

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-349	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2022
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NAME OF PROVIDER OR SUPPLIER INTERVENTION CONCEPTS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 326 HOLLY RIDGE DRIVE MOUNT HOLLY, NC 28120
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on January 19, 2022. Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>The survey sample consisted of audits of 2 current clients.</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 interview and record review, the facility failed to conduct fire and disaster drills quarterly repeated for each shift. The findings are:</p> <p>Review on 1/18/22 of the facility's Fire and Disaster Drill Log revealed:</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> -No fire and disaster drills for the morning shift; -Could not determine what time the drills marked "PM" (post meridiem) were held; -There was no documentation of drills held on the overnight hours. <p>Interview on 1/18/22 with the Licensee revealed:</p> <ul style="list-style-type: none"> -Clients were first admitted to the facility in early June, 2021; -Licensee identified three shifts: morning shift which was before clients leave for daytime activities, first shift from 4pm to 10pm, and second shift from 10pm to 6am; -Could not identify what time the drills marked "PM" were held; -Would revise the fire and disaster drill form to ensure identification of drill times would be more evident; -Would ensure fire and disaster drills were to be conducted quarterly repeated for each shift. 	V 114		
V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(b) Medication packaging and labeling:</p> <ol style="list-style-type: none"> (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription 	V 117		

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V 117	<p>Continued From page 2</p> <p>drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure packaging labels of each prescription drug included clear directions for administration affecting 1 of 2 clients (Client #1). The findings are:</p> <p>Observation on 1/18/22 at approximately 12:45pm of Client #1's medication revealed: -Bottle of Dextroamphetamine 15mg dispensed 1/11/22 with label instructions to administer 1 tab twice daily.</p> <p>Review on 1/18/22 and 1/19/22 of Client #1's record revealed: -Admitted 11/3/21; -Diagnosed with Attention Deficit Hyperactivity Disorder and Conduct Disorder; -10 years old; -Copy of unsigned prescription for Dextroamphetamine (ADHD) 15mg one tab</p>	V 117		

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V 117	Continued From page 3 (tablet) each morning dated 12/17/21; -November and December, 2021 Medication Administration Records (MAR) revealed administration of Dextroamphetamine 15mg 1 tab twice daily; -January, 2022 MAR revealed administration of Dextroamphetamine 15mg 1 tab each morning. Interviews on 1/18/22 and 1/19/22 with the Licensee revealed: -Did not have any electronically or physically signed medication orders at the facility as the provider does not provide such; -Client #1's Dextroamphetamine 15mg had been administered as one tab twice daily but was recently changed to one tab daily; -The pharmacy label bottle was not correct; -Client #1 was receiving the correct dose of Dextroamphetamine; -Will contact the pharmacist to obtain an updated label for Client #1's Dextroamphetamine; -Will make sure all pharmacy labels are correct in the future.	V 117		
V 118	27G .0209 (C) Medication Requirements 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,	V 118		

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V 118	<p>Continued From page 4</p> <p>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:</p> <p>(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.</p> <p>(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> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure all prescription and non-prescription drugs be administered to a client on the written order of a person authorized by law to prescribe drugs affecting 2 of 2 clients (Clients #1 and #2). The findings are:</p> <p>Review on 1/18/22 and 1/19/22 of Client #1's record revealed: -Admitted 11/3/21; -Diagnosed with Attention Deficit Hyperactivity Disorder and Conduct Disorder; -10 years old; -Copy of unsigned prescriptions for Dextroamphetamine (ADHD) 15mg one tab</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>(tablet) each morning dated 12/17/21, Desmopressin (bedwetting) 0.2mg three tabs at hour of sleep dated 12/28/21, Sertraline HCL (antidepressant) 50mg one tab every morning dated 1/11/22, and Risperidone (antipsychotic) 2mg 1 tab at hour of sleep dated 1/11/22.</p> <p>Review on 1/18/22 and 1/19/22 of Client #2's record revealed: -Admitted 10/25/21; -Diagnosed with Generalized Anxiety Disorder, Attention Deficit Hyperactivity Disorder, Post-Traumatic Stress Disorder, Unspecified Bipolar Disorder; -17 years old; -Copy of unsigned prescriptions for Asenapine (schizophrenia) 10mg 1 tab under the tongue twice daily dated 1/5/22 and Escitalopram (anxiety) 5mg 1 tab daily dated 1/5/22; -Unsigned and undated letter from provider revealed the use of Melatonin (sleep aid) 5mg 1 tab before bed.</p> <p>Interviews on 1/18/22 and 1/19/22 with the Licensee revealed: -Did not have any electronically or physically signed medication orders at the facility as the provider does not provide such; -Developed a new form to be taken on each medical appointment to document new medication orders and follow up required which has a spot for the provider's signature; -Will ensure signed medication orders are present in the future.</p>	V 118		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all 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:</p> <ol style="list-style-type: none"> (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. <p>(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:</p> <ol style="list-style-type: none"> (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(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).</p> <p>(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:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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.</p>	V 367		

