Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL080-216 | A. BUILDING: _____ B. WING _____ | 06/11/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| TMR RESIDENTIAL | 1335 WEST RIDGE ROAD SALISBURY, NC 28147 |

| (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 |
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| V 000 | INITIAL COMMENTS<br><br>An Annual and Compliant survey were completed on 6/11/2021. The first complaint was unsubstantiated (intake# NC177144). The second complaint was substantiated (intake #NC 177646). Deficiencies were cited.<br><br>This facility is licensed for the following service category; 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescent. | V 000 | | |
| V 109 | **27G .0203 Privileging/Training Professionals**<br><br>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS<br>(a) There shall be no privileging requirements for qualified professionals or associate professionals.<br>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including:<br>(1) technical knowledge;<br>(2) cultural awareness;<br>(3) analytical skills;<br>(4) decision-making;<br>(5) interpersonal skills; (6) communication skills; and<br>(7) clinical skills.<br>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. | V 109 | | |

Division of Health Service Regulation

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE



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| V 109 | Continued From page 1<br><br>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.<br><br>**This Rule is not met as evidenced by:** Based on records review and interviews, the facility failed to ensure staff demonstrated competency for the population served for 1 of 1 Director/Qualified Professional (QP) and 1 of 1 Associate Professional(AP). The findings are:<br><br>Review on 6/9/21 of the Director/QP's personnel record revealed:<br>-hire date of 6/3/15;<br>-documentation of completed trainings dated 6/3/15 in Client Rights, HIPPA, Abuse/Neglect, Orientation, Special Populations and EBPI(Evidence Based Protective Interventions) dated 7/25/20.<br><br>Review on 6/9/21 of the AP's personnel record revealed:<br>-hire date of 3/11/21;<br>-documentation of completed trainings dated 3/8/21 in Client Rights, HIPPA, Abuse/Neglect, Orientation, Special Populations and EBPI dated 3/11/21.<br><br>Review on 6/8/21 of Former Client(FC)#3's | V 109 | We will offer training sessions to ensure competency for the population served to staff [QP's, AP's and PP's] and volunteers. These sessions may consist of discussions regarding meeting specific Clients' needs (e.g. Clients at risk for choking, behavior management, back injury prevention, prevention); presentations, videos or audio recordings regarding services to youth and mentally or physically disabled; discussions regarding linkages with community programs; and other methods of presenting information that is of interest/value to staff in the provision of Client care.<br><br>**Training will be conducted in the following areas:**<br><br>**General Orientation**<br>**Client Rights**<br>**Confidentiality**<br>**Corporate Compliance**<br>**Cultural Dynamics**<br>**HIPAA**<br>**Health & Safety**<br>**Medication Management**<br>**Seizure Management**<br>**Blood Borne/OSHA**<br>**Incident Reporting**<br>**Special Population (MH/DD/SAS)**<br>**1st Aid/ CPR**<br>**EBPI**<br><br>**CLINICAL AND ADMINISTRATIVE RESPONSIBILITES OF QUALIFIED PROFESSIONALS**<br><br>**(1) Supervision of agency associate professional(s) as set forth in Rule 10A NCAC 27G .1703; initiation of an individualized supervision plan upon hiring each associate professional.** | 06/09-2021 and Ongoing |

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| V 109 | Continued From page 2<br>record revealed:<br>-admission date of 12/23/20 with discharge date of 6/8/21;<br>-diagnosis of Major Depressive Disorder;<br>-age 15 years;<br>-history of running away.<br><br>Review on 6/8/21 of FC#4's record revealed:<br>-admission date of 3/3/21 wit discharge date of 6/5/21;<br>-diagnoses of Post Traumatic Stress Disorder, Oppositional Defiant Disorder, Major Depressive Disorder and Disruptive Mood Dysregulation Disorder;<br>-age 15 years;<br>-history of running away.<br><br>Interview on 6/8/21 with FC#3 revealed:<br>-stated that she ran away a couple of times. -ran two times from school and one time from the facility.<br>-stated that she had to sleep on the floor for three nights;<br>-stated they offered her the couch, but she was already asleep;<br>-stated that they made her sleep on the floor because she ran away.<br><br>Attempted interview on 6/7/21 with FC#4 was not successful due to the legal guardian was out of town and would not be available until 6/21/21.<br><br>Interview on 6/9/21 with the Associate Professional revealed:<br>-FC#3 and FC#4 slept in living room because on 72-hour watch due to running away;<br>-had couch made up for them;<br>-offered them the couch;<br>-not made to sleep on floor. | V 109 | | |

