

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2021
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NAME OF PROVIDER OR SUPPLIER BROOKWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 207 SUMMERPINE PLACE KANNAPOLIS, NC 28081
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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 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 11/05/21. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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 with a physician.</p>	V 118	<p style="text-align: center;">RECEIVED DEC 03 2021 DHSR-MH Licensure Sect</p>	

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

Katherine Benton,



TITLE

Director of Operations

(X6) DATE

11/30/21

Division of Health Service Regulation

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V 118	Continued From page 1 This Rule is not met as evidenced by: Based on records review, observation and interviews, the facility failed to ensure MARs were kept current and failed to administer medications as ordered affecting 1 of 3 clients (client #2). The findings are: Record review on 11/3/21 of client #2's record revealed: - Admission date 8/25/11; - Diagnoses- Autism Spectrum Disorder, Catatonic Disorder, Severe Intellectual Disability Disorder, Microcephaly, Fetal Alcohol Syndrome, Hypertension, Gynecomastia, Tardive Dyskinesia, Chronic Brain Syndrome; - Physician orders dated for 7-28-21 Triamcinolone cream (Dermatitis) 0.1%, Apply topically to the affected area daily; Bump Stopper 2(skin care) Apply to beard line daily after shaving. Observation on 11/4/21 at 1:19pm of client #2's medication revealed: -Triamcinolone cream 0.1%, Apply topically to the affected area daily; - There was no Bump Stopper 2 Apply to beard line daily after shaving available for review in the facility. Review on 11/4/21 of client #2's MAR from August 2021- November 2021 revealed: - Triamcinolone cream 0.1%, Apply topically to the affected area daily was listed on the August	V 118	V 118 RHA will ensure each Medication Administration Record (MAR) is completed correctly each month as evidenced by: 1) Implementing the med checker system on each shift. 2) Training each employee on the correct medication administration process. 3) Checking the MAR throughout the month for errors. 4) When errors are found, issue the employee a Medication Error Report and re-train the employee on the medication administration process. 5) Ensuring the medication orders are updated and implemented correctly. This process will be monitored monthly by the Residential Team Leader, QP and/or Nursing staff. All medication errors are reviewed monthly in the CQI meeting.	1/4/22

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V 118	<p>Continued From page 2</p> <p>2021- November 2021 MAR but was not documented as administered; - Handwritten comment each month stating do not use Triamcinolone cream unless client #2 was having active rash;</p> <p>Interview on 11/4/21 with staff #1 revealed: - Did not administer Triamcinolone cream to client #2; - Was told by house manager not to administer Triamcinolone cream if client #2 did not have an active rash; - Threw away client #2's Bump Stopper 2 after last use on 11/4/21.</p> <p>Interview on 11/4/21 with staff #2 revealed: -Did not administer Triamcinolone cream to client #2.</p> <p>Interview on 11/4/21 with the House Manager revealed: -Informed the Licensed Practical Nurse (LPN) that client #2 did not have an active rash to apply Triamcinolone cream to; - Instructed by LPN to not apply the Triamcinolone cream; - Client #2 used last of Bump Stopper 2 earlier that day; - Ordered a refill of client #2's Bump Stopper 2 on 11/4/21.</p> <p>Interview on 11/3/21 with the LPN revealed: - Aware client #2 had a physician order to receive Triamcinolone cream daily; - Knew client #2 was not receiving the Triamcinolone cream daily; - Spoke with house manager about receiving a new physician order when client #2 went to the doctor's office.</p>	V 118		

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V 118	Continued From page 3 Interview on 11/4/21 with the Regional Administrator revealed: - Aware client #2 had a physician's order to receive Triamcinolone cream daily; - Was informed house manager received a new physician's order on yesterday for Triamcinolone cream to be PRN for client #2; - Didn't realize house manager had office visit notes from physician but not a physician's order.	V 118		
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	V 536		

