

Division of Health Service Regulation

Community Treatment Alternatives

Date Survey Completed: November 12, 2021

Response to Statement of Deficiencies:

10A NCAC 27G .0202 Personnel Requirements (V108):

House Manager has reviewed Community Treatment Alternatives (CTA) internal training policies and procedures. An internal audit and review of all current staff personnel records were reviewed, and staff lacking Basic First Aid and Cardiopulmonary Resuscitation, including Seizure Management, and Sexually Aggressive Youth training were identified for training. Trainings for Basic First Aid and Cardiopulmonary Resuscitation, including Seizure Management, and Sexually Aggressive Youth training have been held with identified staff. Personnel records have been updated to reflect these trainings. House Manager has been tasked with the responsibility of reviewing all current staff personnel records every six months to identify and address training needs in efforts to ensure and maintain training requirements are in compliance. **Date completed: 11/19/2021. Ongoing.**

10A NCAC 27G .0203 (V109) Competencies of Qualified Professionals and Associate Professionals:

House Manager has reviewed CTA internal training and supervision policies and procedures. An internal audit and review of all current staff personnel records were reviewed, and staff lacking required trainings was identified. Required trainings were held with identified staff. Personnel records have been updated to reflect these trainings. Supervision plans for each Residential Counselor was reviewed by House Manager. House Manager will ensure that upon hire of all staff, as well as at least annually and as needed, that an individualized supervision plan be developed and implemented as written within 30 days. Supervision and training shall focus on ensuring that all staff is able to demonstrate knowledge, skills and abilities required by the population served. House Manager will conduct an audit of all personnel records on a monthly basis to ensure that monthly supervision is being provided to all Residential Counselors with the child/adolescent population for the period of time as specified in Rule .0104. House Manager will also review monthly supervision plans for Residential Counselors to ensure that they continue to demonstrate knowledge, skills and abilities required by the population served. Owner will ensure staff has and is provided all required trainings. Owner to conduct quarterly reviews of all staff charts to ensure that all staff has actively participated and completed necessary core trainings at time of hire, annually thereafter and as needed. Staff training and supervision log will be maintained in all personnel records as evidence of competencies of all staff. **Date completed: 11/19/2021. Ongoing.**

10A NCAC 27G.0205 Assessment and Treatment/Habilitation or Service Plan (V112):

House Manager along with Qualified Professional (QP) staff has reviewed the plans for each individual member served to ensure that an appropriate plan is in place to address sexualized behaviors, and other specific treatment needs. Person Centered Plan (PCP) Planning and Development training was held with QP staff and consisted of the reviewing of clinical assessments, evaluations, and reports and meeting with member and legally responsible person, and any other identified supports and collaborating providers and agencies, to develop and implement plan. Member PCPs have been reviewed to identify and coordinate member's upcoming Child and Family Treatment Team (CFT) meeting. During CFT meeting, plan will be updated to reflect strategies to address each member's specific treatment needs and issues. QP staff to ensure that each member's plan has goals, strategies, interventions, outcomes, and supports that address each individual member's diagnosis and treatment needs. House Manager to conduct a monthly review of member service records to ensure that an appropriate plan has been developed and is being implemented for each member served. QP staff to ensure that plans developed and implemented reflect strategies, interventions, outcomes and supports that address the appropriate treatment needs and services of the member served. **Date completed: 11/19/2021. Ongoing.**

General Statue 122C-62 Additional Rights in a 24-Hour Facility (V364):

CTA updated policy to include that Residential Counselors are to conduct an observation of all resident's clothing and personal belongings to ensure that residents have access to their clothing and personal belongings, at the beginning and end of each shift. House Manager to monitor compliance with observation and shall document on shift logs that observation has taken place. House Manager to ensure that bathrooms are properly equipped with soap, toilet paper, etc. for member's use. Facility's CRC on a quarterly basis and as needed, to review the rights of members and ensure that members are able to keep and use personal clothing and possessions. **Date completed: 11/19/2021. Ongoing.**

10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366):

Clinical Director conducted an internal Incident Reporting training with all staff. Training consisted of a review of facility's policy and procedures for incident reporting and process for completing the facility's internal incident reporting form for level I incidents. Training also consisted of process and timelines to be followed when reporting a level I incident. House Manager to ensure that all level I incidents are recorded and filed in facility's Incident Reporting binder. Facility's Client Rights Committee (CRC) to review all incidents reported on a quarterly basis, and as needed to ensure that process is followed regarding reporting a Level I incident. **Date completed: 11/19/2021. Ongoing.**

10A NCAC 27G 10A NCAC 27G .0604 Incident Response Requirements for Category A and B Providers (V367):

Clinical Director conducted an internal Incident Reporting training with all staff. Training consisted of a review of facility's policy and procedures for incident reporting and process for entering Level II incidents in NC IRIS. Training also consisted of how to complete agency's internal incident reporting form, process and timelines to be followed when reporting a Level II incident. Agency's CRC to review all incidents reported on a quarterly basis, and as needed to ensure that process is followed regarding reporting a Level II incident to the Local Management Entity (LME) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. House Manager to review all Level II incidents to ensure incident has been reported and entered into IRIS within 72 hours of becoming aware of the incident. House Manager to ensure during review that copy of NC IRIS report and any and all correspondences/follow ups from law enforcement and Department of Social Services (DSS) regarding incident is filed in facility's Incident Reporting binder. **Date completed: 11/19/2021. Ongoing.**

10A NCAC 27F .0102 Living Environment (V539); 10A NCAC 27F .0103 Health, Hygiene and Grooming:

