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
	MHL036-359	A. BUILDING: _____ B. WING _____	03/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
N U GENERATION	1172 HUNTSMOOR DRIVE GASTONIA, NC 28054

(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 and complaint survey was completed on 03/08/2022. The complaint was unsubstantiated (Intake #NC00185038). Deficiencies were cited. The facility is licensed for the follow service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. The survey sample consisted of audits of 3 current clients.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly and repeated on each shift. The findings are:	V 114	-Executive director or QP will lead in conducting a fire and disaster drill for every shift every month instead of quarterly. -The board has updated its policy on emergency plans and supplies.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE germisha Haynes TITLE Executive Director (X6) DATE 03/25/22

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V 114	Continued From page 1 Reviews on 03/02/2022 and 03/03/2022 of the facility's fire and disaster log from 08/12/2021-01/12/2022 revealed: -No documentation of 2nd shift fire or disaster drills for the 1st quarter from September 2021-November 2021. -No documentation of 2nd shift disaster drill for the 2nd quarter from December 2021-February 2022. Interview on 03/02/2022 with Client #2 revealed: -"We do fire and disaster drills. I don't remember the last time we had one." Interview on 03/03/2022 with Client #3 revealed: -"I don't know. I have not been here long enough for that (fire and disaster drills)." Interview on 03/02/2022 with Staff #1 revealed: -"Yes, we had one since I started working. We did both, the fire and disaster drill." Interview on 03/07/2022 with Staff #2 revealed: -Completed fire and disaster drills. -"I think it's every 2 months, I am not sure." Interview 03/02/2022 and 03/08/2022 with the Executive Director revealed: -Completed fire and disaster drills. -Facility shifts: 1st (8 am-8 pm and 3 pm-8 pm) and 2nd (8 pm-8 am). -"Completed disaster drill forms are at my home office. Our standard protocol is for the forms to be given to me after completion." -Would ensure completion of fire and disaster drills each quarter and on each shift. -"I may start doing fire and disaster drills every month."	V 114		

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V 118	Continued From page 3 This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to ensure prescription drugs were administered based on the written order from the person authorized by law to prescribe drugs affecting 1 of 3 Clients (Client #2).The findings are: Review on 03/03/2022 of Client #2's record revealed: -Admission date 10/26/2021. -Diagnosed with Disruptive Mood Disorder, Attention Deficit Hyperactive Disorder (ADHD), and Unspecified Intellectual Disabilities. -14 years old. -Medication order signed by authorized prescriber and dated 11/02/2021 for; "Omeprazole DR (Delayed Release) for Gastroesophageal reflux disease (GERD)- 20 mg capsule PO (by mouth) QAM (every morning)." Review on 03/03/2022 of Client #2's MARs for December 2021, January and February 2022 revealed: -Staff documented administration of Omeprazole DR- 20 mg capsule PO QAM from December 01, 2021- February 28, 2022 at 7 am. Observation on 03/08/2022 of Client #2's Medications revealed: -No Omeprazole DR-20 mg capsule PO QAM pill bottle. Interview on 03/08/2022 with the Executive Director revealed: -Qualified Professional (QP) was responsible for monitoring and reviewing medications. -"We were having her (Client #2) medications switched to the new pharmacy. Can I call the pharmacy?"	V 118	- The agency has a nurse follow up on medications on a quarterly basis. The agency will change policy to have nurse come out on a monthly basis. - QP will also be monitoring medication to ensure Start and stop medications are documented appropately in MAR - QP will also ensure drugs are adminstered based on the written order form by checking MAR weekly and Coordinating with Nurse to ensure proper Procedures.	

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V 118	Continued From page 2	V 118		
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, 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: (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. (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 4 -"She (Client #2) was taking the med. We had the medication on site, but it ran out. It (Omeprazole DR) have to had ran out this month or like the end of February (2022)." -"We did not have it (Omeprazole DR) filled at the new pharmacy yet." Due to the failure to ensure Omeprazole DR medication pill bottle was on site, it could not be determined if Client #2 received Omeprazole DR (medication) as ordered by the physician.	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to hire for 2 of 3 audited Staff (Staff #1 and Qualified Professional). The findings are: Review on 03/03/2022 of Staff #1's personnel record revealed: -Hire date of 12/08/2021.	V 131	- The executive Director will ensure prior employment verification by Conducting HCPR & background check on the same day. - The executive Director will ensure that Proper documentations are in files by Conducting an audit on a Quarterly basis. - The executive Director will	

