

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-802	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/14/2021
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NAME OF PROVIDER OR SUPPLIER WATER MILL HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6801 WATER MILL COURT CHARLOTTE, NC 28215
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 10/14/21. The complaints were substantiated (intake# NC00180568 and NC00181741). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 118	<p>Continued From page 1</p> <p>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 review, observation and interview, the facility failed to ensure medications were administered with a signed physician's order and failed to ensure MAR of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration affecting 1 of 1 current client(#1). The findings are:</p> <p>Record review on 10/7/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date 8/13/21; - Age 14; - Diagnoses- Oppositional Defiant disorder, Attention Deficit Hyperactivity Disorder Disruptive Mood Disorder; - Physician order for Melatonin (sleep aid) 10mg(milligram) PRN(as needed) 10/1/21; - No physician order for Albuterol HFA (inhaler) 18 mg 2 puffs every 6 hours PRN. <p>Observations on 10/6/21 at 3:25pm of client #1's medication revealed:</p> <ul style="list-style-type: none"> -Medications were kept in a locked box in the closet; - Melatonin 10mg PRN; - Albuterol HFA 18 mg 2 puffs every 6 hours PRN dispensed 11/30/20. 	V 118		

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V 118	<p>Continued From page 2</p> <p>Review on 10/6/21 of client #1's MARs from August 2021-September 2021 revealed:</p> <ul style="list-style-type: none"> - No October MAR; - Albuterol HFA 18 mg 2 puffs every 6 hours PRN was listed on August and September MAR but was not administered. <p>Interview on 10/6/21 with staff #1 revealed:</p> <ul style="list-style-type: none"> -There was no October 2021 MAR; - Client #1 just got Melatonin and is taking it at night; - Client #1 has not needed his inhaler. <p>Interview on 10/13/21 with Qualified Professional revealed:</p> <ul style="list-style-type: none"> - Was not aware there was no October 2021 MAR; - House manager was in charge of completing MAR; - Monitored to ensure MARs were filled out correctly. <p>Interview on 10/14/2021 with Licensee revealed:</p> <ul style="list-style-type: none"> - All staff trained to complete MARs; - Didn't know there was no October 2021 MAR. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>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</p>	V 131		

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V 131	Continued From page 3 of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to offer of employment affecting 1 of 3 staff (staff #2). The findings are: Review on 10/7/21 on staff #2's record revealed: - Date of Hire 11/16/18; - Job Title: Behavioral Modification Technician; - HCPR report was dated on 12/6/18. Interview on 10/6/21 with staff #2 revealed: - Hired at facility in 5/20/2007; - Rehired at the facility in 11/26/2018. Interview on 10/14/2021 with Licensee revealed: - Thought HCPR was completed in October or November when staff was rehired; - Didn't know it was late.	V 131		
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,	V 536		

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V 536	<p>Continued From page 4</p> <p>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> <ol style="list-style-type: none"> (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 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 	V 536		

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V 536	<p>Continued From page 5</p> <p>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 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</p>	V 536		

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V 536	<p>Continued From page 6</p> <p>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 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</p>	V 536		

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V 536	<p>Continued From page 7 as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure staff completed annual refresher training in alternatives for restrictive interventions affecting 3 of 3 staff (staff #1, staff #2 and Qualified Professional (QP)). The findings are:</p> <p>Record review on 10/7/21 of staff #1's record revealed: - Date of hire 8/11/13; - Job Title: Paraprofessional; - Training in Nonviolent Crisis Intervention (NCI) expired 7/15/21.</p> <p>Record review on 10/7/21 of staff #2's record revealed: - Date of hire 11/26/18; - Job Title: Behavioral Modification Technician; - Training in NCI expired 7/15/21.</p> <p>Record review on 10/7/21 of QP's record revealed: - Date of hire 7/3/08; - Training in NCI expired 7/15/21.</p> <p>Interview on 10/7/21 with Human Resources staff revealed: - Had a list of staff who needed NCI recertification; - Planned to schedule a training.</p>	V 536		

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V 536	Continued From page 8 Interview on 10/13/21 with Qualified Professional revealed: - Human Resources was in charge of scheduling annual trainings; - Human Resources would keep him informed when annual trainings were coming up.	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 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 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. (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. (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. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable	V 537		

