

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL071-034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/15/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LOTUS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>224 ISLAND CREEK ROAD ROCKY POINT, NC 28457</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed June 15, 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 Disabilities.</p> <p>This facility is licensed for 3 and currently has a census of 3. 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> <ol style="list-style-type: none"> <li>(1) general organizational orientation;</li> <li>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</li> <li>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</li> <li>(4) training in infectious diseases and bloodborne pathogens.</li> </ol> <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		

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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>(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 interview, the facility failed to ensure at least one staff member shall be available in the facility at all times that is trained in basic first aid; 3 of 4 audited staff (#1, #3, #5) did not have documentation of basic first aid training. The findings are:</p> <p>Review on 6/14/22 of Staff #1's record revealed: -Hired 7/2/10 as a Direct Care Staff. -No documentation of basic first aid training. -Documentation dated 2/3/22 of a computer based instruction on seizure management to include "first aid" measures for seizures. -Documentation dated 6/24/21 of training and certification in cardiopulmonary resuscitation (CPR) that did not include basic first aid.</p> <p>Review on 6/14/22 of Staff #5's record revealed: -Hired 4/15/21 as a Direct Care Staff. -No documentation of basic first aid training. -Documentation dated 5/15/22 of a computer based instruction on seizure management to include "first aid" measures for seizures. -Documentation dated 4/27/21 of training and certification in CPR that did not include basic first aid.</p> <p>Review on 6/14/22 of Staff #3's record revealed:</p>	V 108		

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V 108	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-Hired 11/2/21 as a Direct Care Staff.</li> <li>-No documentation of basic first aid training.</li> <li>-Documentation dated 1/31/22 of a computer based instruction on seizure management to include "first aid" measures for seizures.</li> <li>-Documentation dated 2/3/22 of training and certification in CPR that did not include basic first aid.</li> </ul> <p>Interview on 6/15/22 the Executive Director stated:</p> <ul style="list-style-type: none"> <li>-Direct Care Staff were assigned to work 1:1 with clients.</li> <li>-When working 1:1, the staff may be in the community or in the home as the only staff with their 1 client.</li> </ul> <p>Interview on 6/15/22 the Programs Manager stated:</p> <ul style="list-style-type: none"> <li>-The facility had contracted with the same person to train staff in CPR and first aid for the past 9 years.</li> <li>-He was not aware the course and certification documented for Staff #2, Staff #3, and Staff #5 did not include basic first aid.</li> <li>-Seizure management training had been identified as not documented by the CPR instructor in a recent sister facility survey, so they had added the computer based instruction for seizure "first aid."</li> </ul>	V 108		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</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>	V 114		

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V 114	<p>Continued From page 3</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, observation, and interview, the facility failed to hold fire and disaster drills at least quarterly on each shift. The findings are:</p> <p>Review on 6/14/22 of client #1's record revealed: -30 year old male admitted 1/1/10. -Diagnoses included Autism Spectrum Disorder and Mild Intellectual Disability. -Risk Support Needs Assessment dated 8/25/21 documented client #1 required support to evacuate the facility in the event of a fire. -Client #1 had a history of behaviors that were injurious to self, others, and property. He was capable of life threatening behaviors. - Changes in his schedule could "trigger" his behaviors.</p> <p>Review on 6/14/22 of client #2's record revealed: -22 year old male admitted 7/19/21. -Diagnoses included Autistic Disorder, Intellectual Disability not otherwise specified, and Seizure Disorder. -Risk Support Needs Assessment dated 6/18/21 documented client #2 required support to evacuate the facility in the event of a fire.</p>	V 114		