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

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

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V 536	<p>Continued From page 6</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 as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on the records review and interviews, the facility failed to ensure 1 of 3 staff (Qualified Professional (QP)) completed training in alternatives to restrictive interventions. The findings are:</p> <p> </p> <p>Review on 11/3/21 of the Qualified Professional record revealed: - Hire Date 10/19/21;</p>	V 536		
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V 536	Continued From page 7 - Core Plus training certificate dated 10/28/21. Interview on 11/4/21 with the QP revealed: - Had not been trained in alternatives to restrictive interventions. Interview on 11/4/21 with the Human Resource Training Coordinator revealed: - Trained to train in Professional Assault Crisis Training (ProAct); - QP was scheduled for ProAct training on October 28, 2021; - ProAct training was canceled; - QP has been rescheduled for ProAct training; - Preprinted the certifications for the training; - Placed the certification in QP's file; - Preprinting certifications was standard practice.	V 536	V 536 The HR Training Coordinator will be in-serviced to only complete certifications after the required training course(s) are completed and verified by the trainer. This process will be monitored by HR Training Audits by the Quality Assurance Specialist.	1/4/22
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	V 537		

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V 537	<p>Continued From page 8</p> <p>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 rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (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; (6) prohibited procedures; 	V 537		

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V 537	<p>Continued From page 9</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 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>	V 537		
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V 537	<p>Continued From page 10</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> <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>	V 537		

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V 537	<p>Continued From page 11</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on the records review and interviews, the facility failed to ensure 1 of 3 staff (Qualified Professional (QP)) completed training in seclusion, physical restraint and isolation time out. The findings are:</p> <p>Review on 11/3/21 of the Qualified Professional record revealed: - Hire Date 10/19/21; - Core Plus training certificate dated 10/28/21.</p> <p>Interview on 11/4/21 with the QP revealed: - Had not been trained in seclusion, physical restraint and isolation time-out.</p> <p>Interview on 11/4/21 with the Human Resource Training Coordinator revealed: - Trained to train in Professional Assault Crisis Training (ProAct); - QP was scheduled for ProAct training on October 28, 2021; - ProAct training was canceled; - QP has been rescheduled for ProAct training; - Preprinted the certifications for the training; - Placed the certification in QP's file; - Preprinting certifications was standard practice.</p>	V 537	<p>V 537</p> <p>RHA Health Services will ensure all employees are fully trained in all required trainings and not issued certification certificates until the course is completed and verified by the certified trainer. This will be in-serviced and monitored with the HR/Training Coordinator monthly by reviewing the Workday Learning Audit Report for employees and through ongoing Quality Assurance Audits.</p>	1/4/22
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In-service Training

Date: 11/30/2021

Place Held: Brookwood-Kannapolis Unit

Title of Training: Training Requirements

Instructor's Name: Katherine Benton

Title: Director of Operations

Instructor's Name:

Title:

Purpose/Outline of Training

- 1) The HR/Training Coordinator will ensure all new hire employees complete all required training courses.
- 2) The HR/Training Coordinator will ensure the certificates for the completed courses are not completed until the course is completed and verified as completed and passed by the certified trainer.
- 3) The HR/Training Coordinator will ensure all verified certificates for training are accurate and filed in the employee's training record.
- 4) The HR/Training Coordinator will run monthly Workday Learning Audit Reports for review by the Regional Administrator and/or Director of Operations to ensure training requirements are being met for new employees.

Instructor's Signature

Instructor's Signature

Attendance Roll

Full Name	Shift	Signature	Home
		<i>Kendra Johnson</i>	



November 30, 2021

Ms. Aja Waller
Facility Compliance Consultant I
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: MHL-013-161 Brookwood

Dear Ms. Waller:

Please see the enclosed Plan of Correction (POC) for the deficiencies sited at the Brookwood Group Home during your annual survey visit on 11/5/2021. We have implemented the POC and invite you to return to the facility on or around 1/4/2022 to review our POC items.

Please contact me with any further issues or concerns regarding the Brookwood Group Home (MHL-013-161).

Sincerely,

A handwritten signature in black ink, appearing to read "Katherine Benton".

Katherine Benton
Director of Operations
RHA Health Services, LLC
Kbenton2@rhanet.org