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V 131	Continued From page 5 -Job title of Direct Support Professional (DSP). -HCPR accessed on 02/23/2022. Review on 03/03/2022 of the Qualified Professional (QP)'s personnel record revealed: -Hire date of 12/03/2021. -Job title of QP. -HCPR accessed on 02/23/2022. Interviews on 03/02/2022 and 03/03/2022 with the Executive Director (ED) revealed: -"The former ED was in charge of staff records. That's one of the reasons we had to let her go. She was not maintaining records and now I have been cleaning up." -"I think she (former ED) was terminated in December (2021), I don't remember off the top of my head."	V 131	ensure that all documents are in Place before hire.	
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	V 536		

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V 536	Continued From page 6 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. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose	V 536		

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V 536	Continued From page 7 activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (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. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (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. (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. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures.	V 536		

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V 536	Continued From page 8 (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. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (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. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (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. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by:	V 536		

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V 536	Continued From page 9 Based on record reviews and interviews, the facility failed to ensure 1 of 2 audited Staff (Staff #1) completed annual training in alternatives to restrictive interventions. The findings are: Review on 03/03/2022 of Staff #1's personnel record revealed: -Hire date of 12/08/2021. -Job title of Direct Support Professional (DSP). -No documentation of completion for initial annual training in Crisis Prevention Institute/Nonviolent Crisis Intervention (CPI) present in the record. Interview on 03/02/2022 with Staff #1 revealed: -Started with agency 12/08/2021. -Served as DSP and provided direct care to clients. -"I have not taken CPI, that's the one I still need to do." Interview on 03/07/2022 with the Qualified Professional (QP) revealed: -Served as QP since 02/01/2022. -"Myself (QP) and [Executive Director (ED)] will schedule staff trainings." Interviews on 03/03/2022 and 03/08/2022 with the ED revealed: -"She (Staff #1) doesn't have CPI." -"She was scheduled for CPI training yesterday (03/07/2022) but was not able to make it. So, I have had to reschedule the training."	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	V 537		

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V 537	Continued From page 10 (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 course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (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. (g) Acceptable training programs shall include, but are not limited to, presentation of: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene	V 537		

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V 537	Continued From page 11 (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 restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (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. (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. (3) Trainers shall demonstrate competence	V 537		

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V 537	Continued From page 12 by scoring a passing grade on testing in an instructor training program. (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. (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. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (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. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10) Trainers shall teach a program on the use of restrictive interventions at least once annually. (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.	V 537		

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V 537	Continued From page 13 (1) Documentation shall include: (A) who participated in the training and the outcome (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (l) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (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. (m) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 2 audited Staff (Staff #1) completed annual training in seclusion, physical restraints and isolation time-out. The findings are: Review on 03/03/2022 of Staff #1's personnel record revealed: -Hire date of 12/08/2021. -Job title of Direct Support Professional (DSP). -No documentation of completion for initial annual training in Crisis Prevention Institute/Nonviolent Crisis Intervention (CPI) present in the record. Interview on 03/02/2022 with Staff #1 revealed: -Started with agency 12/08/2021. -Served as DSP and provided direct care to	V 537	- The facility will ensure all staff completes training prior to hire by creating a training check list that will be signed by the staff and executive director and added to folder - Executive directer will complete a training audit upon hire and quarterly. - Training refreshers will be done quarterly by appropriate training facilitators.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-359	A. BUILDING: _____ B. WING _____	03/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
N U GENERATION	1172 HUNTSMOOR DRIVE GASTONIA, NC 28054

(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 537	Continued From page 14 clients. -"I have not taken CPI, that's the one I still need to do." Interview on 03/07/2022 with the Qualified Professional (QP) revealed: -Served as QP since 02/01/2022. -No clients have been physically restrained. -"Myself (QP) and [Executive Director (ED)] will schedule staff trainings." Interviews on 03/03/2022 and 03/08/2022 with the ED revealed: -"She (Staff #1) doesn't have CPI." -"She was scheduled for CPI training yesterday (03/07/2022) but was not able to make it. So, I have had to reschedule the training."	V 537		