

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL063-052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/24/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALAN CIRCLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1222 PEE DEE ROAD</b> <b>ABERDEEN, NC 28315</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 2/24/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 108	<p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and</p>	V 108		

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

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V 108	<p>Continued From page 1</p> <p>implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure four of four audited staff (#1, #2, #3 and the Director) had current training in Cardiopulmonary Resuscitation (CPR) and First Aid (FA). The findings are:</p> <p>a. Review on 2/23/22 of the facility's personnel files revealed: - Staff #1 date of hire was 2/4/03. - Staff #1 was hired as a Habilitation Technician. - Staff #1's CPR training was completed online on 8/24/20. -There was no documentation of CPR completed by an instructor for staff #1.</p> <p>b. Review on 2/23/22 of the facility's personnel files revealed: - Staff #2 date of hire was 12/1/98. - Staff #2 was hired as a Habilitation Technician. - Staff #2's FA and CPR training was completed online and expired on 4/1/21. -There was no documentation of current CPR and FA training for staff #2.</p> <p>c. Review on 2/23/22 of the facility's personnel files revealed: - Staff #3 date of hire was 6/25/13. - Staff #3 was hired as a Habilitation Technician. - Staff #3's CPR training was completed online on</p>	V 108		

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V 108	Continued From page 2  6/22/21. -There was no documentation of CPR completed by an instructor for staff #3.  d. Review on 2/23/22 of the facility's personnel files revealed: -The Director date of hire was 12/21/97. -The Director's CPR training was completed online on 1/26/22. -There was no documentation of CPR completed by an instructor for the Director.  Interview on 2/24/22 with staff #1 revealed: -They did CPR training on the computer. -She did not think they did training in person because of Covid. -They did not do any chest compressions during the CPR training online.  Interview on 2/24/22 with staff #3 revealed: -They did their CPR training online. -She did not think they did CPR training with a trainer since Covid started about 2 years ago.  Interview on 2/24/22 with the Director revealed: -They used to do the CPR and FA training with an instructor in person. -They had been doing CPR and FA online due to Covid. -He didn't realize they could not do the CPR training online. -He confirmed staff #1, staff #3 and himself completed their CPR training online. -He confirmed staff #2 had no current training in FA and CPR.	V 108		
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS	V 114		

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V 114	<p>Continued From page 3</p> <p><b>AND SUPPLIES</b></p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies. The findings are:</p> <p>Review on 2/24/22 of the facility's fire drill log revealed:</p> <ul style="list-style-type: none"> <li>-1/5/22-1st shift</li> <li>-12/6/21-1st shift</li> <li>-11/8/21-2nd shift</li> <li>-10/5/21-1st shift</li> <li>-9/6/21-1st shift</li> <li>-8/3/21-1st shift</li> <li>-7/5/21-1st shift</li> <li>-6/7/21-1st shift</li> <li>-5/5/21-1st shift</li> <li>-4/7/21-1st shift</li> <li>-3/9/21-1st shift</li> <li>-2/5/21-1st shift</li> </ul> <p>-There was no documentation of a 3rd shift fire drill for the 4th quarter of 2021.</p>	V 114		

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V 114	<p>Continued From page 4</p> <p>-There was no documentation of 2nd and 3rd shift fire drills for the 3rd quarter of 2021.</p> <p>-There was no documentation of 2nd and 3rd shift fire drills for the 2nd quarter of 2021.</p> <p>Review on 2/24/22 of the facility's disaster drill log revealed:</p> <ul style="list-style-type: none"> <li>-1/18/22-2nd shift</li> <li>-12/28/21-1st shift</li> <li>-12/13/21-1st shift</li> <li>-12/22/21-2nd shift</li> <li>-11/16/21-1st shift</li> <li>-11/26/21-1st shift</li> <li>-10/13/21-2nd shift</li> <li>-10/29/21-1st shift</li> <li>-9/20/21-1st shift</li> <li>-9/29/21-1st shift</li> <li>-8/13/21-1st shift</li> <li>-8/26/21-2nd shift</li> <li>-7/19/21-2nd shift</li> <li>-7/27/21-1st shift</li> <li>-6/16/21-1st shift</li> <li>-6/14/21-2nd shift</li> <li>-5/18/21-2nd shift</li> <li>-5/27/21-1st shift</li> <li>-4/13/21-3rd shift</li> <li>-4/23/21-1st shift</li> <li>-3/18/21-1st shift</li> <li>-3/30/21-2nd shift</li> <li>-2/10/21-2nd shift</li> <li>-2/23/21-1st shift</li> </ul> <p>-There was no documentation of a 3rd shift disaster drill for the 4th quarter of 2021.</p> <p>-There was no documentation of a 3rd shift disaster drill for the 3rd quarter of 2021.</p> <p>Interview on 2/24/22 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>-Staff did fire and disaster drills with them.</li> <li>-He did not know how often the drills were completed.</li> </ul>	V 114		