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| V 109 | Continued From page 3<br><br>Interview on 6/11/21 with the Director/Qualified Professional revealed:<br>-FC#3 and FC#4 ran away;<br>-found FC#3 that night;<br>-found FC#4 later;<br>-put them on 72-hour watch;<br>-made a pallet on the couch for FC#3 and staff monitored FC#3;<br>-FC#3 and FC#4 had removed the strip in the alarm on the bedroom windows and put tin foil in it;<br>-let FC#3's social worker know they were putting her in the living room on the couch to be monitored;<br>-FC#3 chose to sleep on the floor;<br>-didn't know what to do;<br>-was trying to keep the clients safe. | V 109 | | |
| V 114 | **27G .0207 Emergency Plans and Supplies**<br><br>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES<br>(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.<br>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.<br>(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.<br>(d) Each facility shall have basic first aid supplies accessible for use. | V 114 | | |

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| V 114 | Continued From page 4<br>**This Rule is not met as evidenced by**:<br>Based on interviews and record reviews, the facility failed to ensure fire and disaster drills were held at least quarterly and were repeated for each shift. The findings are:<br><br>Interview on 6/8/21 with staff #1 revealed:<br>-work second shift at the facility; -<br>work from 3pm until 11pm.<br><br>Interview on 6/8/21 with staff #2 revealed:<br>-facility ran three shifts;<br>-1st was from 7am-3pm; -<br>2nd was from 3pm-11pm; -<br>3rd was from 11pm-7am.<br><br>Review on 6/7/21 and 6/8/21 of the facility documentation of fire and disaster drills from 6/1/20-6/8/21 revealed:<br>-no fire drill on second shift from 10/1/20-12/31/20;<br>-no disaster drills on first, second and third shifts from 10/1/20-12/31/20;<br>-no disaster drills on first and third shifts from 7/1/20-9/30/20;<br>-no disaster drills on third shift from 1/1/21-3/31/21.<br><br>Interview on 6/8/21 with Former Client #3 revealed:<br>was at the facility for 6 months;<br>-did fire drills;<br>-only did one disaster drill.<br><br>Interview on 6/11/21 with the Director/Qualified Professional(QP) revealed:<br>-not aware there were any missed drills;<br>-the other QP had been out sick, and she usually checked the drills. | V 114 | Safety Preparedness Plan<br>The disaster preparedness plan has been approved by the provider's Director. Any changes to the disaster preparedness plan the Director will forward the changes to TGH Residential Services for approval. In an emergency which dictates implementation of the plan and results in injury or loss of life, the Director will notify DHHS within 24 hours. An incident report and assessment of performance will be done when the plan is implemented.<br><br>It is our policy to provide a safe environment for the Clients, staff, and visitors. Provider has put together a disaster preparedness plan to allow us to provide the safest response to any disaster by having:<br>• Full oversight and authority in delegating tasks<br>• Safety of the Clients<br>• Ensuring that the response efforts within the agency, and with the Regional Board are communicated and coordinated effectively<br>• Coordinating bi-annual rehearsals for bomb threats, and medical emergencies drills<br>• **Ensuring monthly fire drills not to exceed evacuation time of three (3) minutes are completed.**<br>• **Ensure that severe weather drills are conducted quarterly** | 06/09-2021 and Ongoing |

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| V 118 | Continued From page 5 | V 118 | | |
| V 118 | **27G .0209 (C) Medication Requirements**<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(c) Medication administration:<br>(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.<br>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.<br>(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.<br>(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:<br>(A) client's name;<br>(B) name, strength, and quantity of the drug;<br>(C) instructions for administering the drug;<br>(D) date and time the drug is administered; and<br>(E) name or initials of person administering the drug.<br>(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. | V 118 | | |

