

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092639	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/25/2022
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NAME OF PROVIDER OR SUPPLIER BEYOND MEASURES	STREET ADDRESS, CITY, STATE, ZIP CODE 1005 LAUREL LEAF ROAD ZEBULON, NC 27597
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V 000	<p>INITIAL COMMENTS</p> <p>An Annual survey was completed on 5/25/22. Deficiencies were cited</p> <p>This facility is licensed for the following service: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness</p> <p>This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of 2 current clients.</p> <p>The Licensee/Qualified Professional (L/QP) was not available for onsite survey but assisted staff #1 the L/QP's son</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting</p>	V 105		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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V 105	Continued From page 1 problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

Division of Health Service Regulation

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement adoption of standards that assure operational and programmatic performance meeting applicable standards of practice for the use of a Glucometer instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:</p> <p>Review on 5/25/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted 12/1/16 - diagnoses of Bipolar, Mild Intellectual Developmental Disability, Impulsive Control & Dementia <p>Review on 5/25/22 of May 2022 MAR revealed:</p> <ul style="list-style-type: none"> - check blood sugar (BS) in the morning on Monday Wednesday & Friday & in the evening on Tuesday, Thursday & Saturday - staff initialed the entire month <p>During interview on 5/25/22 staff #1 reported:</p> <ul style="list-style-type: none"> - staff checked client #2's blood sugar - he contacted the Licensee/Qualified Professional and she was not aware of the CLIA waiver - will contact the proper officials 	V 105		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p>	V 114		

Division of Health Service Regulation

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V 114	<p>Continued From page 3</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 review and interview the facility failed to ensure disaster drills were completed quarterly and on each shift. The findings are:</p> <p>Review on 5/25/22 of the facility's disaster drills revealed:</p> <ul style="list-style-type: none"> - one disaster drill completed January 2022 - last one completed in 2021 was July 21, 2021 <p>During interview on 5/25/22 client #1 reported:</p> <ul style="list-style-type: none"> - he was not sure what to do <p>During interview on 5/25/22 client #2 reported:</p> <ul style="list-style-type: none"> - disaster drills were practiced at the facility - they got in the bedroom closet <p>During interview on 5/25/22 staff #1 reported:</p> <ul style="list-style-type: none"> - last disaster drill was probably completed January 2022 - disaster drills were completed by getting in a closet or down in the hallway 	V 114		

Division of Health Service Regulation

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V 536	Continued From page 4	V 536		
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> <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> <p>(1) knowledge and understanding of the people being served;</p>	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 5</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 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</p>	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 6</p> <p>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> <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>	V 536		

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V 536	<p>Continued From page 7</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 record review and interview the facility failed to ensure 2 of 3 staff (#2, Licensee/Qualified Professional I/QP) received refresher training annually. The findings are:</p> <p>Review on 5/25/22 of staff #2's record revealed: - restrictive intervention expired on 5/1/22</p> <p>Review on 5/25/22 of the L/QP's record revealed: - restrictive intervention expired on 1/31/21</p> <p>During interview on 5/25/22 reported: - he would get staff #2 & the L/QP scheduled</p>	V 536		
V 768	<p>27G .0304(d)(4) Non-Client Accommodations</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p>	V 768		

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V 768	<p>Continued From page 8</p> <p>(d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:</p> <p>(4) In facilities with overnight accommodations for persons other than clients, such accommodations shall be separate from client bedrooms.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure overnight accommodations for persons other than clients were separate from client bedrooms for 2 of 2 staff (#1 & #2). The findings are:</p> <p>Observation on 5/25/22 at 11:38am with staff #1 revealed:</p> <ul style="list-style-type: none"> - client #1 & client #2 shared a bedroom - 2 seperate staff bedrooms for staff #1 & #2 <p>During interview on 5/25/22 client #1 reported:</p> <ul style="list-style-type: none"> - staff #1 slept in one bedroom and staff #2 in the other bedroom - he and client #2 shared a bedroom <p>During interview on 5/25/22 client #2 reported:</p> <ul style="list-style-type: none"> - staff #1 slept in the other bedroom - he rather not say who slept in the other bedroom <p>During interview on 5/25/22 staff #1 reported:</p> <ul style="list-style-type: none"> - was a family owned business - the two staff bedrooms belong to him and staff #2 (family member) - they did not plan to admit anymore clients at this time 	V 768		

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V 768	Continued From page 9 - he would clean out one of the staff bedrooms & return it to a client bedroom	V 768		