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V 367	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report all Level II incidents to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 1/19/22 of email correspondence from the 911 Emergency Call Center for the county revealed: -Reports to local law enforcement on 12/29/21 and 1/10/22 requesting assistance with a former client regarding her behavioral and mental health status.</p> <p>Review on 1/18/22 of the facility's incident reports revealed: -No documentation of the incidents on 12/29/21 and 1/10/22 regarding a former client.</p> <p>Review on 1/19/22 of the North Carolina Incident Response Improvement System (NC IRIS) revealed: -No documentation of the incidents on 12/29/21 and 1/10/22 regarding a former client.</p> <p>Interview on 1/19/22 with the Licensee revealed: -Incident reports were completed through NC IRIS for the incidents on 12/29/21 and 1/10/22 regarding a former client; -Did not know why the incidents were not recorded properly but would follow up with staff</p>	V 367		

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V 367	Continued From page 9 as well as the local management entity; -Would ensure all incident reports are completed properly in the future.	V 367		
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 annually). (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.	V 536		

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V 536	<p>Continued From page 10</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> <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</p>	V 536		

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V 536	<p>Continued From page 11</p> <p>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 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>	V 536		

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V 536	<p>Continued From page 12</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 interview and record review, the facility failed to ensure staff received annual training on alternatives to restrictive interventions affecting 3 of 3 audited staff (Staff #1, #2, and Licensee). The findings are:</p> <p>Review on 1/18/22 and 1/19/22 of Staff #1's record revealed: -Hired 10/19/20; -Employed as Residence Counselor; -Training certificate for Adaptive De-Escalation Alternatives (ADA) with expiration date 10/4/21.</p> <p>Review on 1/18/22 and 1/19/22 of Staff #2's record revealed:</p>	V 536		

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NAME OF PROVIDER OR SUPPLIER INTERVENTION CONCEPTS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 326 HOLLY RIDGE DRIVE MOUNT HOLLY, NC 28120
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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 536	<p>Continued From page 13</p> <ul style="list-style-type: none"> -Hired 10/19/20; -Employed as Residence Counselor; -Training certificate for ADA with expiration date 10/4/21. <p>Review on 1/18/22 and 1/19/22 of Licensee's record revealed:</p> <ul style="list-style-type: none"> -Hired 10/19/20; -Training certificate for ADA with expiration date 10/4/21. <p>Interviews on 1/18/22 and 1/19/22 with the Licensee revealed:</p> <ul style="list-style-type: none"> -Had attempted to re-schedule a training in alternatives to restrictive interventions but was unable to get a class scheduled; -Will contact the ADA instructor to schedule an annual refresher in alternatives to restrictive interventions. 	V 536		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest & ITO</p> <p>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT</p> <p>(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.</p> <p>(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</p>	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-349	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2022
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V 537	<p>Continued From page 14</p> <p>seclusion, physical restraint and isolation time-out and shall not use these interventions until the 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 	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-349	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2022
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V 537	<p>Continued From page 15</p> <p>restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <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</p>	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-349	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2022
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V 537	<p>Continued From page 16</p> <p>shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <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</p>	V 537		

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V 537	<p>Continued From page 17</p> <p>competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure staff received annual training on seclusion, physical restraint, and isolation time-out affecting 3 of 3 audited staff (Staff #1, #2, and Licensee). The findings are:</p> <p>Review on 1/18/22 and 1/19/22 of Staff #1's record revealed: -Hired 10/19/20; -Employed as Residence Counselor; -Training certificate for Adaptive De-Escalation Alternatives (ADA) with expiration date 10/4/21.</p> <p>Review on 1/18/22 and 1/19/22 of Staff #2's record revealed: -Hired 10/19/20; -Employed as Residence Counselor; -Training certificate for ADA with expiration date 10/4/21.</p> <p>Review on 1/18/22 and 1/19/22 of Licensee's record revealed: -Hired 10/19/20; -Training certificate for ADA with expiration date 10/4/21.</p> <p>Interviews on 1/18/22 and 1/19/22 with the Licensee revealed: -Had attempted to re-schedule a training on seclusion, physical restraint, and isolation</p>	V 537		

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V 537	Continued From page 18 time-out but was unable to get a class scheduled; -Will contact the ADA instructor to schedule an annual refresher on seclusion, physical restraint, and isolation time-out.	V 537		