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| V 118 | Continued From page 6<br><br>**This Rule is not met as evidenced by**: Based on records review, observations and interviews, the facility failed to ensure MARS were kept current and medications administered were recorded immediately after administration affecting 1 of 2 clients (#2). The findings are:<br><br>Review on 6/7/21 of client #2's record revealed:<br>-admission date of 11/26/19;<br>-diagnoses of Disruptive Mood Dysregulation Disorder and Intellectual Developmental Disability-Mild;<br>-age 18 years;<br>-physicians' order dated 5/19/21 for the following medications: hydroxyzine pamoate 25mg(milligram) one tablet twice daily and aripiprazole 30mg one half tablet daily;<br>-physician's order dated 9/23/20 for Vitamin D one tablet weekly;<br>-physician's order dated 12/29/20 for Previfem 0.25mg/0.035Mg one tablet daily;<br>-physician's order dated 11/9/20 for fluticanose propionate 50mcg 1-2 spray each nostril twice daily;<br>-physician's order dated 3/4/21 for triamcinolone acetonate 0.1% apply twice daily.<br><br>Review on 6/7/21 at 11:55am of client #2's medications revealed:<br>-hydroxyzine pamoate 25mg one tablet twice daily dispensed 6/1/21;<br>-aripiprazole 30mg one half tablet daily dispensed 6/1/21;<br>-Vitamin D one tablet weekly dispensed 6/1/21; -Previfem 0.25mg/0.035Mg one tablet daily sample pack expires 4/2022;<br>-fluticanose propionate 50mcg 1-2 spray each nostril twice daily dispensed 1/1/21;<br>-triamcinolone acetonate 0.1% apply twice daily dispensed 3/4/21. | V 118 | The agency will follow all policies in accordance with 10A NCAC 27G .0209: Medication Requirements<br><br>1. 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:<br>a. Client's name;<br>b. name, strength, and quantity of the drug;<br>c. instructions for administering the drug;<br>d. date and time the drug is administered; and<br>e. name or initials of person administering the drug. | 06/09-2021 and Ongoing |

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| V 118 | Continued From page 7<br><br>Review on 6/7/21 of client #2's MARS from 4/1/21-6/7/21 revealed the following:<br>-hydroxyzine pamoate 25mg one tablet twice daily dosing dates left blank for 4/19am, 5/7pm, 6/5am/pm, 6/6am and documented as administered on 4/31(no such date);<br>-aripiprazole 30mg one half tablet daily dosing date left blank for 5/22 and documented as administered on 4/31;<br>-Vitamin D one tablet weekly dosing dates left blank for 5/24 and 5/31, documented as administered from 6/1-6/7(daily) and documented as administered on 4/20 and 4/26(not a week apart);<br>-Previfem 0.25mg/0.035Mg one tablet daily sample pack documented as administered on 4/31;<br>-fluticanose propionate 50mcg 1-2 spray each nostril twice daily dosing dates left blank for 4/19, 4/30 and 5/28 and documented as administered on 4/31;<br>-triamcinolone acetonate 0.1% apply twice daily dosing dates left blank for 5/22 and 6/5 and documented as administered on 4/31.<br><br>Interview on 6/7/21 with client #2 revealed:<br>-medications at night and day;<br>-gets meds every day;<br>-staff gives her medications.<br><br>Interview on 6/11/21 with the Director/Qualified Professional revealed:<br>-train staff to do one kid at a time for meds; -train staff as soon as staff administers medication, have book with them and sign it; -pharmacist going to come out and do a retraining with staff.<br>. | V 118 | | |

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| V 133 | Continued From page 8 | V 133 | | |
| V 133 | **G.S. 122C-80 Criminal History Record Check**<br><br>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.<br>(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.<br>(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 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 | V 133 | | |

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| V 133 | Continued From page 9<br>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 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.<br>(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: | V 133 | | |

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| V 133 | Continued From page 10<br>(1) The level and seriousness of the crime.<br>(2) The date of the crime.<br>(3) The age of the person at the time of the conviction.<br>(4) The circumstances surrounding the commission of the crime, if known.<br>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.<br>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.<br>(7) The subsequent commission by the person of a relevant offense.<br>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 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.<br>(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:<br>(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.<br>(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.<br>(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 | V 133 | | |

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| V 133 | Continued From page 11<br>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 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. | V 133 | | |