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V 114	Continued From page 5  Interview on 2/24/22 with client #3 revealed: -He was not sure if staff did fire or disaster drills with them.  Interview on 2/24/22 with the Director revealed: -The group home had three separate shifts. -He didn't realize staff were completing the fire and disaster drill inconsistently during 2nd and 3rd shift. -He confirmed staff failed to conduct fire and disaster drills under conditions that simulate emergencies.	V 114		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.  10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of	V 536		

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V 536	<p>Continued From page 6</p> <p>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 wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> <li>(1) knowledge and understanding of the people being served;</li> <li>(2) recognizing and interpreting human behavior;</li> <li>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</li> <li>(4) strategies for building positive relationships with persons with disabilities;</li> <li>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</li> <li>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</li> <li>(7) skills in assessing individual risk for escalating behavior;</li> <li>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</li> <li>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</li> </ol> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p>	V 536		

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V 536	<p>Continued From page 7</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 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>	V 536		

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V 536	<p>Continued From page 8</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> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure three of four audited staff (#1, #2 and #3) had current training on the use of alternatives to restrictive interventions. The findings are:</p>	V 536		

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V 536	<p>Continued From page 9</p> <p>a. Review on 2/23/22 of the facility's personnel files revealed: -Staff #1 date of hire was 2/4/03. -Staff #1 was hired as a Habilitation Technician. -Staff #1's National Crisis Intervention Plus (NCI+) Prevention training was completed on 6/8/20. -There was no documentation of a current training on the use of alternatives to restrictive interventions for staff #1.</p> <p>b. Review on 2/23/22 of the facility's personnel files revealed: -Staff #2 date of hire was 12/1/98. -Staff #2 was hired as a Habilitation Technician. -Staff #2's NCI+ Prevention training was completed on 8/23/20. -There was no documentation of a current training on the use of alternatives to restrictive interventions for staff #2.</p> <p>c. Review on 2/23/22 of the facility's personnel files revealed: -Staff #3 date of hire was 6/25/13. -Staff #3 was hired as a Habilitation Technician. -Staff #3's NCI+ Prevention training was completed on 6/28/20. -There was no documentation of a current training on the use of alternatives to restrictive interventions for staff #3.</p> <p>Interview on 2/24/22 with the Director revealed: -The agency did NCI + for training on the use of alternatives to restrictive interventions. -He didn't realize the NCI + training had expired for staff. -There was a Human Resources (HR) staff, however he had not seen her in a while. -He was not sure how often the HR staff came to</p>	V 536		

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V 536	Continued From page 10  the office. -The HR staff was responsible for ensuring staff trainings and records were up to date. -He confirmed staff #1, staff #2 and staff #3 had no documentation of current training on the use of alternatives to restrictive intervention.	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO  10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (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. (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	V 537		

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V 537	<p>Continued From page 11</p> <p>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> <p>(1) refresher information on alternatives to the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(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);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(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;</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>	V 537		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL063-052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/24/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALAN CIRCLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1222 PEE DEE ROAD</b> <b>ABERDEEN, NC 28315</b>
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V 537	<p>Continued From page 12</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <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</p>	V 537		

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V 537	<p>Continued From page 13</p> <p>CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure three of four audited staff (#1, #2 and #3) had training in the use of seclusion, physical restraints and isolation</p>	V 537		

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V 537	<p>Continued From page 14</p> <p>time-out training on the use of alternatives to restrictive interventions. The findings are:</p> <p>a. Review on 2/23/22 of the facility's personnel files revealed: -Staff #1 date of hire was 2/4/03. -Staff #1 was hired as a Habilitation Technician. -Staff #1's National Crisis Intervention Plus (NCI+) Prevention training was completed on 6/8/20. -There was no documentation of current training in the use of seclusion, physical restraints and isolation time-out for staff #1.</p> <p>b. Review on 2/23/22 of the facility's personnel files revealed: -Staff #2 date of hire was 12/1/98. -Staff #2 was hired as a Habilitation Technician. -Staff #2's NCI+ Prevention training was completed on 8/23/20. -There was no documentation of a current training in the use of seclusion, physical restraints and isolation time-out for staff #2.</p> <p>c. Review on 2/23/22 of the facility's personnel files revealed: -Staff #3 date of hire was 6/25/13. -Staff #3 was hired as a Habilitation Technician. -Staff #3's NCI+ Prevention training was completed on 6/28/20. -There was no documentation of a current training in the use of seclusion, physical restraints and isolation time-out for staff #3.</p> <p>Interview on 2/24/22 with the Director revealed: -The agency did NCI + for training in the use of seclusion, physical restraints and isolation time-out. -He didn't realize the NCI + training had expired for staff.</p>	V 537		

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V 537	Continued From page 15  -There was a Human Resources (HR) staff, however he had not seen her in a while. -He was not sure how often the HR staff came to the office. -The HR staff was responsible for ensuring staff trainings and records were up to date. -He confirmed staff #1, staff #2 and staff #3 had no documentation of current training in the use of seclusion, physical restraints and isolation time-out.	V 537		