individuals who are Substance Abusers and 10A NCAC 27G .3300 Outpatient Detoxification for Substance Abuse.</p>	V 000		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 220	<p>27G .3103 Nonhospital Med. Detox. - Operations</p> <p>10A NCAC 27G .3103 OPERATIONS</p> <p>(a) Monitoring Clients. Each facility shall have a written policy that requires:</p> <p>(1) procedures for monitoring each client's general condition and vital signs during at least the first 72 hours of the detoxification process; and</p> <p>(2) procedures for monitoring and recording each client's pulse rate, blood pressure and temperature at least every four hours for the first 24 hours and at least three times daily thereafter.</p> <p>(b) Discharge Planning And Referral To Treatment/Rehabilitation Facility. Before discharging the client, the facility shall complete a discharge plan for each client and refer each client who has completed detoxification to an outpatient or residential treatment/rehabilitation facility.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to monitor and record each client's pulse rate, blood pressure and temperature at least every four hours for the first 24 hours of treatment affecting 3 of 3 audited clients (Clients #1, #2, and #3). The findings are: Review on 9/21/21 - 9/27/21 of Client #1's record revealed: -Admitted 9/18/21 at 11:05am; -Diagnosed with Opioid Use, Severe; -Client's pulse rate, blood pressure and temperature were not monitored and recorded at least every four hours for the first 24 hours of</p>	V 220		

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V 220	Continued From page 2 treatment (recordings were made 9/18/21 at admission, 9/18/21 at 4:30pm, 9/18/21 at 5:36pm when she was sent to the local hospital returning on 9/19/21 at 7:30am, 9/19/21 at 8am vital resumed, 9/19/21 at 10:30am, 9/19/21 at 11:31am). Review on 9/21/21 - 9/27/21 of Client #2's record revealed: -Admitted 9/13/212 at 4pm; -Diagnosed with Alcohol Use Disorder, Severe; -Client's pulse rate, blood pressure and temperature were not monitored and recorded at least every four hours for the first 24 hours of treatment (recordings were made 9/13/21 at 4pm, 9/13/21 at 8:10pm, 9/14/21 at 12am, 9/14/21 at 5am, 9/14/21 at 9am, and 9/14/21 at 1pm, and 9/14/21 at 4pm during the first 24 hours of treatment). Review on 9/21/21 - 9/27/21 of Client #3's record revealed: -Admitted 9/19/21 at 2:30pm; -Diagnosed with Alcohol Use Disorder, Severe; -Client's pulse rate, blood pressure and temperature were not monitored and recorded at least every four hours for the first 24 hours of treatment (recordings were made 9/19/21 at admission, 9/19/21 at 3:04pm, 9/19/21 at 5:21pm, 9/19/21 at 11pm, 9/20/21 at 6:58am, 9/20/21 at 12:13pm during the first 24 hours of treatment). This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 220		
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	<p>Continued From page 3</p> <p>ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(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.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</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 wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with</p>	V 536		

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V 536	<p>Continued From page 4</p> <p>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> <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</p>	V 536		

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V 536	<p>Continued From page 5</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	<p>Continued From page 6</p> <p>requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure staff received training in alternatives to restrictive intervention affecting 1 of 5 audited staff (Staff #1). The findings are:</p> <p>Review on 9/21/21 of Staff #1's record revealed: -Hired 1/22/20; -Employed as Behavioral Heath Technician; -No current training in alternatives to restrictive intervention.</p> <p>Interview on 9/21/21 with the Vice President of Operations revealed: -Staff #1's training in alternatives to restrictive intervention has lapsed and he is taking the training today.</p> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO	V 537		

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V 537	<p>Continued From page 7</p> <p>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT</p> <p>(a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated 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,</p>	V 537		

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V 537	<p>Continued From page 8</p> <p>but are not limited to, presentation of:</p> <p>(1) refresher information on alternatives to the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(3) emphasis on safety and respect for the 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</p>	V 537		

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V 537	<p>Continued From page 9</p> <p>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 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</p>	V 537		

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V 537	<p>Continued From page 10</p> <p>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> <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>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure staff received training in seclusion, physical restraint, and isolation time out affecting 1 of 5 audited staff (Staff #1). The findings are:</p> <p>Review on 9/21/21 of Staff #1's record revealed: -Hired 1/22/20; -Employed as Behavioral Health Technician; -No current training in seclusion, physical restraint, and isolation time out.</p> <p>Interview on 9/21/21 with the Vice President of</p>	V 537		

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V 537	<p>Continued From page 11</p> <p>Operations revealed: -Staff #1's training in seclusion, physical restraint, and isolation time out has lapsed and he is taking the training today.</p> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 537		