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| V 133 | Continued From page 12<br>(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. (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:<br>(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.<br>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins 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.)<br><br>**This Rule is not met as evidenced by**: Based on records review and interviews, the facility failed to ensure within five business days of making the conditional offer of employment, the required criminal records check was requested for 1 of 1 Director/Qualified Professional (QP). The findings are:<br><br>Review on 6/9/21 of the Director/QP personnel record revealed:<br>-hire date of 6/3/15;<br>-county only criminal records check completed on | V 133 | The agency shall review the credentials of the Qualified Professional to assure the appropriate accreditations and licenses have been obtained. The review of the staff files shall include the following items:<br>(1) Within five business days of making the conditional offer of employment, the required criminal records check was requested<br>(2) Statewide Criminal Record if staff members has been in the state 5 years or more; nationwide check if less than 5 yrs; | 06/09-2021 and Ongoing |

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| V 133 | Continued From page 13<br>6/3/15;<br>-state criminal records check completed on 6/3/19.<br><br>Interview on 6/11/21 with the Director/QP revealed:<br>-Licensee did her criminal records check when she(Licensee) opened the facility;<br>-later, got the state criminal records check done with a contracted company;<br>-the contracted company does all the staff's state criminal records checks now. | V 133 | | |
| V 296 | **27G .1704 Residential Tx. Child/Adol - Min. Staffing**<br><br>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS<br>(a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.<br>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:<br>(1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and<br>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.<br>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:<br>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; | V 296 | | |

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| V 296 | Continued From page 14<br>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and<br>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.<br>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.<br>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.<br><br>**This Rule is not met as evidenced by**:<br>Based on interviews, the facility failed to ensure the required staff/client ratio. The findings are:<br><br>Interview on 6/7/21 with client #1 revealed: - when she woke up in the morning sometimes it was one staff and some times it was two staff; - she felt it was one staff because it was only two girls;<br>-The last time it was one staff was yesterday.<br><br>Interview on 6/7/21 with client #2 revealed: - she reported since it was two of them, it was sometimes 1 staff;<br>-when she woke up it was two staff; | V 296 | The agency will scheduled staff to meet the following rules:<br>(a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.<br>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:<br>(1) ***two direct care staff shall be present for one, two, three or four children or adolescents***;<br><br>The facility has hired two additional staff to cover first, second and third shifts. Current staff are working more hours to ensure shifts are covered and meet the staffing requirement | 06/09-2021 and Ongoing |

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| V 296 | Continued From page 15<br>-staff #1 was there at the home on yesterday with client #1.<br><br>Interview on 6/8/21 with Former client #3 revealed:<br>-she stated that she would wake up and only one staff member would be there until 7am; -she stated that when she went to bed at night there were two staff members.<br><br>Interview on 6/8/21 with staff #1 revealed:<br>-not worked shift alone except for an one hour or so;<br>-somebody running late.<br><br>Interview on 6/9/21 with the Associate Professional(AP) revealed:<br>-not worked any shifts alone;<br>-this past weekend, denied worked alone; -Director/Qualified Professional(QP) came in to ensure had enough staffing.<br><br>Interview on 6/11/21 with Director/QP revealed:<br>-not aware only one staff at the facility at times; -have told staff not to leave until next shift comes in;<br>-she has worked shifts herself;<br>-worked this past weekend;<br>-worked third shift at boys home then came to this facility and worked first with the AP;<br>-been hard to get staff;<br>-have several new staff in the process of hiring. | V 296 | | |
| V 367 | **27G .0604 Incident Reporting Requirements**<br><br>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(a) Category A and B providers shall report all | V 367 | | |

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| V 367 | Continued From page 16<br>level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:<br>(1) reporting provider contact and identification information;<br>(2) client identification information;<br>(3) type of incident;<br>(4) description of incident;<br>(5) status of the effort to determine the cause of the incident; and<br>(6) other individuals or authorities notified or responding.<br>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:<br>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or<br>(2) the provider obtains information required on the incident form that was previously unavailable.<br>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:<br>(1) hospital records including confidential information; | V 367 | | |

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| V 367 | Continued From page 17<br>(2) reports by other authorities; and<br>(3) the provider's response to the incident.<br>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:<br>(1) medication errors that do not meet the definition of a level II or level III incident;<br>(2) restrictive interventions that do not meet the definition of a level II or level III incident;<br>(3) searches of a client or his living area;(4) seizures of client property or property in the possession of a client;<br>(5) the total number of level II and level III incidents that occurred; and<br>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. | V 367 | | |