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

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V 537	<p>Continued From page 10</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 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>	V 537		

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V 537	<p>Continued From page 11</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> <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> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure staff completed annual refresher training in seclusion, physical restraint</p>	V 537		

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V 537	<p>Continued From page 12</p> <p>and isolation time-out affecting 3 of 3 staff (staff #1,staff #2 and Qualified Professional (QP)). The finding are:</p> <p>Record review on 10/7/21 of staff #1's record revealed:</p> <ul style="list-style-type: none"> - Date of hire 8/11/13; - Job Title: Paraprofessional; - No current training in seclusion, physical restraint and isolation time-out. <p>Record review on 10/7/21 of staff #2's record revealed:</p> <ul style="list-style-type: none"> - Date of hire 11/26/18; - Job Title: Behavioral Modification Technician; - No current training in seclusion, physical restraint and isolation time-out. <p>Record review on 10/7/21 of QP's record revealed:</p> <ul style="list-style-type: none"> - Date of hire 7/3/08; - No current training in seclusion, physical restraint and isolation time-out. <p>Interview on 10/7/21 with Human Resources staff revealed:</p> <ul style="list-style-type: none"> - Had a list of staff who needed Nonviolent Crisis Intervention recertification; - Planned to schedule a training. <p>Interview on 10/13/21 with QP revealed:</p> <ul style="list-style-type: none"> - Human Resources was in charge of scheduling annual trainings; - Human Resources would keep him informed when annual trainings were coming up. 	V 537		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-802	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/14/2021
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NAME OF PROVIDER OR SUPPLIER WATER MILL HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6801 WATER MILL COURT CHARLOTTE, NC 28215
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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 736	<p>Continued From page 13</p> <p>EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations at approximately 4:23pm to 4:50pm on 10/6/21 of the facility revealed:</p> <ul style="list-style-type: none"> - No mattress in unoccupied bedroom #1; - Broken dresser in unoccupied bedroom #1; - Window sealed in unoccupied bedroom #1; - No mattress in unoccupied bedroom #2; - No door knob on former client #3's door; - Window had taped Plexi glass in unoccupied bedroom #2; - No closet door in unoccupied bedroom #2; - Two mattresses were against the home in the backyard; - Broken shed door with a pole in the door; - Broken satellite dish laying in backyard; - Small broken pieces of furniture behind the home. <p>Attempted Interview on 10/13/21 with former client #3 revealed:</p> <ul style="list-style-type: none"> - Initially refused to come to the phone; - When agreed to come to the phone refused to answer questions. <p>Interview on 10/6/21 with staff #1 revealed:</p> <ul style="list-style-type: none"> - Former client #3 kicked out the window; 	V 736		

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V 736	<p>Continued From page 14</p> <ul style="list-style-type: none"> - Couldn't open windows due to repairs being completed; - Threw out mattress due to former client #2 urinating on mattress; - Acknowledged repairs being done to the home. <p>Interview on 10/12/21 with Department of Social Services Child Protective Services Social Worker revealed:</p> <ul style="list-style-type: none"> - Stated former client #3's bedroom window was broken; - Had plastic and tape to cover the broken window; - There was no door knob on former client #3's door; - Former Client #3 had holes in bedroom wall. <p>Interview on 10/13/2021 with Qualified Professional revealed:</p> <ul style="list-style-type: none"> - Made some minor repairs to the windows in the past; - Sealed window in the process of being repaired in former client #2's bedroom; - Window was broken in former client #3's bedroom in July 2021; - Replaced window with Plexi glass and tape; - Completed some renovations of the home; - Planned to purchase two windows at a time; - Expected to have renovations completed any day now but no later than end of the month; - "Waiting for supplies to come in"; - Planned to complete renovations before admitting new clients. <p>Interview on 10/14/2021 with Licensee revealed:</p> <ul style="list-style-type: none"> - Windows were operable prior to former clients at facility; - Unable to make repairs until clients moved out; - Planned to have windows repaired before admitting new clients. 	V 736		

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V 736	Continued From page 15 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		