

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL077-082	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/07/2022
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NAME OF PROVIDER OR SUPPLIER
DILIGENT CARE GROUP HOME #II

STREET ADDRESS, CITY, STATE, ZIP CODE
**418 STEELE STREET
ROCKINGHAM, NC 28379**

(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 000	INITIAL COMMENTS An annual survey was completed on March 7, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The survey sample consisted of audits of 3 current clients.	V 000		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (g) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to obtain drug reviews every six months for three of three clients (#1, #2 and #3) who received psychotropic drugs. The findings are: a. Review on 3/3/22 of client #1's record	V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) The clients that received psychotropic drugs has had a drug regimen review. The QP is responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The QP shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review will be recorded in the client record along with corrective action, if applicable. Medication Reviews has been scheduled for Every 6 months as required. The QP is responsible for ensure that the reviews take place as required. Reviews will be copied and placed at each facility upon completion.	April 1, 2022

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]

TITLE

(X5) DATE

[Handwritten Date: 03/18/22]

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V 121	<p>Continued From page 1</p> <p>revealed:</p> <ul style="list-style-type: none"> -Admission date of 12/1/19. -Diagnoses of Moderate Intellectual and Developmental Disability, Intermittent Explosive Disorder, Schizophrenia-Paranoid type, Anxiety, Bipolar Disorder, Vitamin D Deficiency, Unspecified Hearing Loss, Seasonal Allergies and High Cholesterol. <p>Review on 3/3/22 of physician's orders revealed:</p> <ul style="list-style-type: none"> -Order dated 2/21/22 for Citalopram 20 milligrams (mg), one and one half daily. -Order dated 11/22/21 for Lorazepam 1 mg, one tablet twice daily. -Order dated 8/30/21 for Divalproex Sodium ER 250 mg, 2 tablets in the morning; Divalproex Sodium ER 500 mg, two tablets at bedtime; Olanzapine 5 mg, one tablet in the morning; Olanzapine 10 mg, one tablet at bedtime and Trazodone HCL 100 mg, two tablets at bedtime. <p>Review on 3/3/22 of the Medication Administration Record (MAR) revealed:</p> <ul style="list-style-type: none"> -February 2022-Staff documented client #1 was administered the above medications 2/1 thru 2/28. <p>Review on 3/3/22 of facility records revealed:</p> <ul style="list-style-type: none"> -There was no evidence of a six month psychotropic drug review for client #1. <p>b. Review on 3/3/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 12/1/19. -Diagnoses of Obsessive Compulsive Disorder, Intermittent Explosive Disorder, Severe Intellectual and Developmental Disability, Hyperlipidemia and Hypertension. <p>Review on 3/3/22 of physician's orders revealed:</p>	V 121		

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V 121	<p>Continued From page 2</p> <p>-Order dated 11/22/21 for Olanzapine 5 mg, one tablet in the morning and two tablets at bedtime and Belsomra 15 mg, one tablet at bedtime.</p> <p>-Order dated 8/6/21 for Mirtazapine 15 mg, one tablet daily and Fluvoxamine Maleate ER 100 mg, two capsules daily.</p> <p>-Order dated 5/18/21 for Quetiapine Fumarate 300 mg, one tablet daily and Quetiapine Fumarate 400 mg, one tablet at bedtime.</p> <p>Review on 3/3/22 of the MAR revealed: -February 2022-Staff documented client #2 was administered the above medications 2/1 thru 2/28.</p> <p>Review of facility records on 3/3/22 revealed: -There was no evidence of a six month psychotropic drug review for client #2.</p> <p>c. Review on 3/3/22 of client #3's record revealed: -Admission date of 12/1/19. -Diagnoses of Schizophrenia-Undifferentiated type, Moderate Intellectual and Developmental Disability and Hypertension.</p> <p>Review of physician's orders on 3/3/22 revealed: -Order dated 5/18/21 for Divalproex Sodium ER 500 mg, two tablets at bedtime and Risperidone 2 mg, one tablet daily.</p> <p>Review of the MAR on 3/3/22 revealed: -February 2022-Staff documented client #3 was administered the above medications 2/1 thru 2/28.</p> <p>Review on 3/3/22 of facility records revealed: -There was no evidence of a six month psychotropic drug review for client #3.</p> <p>Interview on 3/4/22 with the Director revealed:</p>	V 121		

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V 121	Continued From page 3 -The psychotropic medication reviews were completed by the pharmacist. -She kept the psychotropic drugs reviews in a separate folder . -She thought the psychotropic drug reviews were at her main office. -She confirmed there was no documentation of six months psychotropic drug review for clients #1, #2 and #3.	V 121		
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,	V 537		

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			<p>NCI has been updated. All trainings are now held at the facility or electronically accessible at the facility inside of the personnel files.</p>	<p>04/01/2022</p>
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V 537	<p>Continued From page 4</p> <p>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> <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</p>	V 537		

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V 537	<p>Continued From page 5</p> <p>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 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</p>	V 537		
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V 537	<p>Continued From page 6</p> <p>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 competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the</p>	V 537		

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V 537	<p>Continued From page 7</p> <p>facility failed to ensure three of three audited staff (#1, #2 and the Qualified Professional) had training in the use of seclusion, physical restraints and isolation time-out training on the use of alternatives to restrictive interventions. The findings are:</p> <p>a. Review on 3/4/22 of the facility's personnel files revealed: -Staff #1 date of hire was 12/1/19. -Staff #1 was hired as a Lead Direct Support Employee. -Staff #1's National Crisis Intervention Plus (NCI+) Restrictive training expired on 2/1/22. -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 3/4/22 of the facility's personnel files revealed: -Staff #2 date of hire was 4/26/18. -Staff #2 was hired as a Direct Support Employee. -Staff #2's NCI+ Restrictive training expired on 10/16/21. -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 3/4/22 of the facility's personnel files revealed: -The Qualified Professional's date of hire was 12/1/19. -The Qualified Professional's NCI+ Restrictive training expired on 10/16/21. -There was no documentation of a current training in the use of seclusion, physical restraints and isolation time-out for the Qualified Professional.</p>	V 537	<p>NCI has been updated. All trainings are now held at the facility or electronically accessible at the facility inside of the personnel files.</p>	04/01/2022
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V 537	<p>Continued From page 8</p> <p>Interview on 3/4/22 with the Director revealed:</p> <ul style="list-style-type: none"> -The agency did NCI + for training in the use of seclusion, physical restraints and isolation time-out. -Staff for that home were trained in NCI + because client #3 could be aggressive. -She thought staff were recertified in NCI + in October 2021. -She did not know the NCI + trainings had expired for staff. -She confirmed staff #1, staff #2 and the Qualified Professional had no documentation of current training in the use of seclusion, physical restraints and isolation time-out. 	V 537		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

RECEIVED

By cvhicks at 9:35 am, Mar 21, 2022

March 9, 2022

Tammy Baldwin, Director
Diligent Care, Inc.
310 Magnolia Square Court
Aberdeen, NC 28315

Re: Annual Survey completed March 7, 2022
Diligent Care Group Home #II, 418 Steele Street, Rockingham, NC 28379
MHL # 077-082
E-mail Address: tammy.diligentcare@windstream.net

Dear Ms. Baldwin:

Thank you for the cooperation and courtesy extended during the Annual survey completed 3/7/22.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is 5/6/22.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

3/9/22

Diligent Care Group Home #11

Tammy Baldwin

- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown at 919-855-3822.

Sincerely,



Kimberly R Sauls
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc:

_DHSR_Letters@sandhillscenter.org
Pam Pridgen, Administrative Assistant