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| V 367 | Continued From page 18<br><br>**This Rule is not met as evidenced by**:<br>Based on records review and interviews, the facility failed to ensure all level II incidents were reported to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are:<br><br>Review on 6/9/21 of the facility's internal incident reports from 3/1/21-6/9/21 revealed:<br>-Former client #3(FC#3) ran away and the police were notified on 5/10/21 and 5/22/21;<br>-FC#4 ran away and the police were notified on 4/27/21, 5/23/21 and 5/26/21.<br><br>Review of IRIS from 3/1/21-6/9/21 revealed the above listed incidents were not documented in the IRIS system.<br><br>Interview on 6/7/21 with client #1 revealed:<br>-the police came because of FC#3 and FC#4; -mainly FC#4 was the reason why the police came to the home.<br><br>Interview on 6/7/21 with client #2 revealed: -no police have come to the home in the last month;<br>-police did come for FC#4.<br><br>Interview on 6/8/21 with FC#3 revealed:<br>-she ran away three times;<br>-she ran twice from school and once from the facility.<br><br>Attempted interview on 6/7/21 with FC#4 was not | V 367 | The agency has further updated the Incident Reporting policy and informed all staff of the following:<br><br>(All staff MUST sign receipt that they have received, read and understand the requirements for agency Incident Reporting)<br><br>Incident Reporting Training PowerPoint:<br>https://drive.google.com/file/d/11JP62LOMztrJUPu6ar-NtTrjBK1OSL4/view?usp=sharing<br><br>*Incident Reporting Form:<br>https://docs.google.com/forms/d/e/1FAIpQLSeAxELClRr1uwFTX9MSaX0a2t1uhRl_fXhL8YXZB-VRLuww4w/viewform<br><br>**^^^Save the link^^^**<br>**Reminder:**<br>You MUST contact QA/QI Director and QP via text/email regarding an incident that results in injury or medical/psychiatric hospitalization immediately. Question #7 provides a direct link to my QA/QI Director email. | 06/09-2021 and Ongoing |

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| V 367 | Continued From page 19<br>successful as her legal guardian was out of town and would not return and be available until 6/21/21.<br><br>Interview on 6/8/21 with staff #1 revealed:<br>-FC#4 walked off when the Director/Qualified Processional(QP) was here and she was working;<br>-FC#3 did not leave on her shift;<br>-FC#3 did not get off the bus;<br>-called the police and the Director/QP; -<br>the police found FC#3 every time.<br><br>Interview on 6/9/21 with the Associate Professional revealed:<br>-clients have run away on her shift; -<br>FC#3 and FC#4 ran away together.<br>-when clients ran away, called her supervisor and called the police;<br>-FC#3 and FC#4 put on 72 hour watch due to running away.<br><br>Review on 6/10/21 of an email response from IRIS staff revealed:<br>-4/27/21 incident regarding FC#4 was created in IRIS but not submitted;<br>-5/23/21 and 5/26/21 incident regarding FC#4 was not entered into IRIS;<br>-5/10/21 and 5/22/21 incident regarding FC#3 was not entered into IRIS.<br><br>Interview on 6/11/21 with the Director/QP revealed:<br>-not aware of the missing IRIS reports;<br>-know when she did one, the other QP told her she had to get the thumbs up to make sure it was done. | V 367 | | |
| V 536 | **27E .0107 Client Rights - Training on Alt to Rest. Int.** | V 536 | | |

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| V 536 | Continued From page 20<br><br>**10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS**<br>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.<br>(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.<br>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.<br>(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.<br>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).<br>(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.<br>(g) Staff shall demonstrate competence in the following core areas:<br>(1) knowledge and understanding of the people being served;<br>(2) recognizing and interpreting human behavior; | V 536 | | |

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| V 536 | Continued From page 21<br>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;<br>(4) strategies for building positive relationships with persons with disabilities;<br>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;<br>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;<br>(7) skills in assessing individual risk for escalating behavior;<br>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and<br>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).<br>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the outcomes (pass/fail);<br>(B) when and where they attended; and<br>(C) instructor's name;<br>(2) The Division of MH/DD/SAS may review/request this documentation at any time.<br>(i) Instructor Qualifications and Training Requirements:<br>(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.<br>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. | V 536 | | |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **TMR RESIDENTIAL** | **1335 WEST RIDGE ROAD**<br>**SALISBURY, NC 28147** |

| (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 |
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| V 536 | Continued From page 22<br>(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.<br>(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.<br>(5) Acceptable instructor training programs shall include but are not limited to presentation of:<br>(A) understanding the adult learner; (B) methods for teaching content of the course;<br>(C) methods for evaluating trainee performance; and<br>(D) documentation procedures.<br>(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.<br>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.<br>(8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.<br>(1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail);<br>(B) when and where attended; and<br>(C) instructor's name.<br>(2) The Division of MH/DD/SAS may request and review this documentation any time. | V 536 | | |