Facility has developed and implemented a process that includes all third shift Residential Counselors to perform an observation of all residents during sleep, to ensure that areas are conducive to uninterrupted sleep. Residential Counselors will ensure that residents during the middle of the night are using the half restroom that is located off the kitchen for toileting. House Manager to ensure observation and process is being adhered to by meeting with staff daily at the end of third shift to discuss and address member needs and/or issues. Documentation of meeting held with third shift Residential Counselors to be maintained in facility's Meeting Binder. Owner has performed an internal inspection of bedrooms and has ensured that all members have dressers in resident's bedrooms. Owner has replaced batteries in all smoke detectors/carbon monoxide detectors in the home. Routine monthly checks will be performed by House Manager to ensure that batteries are working properly. In the event batteries need to be replaced, Owner will notify maintenance within 24 hours. Internal inspections of all living areas to be performed monthly by Safety Committee. Outcomes to be documented and maintained in facility's Safety Committee binder. **Date completed: 11/19/2021. Ongoing.**

27G .0207 Emergency Plans and Supplies:

House Manager met with staff and reviewed facility's policies and procedures regarding written fire plan, fire and disaster drills. Each staff was provided with written fire plan, as well as was informed of written file being housed within facility and available for review as needed. Mock fire and disaster drills were held with both staff and members for every shift. Safety Committee will monitor and ensure fire and disaster drills are being held on a quarterly basis and repeated for each shift. Safety Committee will be responsible for ensuring that drill log is completed at the end of each drill for each shift. Facility's Safety Committee will review fire and

disaster drill logs at least quarterly to ensure compliance with fire and disaster drill policy. House Manager shall also ensure that members are educated on fire and disaster drills and actively engage and participate in all fire and disaster drills. **Date completed: 11/19/2021. Ongoing.**

G.S. 131E-256 (D2) HCPR- Prior Employment Registry:

Owner met with House Manager to review the agency's New Hire processes, including the required time frames for completing HCPR for new hires. House Manager to conduct a review of all new hire staff records upon hire to ensure that HCPR has been conducted and documentation of findings are filed and maintained in staff's record. **Date completed: 11/19/2021. Ongoing.**

G.S. 131E-256(G) HCPR- Notification, Allegations & Protection:

Clinical Director held a staff meeting with staff to discuss and review CTA's policy and procedure for reporting allegations against health care personnel, process and timeframes for completing internal investigations and protecting members during internal investigations. House Manager to assist Facility's CRC with ensuring that internal processes are being followed. House Manager to enter all level II or level III incident reports into NC IRIS. House Manager to review on a quarterly basis, and as needed, level II and level III incident reports and ensure reports have been entered into NC IRS and copy filed in facility's Incident Reporting Binder. **Date completed: 11/19/2021. Ongoing.**

G.S. 122 C-80 Criminal History Record Check:

Owner met with House Manager to review the agency's New Hire processes, including the required time frame of within five days of making the conditional offer of employment, for completing criminal history record check, state and national, for all new hires. House Manager to conduct a review of all new hire staff records upon hire to ensure that criminal history record check has been performed within five days of making the conditional offer of employment, and documentation of findings are filed and maintained in staff's record. **Date completed: 11/19/2021. Ongoing.**

10A NCAC 27G .1701 Scope (V293)

House Manager has reviewed CTA internal training and supervision policies and procedures. Clinical Director held a staff meeting with all staff to discuss individualized supervision and structure of daily living, treatment planning, medication reviews, incident reporting, and review of client rights in a 24-Hour facility. An internal audit and review of all current staff personnel records were reviewed, and staff lacking required trainings was identified. Required trainings were held with identified staff. Personnel records have been updated to reflect these trainings. Supervision plans for each Residential Counselor was reviewed by House Manager. House Manager will ensure that upon hire of all staff, as well as at least annually and as needed, that an individualized supervision plan be developed and implemented as written within 30 days. Supervision and training shall focus on ensuring that all staff is able to demonstrate knowledge, skills and abilities required by the population served, including interventions and strategies to be utilized to

minimize the occurrence of behaviors related to functional deficits, ensure safety and deescalate out of control behaviors, assist in the acquisition of adaptive functioning in self-control, communication, and social skills, and support skills needed to step-down to a less intensive treatment setting. House Manager will conduct an audit of all personnel records on a monthly basis to ensure that monthly supervision is being provided to all Residential Counselors with the child/adolescent population for the period of time as specified in Rule .0104. House Manager will also review monthly supervision plans for Residential Counselors to ensure that they continue to demonstrate knowledge, skills and abilities required by the population served. Owner will ensure staff has and is provided all required trainings. Owner to conduct quarterly reviews of all staff charts to ensure that all staff has actively participated and completed necessary core trainings at time of hire, annually thereafter and as needed. Owner to ensure that all competency level tests have been completed after training, and filed in personnel records. Staff training and supervision log will be maintained in all personnel records as evidence of competencies of all staff. **Date completed: 11/19/2021. Ongoing.**

10A NCAC 27G .0304 Facility Design and Equipment (V750); 27 G .030(c)
Facility and Grounds Maintenance:

A professional electrician and maintenance team was contacted and facility's electrical and mechanical systems have been corrected and currently operating in conditions that ensure the physical safety of all members, staff and visitors. Owner has made contact with a General Contractor. General Contractor has repaired kitchen electrical lighting, repaired damaged walls and bricks. House Manager is responsible for the oversight of completion of all repairs. Owner has replaced stove in kitchen. House Manager is responsible for ensuring that stove operates properly. House Manager and Safety Committee will perform facility health and safety checks to ensure that facility is safe, clean and being maintained in an orderly manner. **Date completed: 11/19/2021. Ongoing.**