

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-561	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2022
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NAME OF PROVIDER OR SUPPLIER THREE MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 2103 THREE MEADOWS ROAD GREENSBORO, NC 27455
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 4/14/2022. 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>This facility is licensed for 4 and has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</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> <ol style="list-style-type: none"> (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. <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>	V 108	<p>RECEIVED</p> <p>MAY 06 2022</p> <p>DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Alt White

QP

TITLE
5/3/22

(X6) DATE

Division of Health Service Regulation

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V 108	<p>Continued From page 1</p> <p>(i) The governing body shall develop and 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 review and interviews, the facility failed to ensure training in first aid was completed for 1 of 3 audited staff (#2). The findings are:</p> <p>Reviews on 4/8/2022, 4/11/2022 and 4/14/2022 of Staff #2's employee record revealed:</p> <ul style="list-style-type: none"> - Original hire date: 1/4/2021 - Re-hire date: 7/1/2021 - Documentation that first aid was completed on 1/7/2021 with an expiration date of 1/7/2022. - No documentation of refresher training in first aid had been completed. <p>Interview on 4/13/2022 with Staff #2 revealed:</p> <ul style="list-style-type: none"> - He had informed the Qualified Professional (QP) that his first aid training needed to be renewed. - Refresher training in first aid was scheduled for 4/14/2022. <p>Interview on 4/14/2022 with the Human Resources Coordinator revealed:</p> <ul style="list-style-type: none"> - She had started in the HRC role in January 2022. - The prior HRC had not compiled employee files for several staff before she left the position. - She did not have documentation of Staff #2 	V 108	<p>By: 06/13/22 V108</p> <p>The QP will train and in-service all staff on completing all required training prior to expiration. This will be monitored Via weekly training reports and on a routine basis to ensure all staff are in compliance. In the future, the Qualified Professional will ensure all staff are properly trained in basic first aid and all trainings as required.</p>	

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

THREE MEADOWS 2103 THREE MEADOWS ROAD GREENSBORO, NC 27455

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V 108	<p>Continued From page 2</p> <p>having current certification in first aid.</p> <p>Interviews on 4/11/2022 and 4/14/2022 with the QP revealed:</p> <ul style="list-style-type: none"> - There had been changes in the Human Resources Department within the past few months which contributed to difficulty locating training documentation and scheduling of classes. <p>Interview on 4/14/2022 with the Regional Director revealed:</p> <ul style="list-style-type: none"> - There had been some staffing changes in the Human Resources Department in recent months. - She would discuss staff trainings with the QP next week. 	V 108		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(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.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p>	V 536		

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V 536	<p>Continued From page 3</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 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"> (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 activities which directly oppose or replace behaviors which are unsafe). 	V 536		

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V 536

Continued From page 4

(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.

(6) Trainers shall have coached experience teaching a training program aimed at preventing,

V 536

By: 06/13/22

V536
The QP will train all staff on ProAct and in-service all staff on completing all required trainings. This will be monitored weekly via review of training reports. In the future, the Qualified Professional will ensure all staff are properly trained in ProAct and all required trainings.

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V 536	<p>Continued From page 6</p> <p>on alternatives to restrictive interventions was completed at least annually affecting 1 of 3 audited staff (#2). The findings are:</p> <p>Reviews on 4/8/2022, 4/11/2022 and 4/14/2022 of Staff #2's employee record revealed:</p> <ul style="list-style-type: none"> - Original hire date: 1/4/2021 - Re-hire date: 7/1/2021 - Training on alternatives to restrictive interventions expired on 1/12/2022. - Refresher training had been completed on 4/14/2022. <p>Interview on 4/13/2022 with Staff #2 revealed:</p> <ul style="list-style-type: none"> - He had informed the Qualified Professional (QP) that some of his trainings had expired. - The QP coordinated staff trainings with the Human Resources Department. - He was scheduled for Pro-Act training (the curriculum used by the facility for training on alternatives to restrictive interventions) on 4/14/2022. <p>Interviews on 4/11/2022 and 4/14/2022 with the QP revealed:</p> <ul style="list-style-type: none"> - Facility staff received email notification of the need for retraining prior to their due dates. - There had been changes in the Human Resources Department within the past few months which contributed to difficulties with locating training certificates and scheduling trainings for facility staff. <p>Interview on 4/14/2022 with the Regional Director revealed:</p> <ul style="list-style-type: none"> - There had been some staffing changes in the Human Resources Department in recent months. She would discuss staff trainings with the QP. 	V 536		

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V 537	Continued From page 7	V 537		
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 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</p>	V 537		

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V 537	<p>Continued From page 8</p> <p>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 restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <ol style="list-style-type: none"> (1) Documentation shall include: <ol style="list-style-type: none"> (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. <p>(i) Instructor Qualification and Training Requirements:</p> <ol style="list-style-type: none"> (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the 	V 537		

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V 537	<p>Continued From page 9</p> <p>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> <ul style="list-style-type: none"> (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. <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</p>	V 537		

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V 537	<p>Continued From page 10</p> <p>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 interviews, the facility failed to ensure formal refresher training in seclusion, physical restraint and isolation time out was completed at least annually affecting 1 of 3 audited staff (#2). The findings are:</p> <p>Reviews on 4/8/2022, 4/11/2022 and 4/14/2022 of Staff #2's employee record revealed:</p> <ul style="list-style-type: none"> - Original hire date: 1/4/2021 - Re-hire date: 7/1/2021 - Training in seclusion, physical restraint and 	V 537	<p>By: 06/13/22</p> <p>V537 The Qualified Professional will train and in-service all staff on completing all training. This will be monitored via review of weekly training reports. In the future, the Qualified Professional will ensure all staff are properly trained in ProAct and all required trainings.</p>	

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V 537	<p>Continued From page 11</p> <p>isolation time out had expired on 1/12/2022. - Refresher training was completed on 4/14/2022.</p> <p>Interview on 4/13/2022 with Staff #2 revealed: - He had informed the Qualified Professional (QP) that some of his trainings had expired. - The QP coordinated staff trainings with the Human Resources Department. - He was scheduled for Pro-Act training (the curriculum used by the facility for training in seclusion, physical restraint and isolation time out) on 4/14/2022.</p> <p>Interviews on 4/11/2022 and 4/14/2022 with the QP revealed: - Facility staff received email notification of the need for retraining prior to their due dates. - There had been changes in the Human Resources Department within the past few months which contributed to difficulties with locating training certificates and scheduling trainings for facility staff.</p> <p>Interview on 4/14/2022 with the Regional Director revealed: - There had been some staffing changes in the Human Resources Department in recent months. She would discuss staff trainings with the QP.</p>	V 537		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

April 25, 2022

Shelia Shaw, Regional Administrator
RHA Health Services NC, LLC
1701 Westchester Dr., Ste. 940
High Point, NC 27262

RECEIVED

MAY 06 2022

DHSR-MH Licensure Sect

Re: Annual Survey Completed April 14, 2022
Three Meadows, 2103 Three Meadows Road, Greensboro, NC 27455
MHL# 041-561
E-mail Address: sshaw@rhanet.org

Dear Ms. Shaw:

Thank you for the cooperation and courtesy extended during the annual survey completed April 14, 2022.

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 June 13, 2022.

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.

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

- Indicate **who will monitor** the situation to ensure it will not occur again.
- 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 Barbara Perdue at (336) 861-6283.

Sincerely,



Clarice Rising, MSW, LCSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR_Letters@sandhillscenter.org
Pam Pridgen, Administrative Supervisor