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| V 536 | Continued From page 23<br>(k) Qualifications of Coaches:<br>(1) Coaches shall meet all preparation requirements as a trainer.<br>(2) Coaches shall teach at least three times the course which is being coached.<br>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.<br>(l) Documentation shall be the same preparation as for trainers.<br><br>**This Rule is not met as evidenced by**: Based on records review and interviews, the facility failed to ensure 1 of 1 Licensed Professional (LP) completed annual refresher training in alternatives to restrictive interventions. The findings are:<br><br>Review on 6/10/21 of the LP's personnel record revealed:<br>-date of hire was 8/21/17;<br>-documentation of completion of training in CPI(Crisis Prevention Institute/Nonviolent Crisis Intervention) dated 3/18/19 with an expiration date of 3/18/20;<br>-no documentation of an annual refresher training in CPI was present in the record.<br><br>Interview on 6/10/21 with the LP revealed: -did Zoom therapy once a week for most clients and have one client who did therapy twice a week;<br>-did the training before COVID; | V 536 | We will offer training sessions to ensure competency for the population served to staff [QP's, AP's and PP's] and volunteers. These sessions may consist of discussions regarding meeting specific Clients' needs (e.g. Clients at risk for choking, behavior management, back injury prevention, prevention); presentations, videos or audio recordings regarding services to youth and mentally or physically disabled; discussions regarding linkages with community programs; and other methods of presenting information that is of interest/value to staff in the provision of Client care.<br><br>**Training will be conducted in the following areas:**<br><br>**General Orientation**<br>**Client Rights**<br>**Confidentiality**<br>**Corporate Compliance**<br>**Cultural Dynamics**<br>**HIPAA**<br>**Health & Safety**<br>**Medication Management**<br>**Seizure Management**<br>**Blood Borne/OSHA**<br>**Incident Reporting**<br>**Special Population (MH/DD/SAS)**<br>**1st Aid/ CPR**<br>**EBPI**<br><br>* After successfully completing a CPI training at, certification is valid for **12 months**.<br><br>A copy of the updated CPI certificate for the LP in question was submitted and reviewed by the auditor during the revisit to the facility. | 06/09-2021 and Ongoing |

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| V 536 | Continued From page 24<br>-did not get retraining in 2020 and had not received any retraining this year;<br>-will call the trainer and set up training in the next few days;<br>-called the trainer and set up the training for Monday 6/14/21.<br><br>Interview on 6/11/21 with the Director/Qualified Professional revealed:<br>-Thought since LP did Zoom therapy, she was ok not to have the retraining;<br>-Will make sure LP has the retraining. | V 536 | | |
| V 537 | **27E .0108 Client Rights - Training in Sec Rest & ITO**<br><br>**10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT**<br>(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.<br>(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.<br>(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating | V 537 | | |

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| V 537 | Continued From page 25<br>the need for restrictive interventions.<br>(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.<br>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).<br>(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.<br>(g) Acceptable training programs shall include, but are not limited to, presentation of:<br>(1) refresher information on alternatives to the use of restrictive interventions;<br>(2) guidelines on when to intervene (understanding imminent danger to self and others);<br>(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);<br>(4) strategies for the safe implementation of restrictive interventions;<br>(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;<br>(6) prohibited procedures;<br>(7) debriefing strategies, including their importance and purpose; and<br>(8) documentation methods/procedures.(h) Service providers shall maintain documentation of initial and refresher training for | V 537 | | |

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| V 537 | Continued From page 26<br>at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the outcomes (pass/fail);<br>(B) when and where they attended; and(C) instructor's name.<br>(2) The Division of MH/DD/SAS may review/request this documentation at any time.<br>(i) Instructor Qualification and Training Requirements:<br>(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.<br>(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.<br>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.<br>(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.<br>(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.<br>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:<br>(A) understanding the adult learner; (B) methods for teaching content of the course;<br>(C) evaluation of trainee performance; and<br>(D) documentation procedures. | V 537 | | |

