

Division of Health Service Regulation

PRINTED: 10/29/2021
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2021
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NAME OF PROVIDER OR SUPPLIER NORTH MEBANE STREET GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1422 NORTH MEBANE STREET BURLINGTON, NC 27217
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on October 28, 2021. 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 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are:</p> <p>Record review on 10/28/21 of the facility's fire drill log revealed: -10/2/21- 1st shift. -9/30/21- 2nd shift.</p>	V 114	<p>DHSR - Mental Health</p> <p>NOV 19 2021</p> <p>Lic. & Cert. Section</p> <p>V 114 QP/Coordinator will monitor staff monthly to ensure they are running fire and disaster drills on all 3 shifts (1st, 2nd, and 3rd). Times will be documented and rotated monthly to ensure every shift is being covered.</p>	

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

TITLE

(X6) DATE

William Carr

VP of CRSS/ICF

11-16-2021

STATE FORM

6899

7N9X11

If continuation sheet 1 of 7

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V 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> -8/30/21- 1st shift. -8/24/21- 2nd shift. -7/22/21- 3rd shift. -6/25/21- 2nd shift. -5/29/21- 1st shift. -5/3/21- 2nd shift. -4/30/21- 1st shift. -3/29/21- 2nd shift. -1/10/21- 1st shift. -1/31/21- 3rd shift. -12/31/20- 1st shift. -11/2/20- 2nd shift. -10/30/20- 3rd shift. <p>-There was no evidence that fire drills had been conducted on the 3rd shift for the 2nd quarter of 2021.</p> <p>Record review on 10/28/21 of the facility's disaster drill log revealed:</p> <ul style="list-style-type: none"> -10/16/21- 3rd shift. -9/23/21- 2nd shift. -8/8/21- 1st shift. -6/20/21- 1st shift. -5/17/21- 1st shift. -4/17/21- 3rd shift. -3/13/21- 1st shift. -11/14/20- 1st shift. <p>-There was no evidence that disaster drills had been conducted on the 2nd and 3rd shift for the 1st quarter of 2021.</p> <p>-There was no evidence that disaster drills had been conducted on the 2nd shift for the 2nd quarter of 2021.</p> <p>-There was no evidence that disaster drills had been conducted on the 3rd shift for the 3rd quarter of 2021.</p> <p>Interview on 10/28/21 with the House Manager revealed:</p> <ul style="list-style-type: none"> -Reported that house operations pretty much 	V 114		

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V 114	Continued From page 2 happened during two shifts. -Reported COVID outbreak back on January 2021 that impacted number of drills to be conducted because they could not go outside the home or huddled together inside. -He confirmed staff failed to conduct drills under conditions that simulate emergencies under each shift on each quarter.	V 114		
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 by each service provider periodically (minimum	V 536		

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V 536	<p>Continued From page 3</p> <p>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> <p>(C) instructor's name;</p>	V 536		

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V 536	<p>Continued From page 4</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> <p>(8) Trainers shall complete a refresher</p>	V 536		

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V 536	<p>Continued From page 5</p> <p>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>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of three audited staff (the Qualified Professional) had current training in the use of alternatives to restrictive interventions. The findings are:</p> <p>Review on 10/28/21 of the Qualified Professional's personnel records revealed: -She had a hire date of 8/16/21. -She was hired as a Program Coordinator II-</p>	V 536	<p>V 536</p> <p>Training Department will conduct monthly audits to ensure compliance of mandated trainings. Staff training spreadsheet will continue to be updated upon completion of staff training.</p>	
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V 536	Continued From page 6 Qualified Professional -There was no documentation of Training on Alternatives to Restrictive Intervention on file. Interview on 10/28/21 with the Personnel staff revealed: -The group home was using "NC-CDI Training" for training in Alternative to Restrictive Interventions. -Qualified Professional was scheduled to complete training on Alternatives to Restrictive Interventions -She confirmed the Qualified Professional did not have training on Alternatives to Restrictive Intervention.	V 536		