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| V 537 | Continued From page 27<br>(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.<br>(8) Trainers shall be currently trained in CPR.<br>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.<br>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.<br>(11) Trainers shall complete a refresher instructor training at least every two years. (k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the outcome (pass/fail);<br>(B) when and where they attended; and(C) instructor's name.<br>(2) The Division of MH/DD/SAS may review/request this documentation at any time.<br>(l) Qualifications of Coaches:<br>(1) Coaches shall meet all preparation requirements as a trainer.<br>(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.<br>(m) Documentation shall be the same preparation as for trainers. | V 537 | | |

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| V 537 | Continued From page 28<br><br>**This Rule is not met as evidenced by**:<br>Based on records review and interviews, the facility failed to ensure 1 of 1 Licensed Professional (LP) completed annual refresher training in physical restraints. The findings are:<br><br>Review on 6/10/21 of the LP's personnel record revealed:<br>-date of hire was 8/21/17;<br>-documentation of completion of training in CPI(Crisis Prevention Institute/Nonviolent Crisis Intervention) dated 3/18/19 with an expiration date of 3/18/20;<br>-no documentation of an annual refresher training in CPI was present in the record.<br><br>Interview on 6/10/21 with the LP revealed: -did Zoom therapy once a week for most clients and have one client who did therapy twice a week;<br>-did the training before COVID;<br>-did not get retraining in 2020 and had not received any retraining this year;<br>-will call the trainer and set up training in the next few days;<br>-called the trainer and set up the training for Monday 6/14/21.<br><br>Interview on 6/11/21 with the Director/Qualified Professional revealed:<br>-Thought since LP did Zoom therapy, she was ok not to have the retraining;<br>-Will make sure LP has the retraining. | V 537 | We will offer training sessions to ensure competency for the population served to staff [QP's, AP's and PP's] and volunteers. These sessions may consist of discussions regarding meeting specific Clients' needs (e.g. Clients at risk for choking, behavior management, back injury prevention, prevention); presentations, videos or audio recordings regarding services to youth and mentally or physically disabled; discussions regarding linkages with community programs; and other methods of presenting information that is of interest/value to staff in the provision of Client care.<br><br>**Training will be conducted in the following areas:**<br><br>**General Orientation**<br>**Client Rights**<br>**Confidentiality**<br>**Corporate Compliance**<br>**Cultural Dynamics**<br>**HIPAA**<br>**Health & Safety**<br>**Medication Management**<br>**Seizure Management**<br>**Blood Borne/OSHA**<br>**Incident Reporting**<br>**Special Population (MH/DD/SAS)**<br>**1st Aid/ CPR**<br>**EBPI**<br><br>* After successfully completing a CPI training at, certification is valid for **12 months**.<br><br>A copy of the updated CPI certificate for the LP in question was submitted and reviewed by the auditor during the revisit to the facility. | 06/09-2021 and Ongoing |
| V 750 | 27G .0304(b)(3) Maintenance of Elec., Mech., & Water Systems | V 750 | | |

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| V 750 | Continued From page 29<br>**10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT**<br>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.<br>(3) Electrical, mechanical and water systems shall be maintained in operating condition.<br><br>**This Rule is not met as evidenced by**:<br>Based on observations and interviews, the facility failed to ensure mechanical systems were maintained in operating condition. The findings are:<br><br>Observations on 6/7/21 from approximately 11:30pm-12:30pm revealed:<br>-client #1 started dryer;<br>-it ran for some time and then it stopped;<br>-she went and turned it back on;<br>-client #1 complained about the dryer not working and not drying her clothes.<br><br>Interview on 6/7/21 with client #1 revealed: -stated that the washer and dryer are not working properly;<br>-have to put water in washer;<br>-dryer stopped working today.<br><br>Interview on 6/9/21 with staff #1 revealed:<br>-washer was slow to fill with water,<br>-put own water in;<br>-dryer went out;<br>-took girls to the laundry mat yesterday.<br><br>Interview on 6/11/21 with the Director/Qualified Professional revealed: | V 750 | Agency made the repairs as needed within 1 week of dryer malfunctioning. | 06/09-2021 and Ongoing |

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| V 750 | Continued From page 30<br>-putting up a clothesline outside for clients to dry their clothes;<br>-dryer not working.<br>-it is a nice summer and will dry the clothes. | V 750 | | |