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V 114	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>-When in crisis client #2 would cover his ears, could become aggressive and bang walls.</li> <li>-"Triggers" included loud noises, buzzing sounds and being off his schedule.</li> </ul> <p>Review on 6/14/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>-20 year old male admitted 5/12/19.</li> <li>-Diagnoses included Autism Spectrum Disorder and Borderline Intellectual Functioning, and Anxiety.</li> <li>-Risk Support Needs Assessment documented client #3 required support to evacuate the facility in the event of a fire.</li> <li>-Risk Support Needs Assessment documented, "If asked to do a task immediately, I may struggle to do it and will just stare as I'm trying to process the request."</li> <li>-Client #3 had a history of inappropriate behaviors to include being a wanderer, injurious to others, and having a "meltdown," i.e. yelling.</li> <li>-Behavior triggers included loud noises.</li> </ul> <p>Review on 6/14/22 of fire and disaster drills for the past 12 months revealed:</p> <ul style="list-style-type: none"> <li>-3/25/22 at 3:10 pm (2nd shift) a "Disaster Drill Report" documented the "participants moved quickly to the designated area until the drill was over."</li> <li>3/29/22 at 7:15 am (day shift) a "Disaster Drill Report" documented there were "no issues" and "Staff explained where disaster area was located."</li> <li>3/29/22 at 7:00 am (day shift) a "Fire Drill Report" documented there were "no issues," and the drill was completed in less than 5 minutes and the "Participants" knew where the safe area was located.</li> </ul> <p>Observation and interview with client #1 and Staff #1 on 6/14/22 between approximately 4:30 pm</p>	V 114		

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V 114	<p>Continued From page 5</p> <p>and 5 pm revealed:</p> <ul style="list-style-type: none"> <li>-Client #1 did not immediately respond when asked if he had practiced fire drills.</li> <li>-Staff #1 verbally prompted client #1 and reminded him they had discussed fire drills earlier in the shift.</li> <li>-Client #1 then pointed to the smoke detector outside his room, sat on his bedroom floor, began putting on his shoes, and uttered one word, "tree."</li> <li>-Client #1 did not respond when asked if he knew what he would do if there was a tornado.</li> <li>-Staff #1 stated client #1 would not know how to respond unless the word "disaster" was used in the question.</li> <li>-After being verbally prompted by Staff #1, client #1 walked to the hallway located between the bedrooms of client #2 and client #3.</li> <li>-Staff #1 stated he had discussed with the clients earlier in the shift what to do for fire and disaster drills.</li> </ul> <p>Observation and interview with client #2 and Staff #1 on 6/14/22 between approximately 4:30 pm and 5 pm revealed:</p> <ul style="list-style-type: none"> <li>-Client #2 would stare, turn, and walk away when asked about fire and disaster drills. He made no verbal response.</li> <li>-Staff #1 verbally prompted client #2 several times by reminding him they had talked about disaster drills earlier in the shift.</li> <li>-After several attempts to get client #2 to respond, Staff #1 pointed to a sign posted on the wall pointing to the hallway that read, "disaster."</li> <li>-Staff #1 continued to verbally prompt client #2 to recall what had been discussed earlier in the shift for disaster response.</li> <li>-After several verbal prompts, client #2 walked into the hallway and kneeled to the floor with Staff #1 by his side.</li> </ul>	V 114		

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V 114	<p>Continued From page 6</p> <p>Interview on 6/10/22 client #3 stated they went into the hallway outside of his bedroom door when they did fire and disaster drills.</p> <p>Interview on 6/10/22 Staff #1 stated: -Fire and disaster drills were done once a month. -He had been assigned to do a drill within the week. -Staff would evacuate the clients outdoors to a designated area for the fire drills and into the hallway for disaster drills.</p> <p>Interview on 6/10/22 Staff #5 stated: -He had been employed last April 2021 and worked until late August 2021 when he returned to college. -He worked during a winter break from school and had returned to employment in May 2022. -He had not done any fire or disaster drills "to his memory." -He had been instructed on fire exit plans and the internal "disaster" safe area, the hallway between client #2 and client #3's bedrooms.</p> <p>Review on 6/15/22 of the Plan of Protection dated 6/15/22 written by the Programs Director revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? Executive Director, Programs Director will ensure all residents and staff take part in monthly fire &amp; disaster drills. All residents will be familiar with evacuation routes and disaster safety areas. Programs Director will schedule and complete a fire &amp; disaster drill on all 3 shifts with team members within the next 72 hours. Documentation will be completed detailing the outcomes of each drill and any challenges from the residents."</p>	V 114		

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V 114	<p>Continued From page 7</p> <p>-Describe your plans to make sure the above happens. Fire &amp; disaster drills will be scheduled monthly and practiced with all residents and staff. All drills will be documented across all 3 shifts and kept on site for review."</p> <p>The facility had 3 adult male clients between 20 and 30 years of age. The clients had diagnoses of Autism and Intellectual Disabilities, and each required support to evacuate the facility in the event of a fire. Conditions that are typical during a disaster, such as schedule disruptions and loud noises, were documented triggers among the clients. On 6/15/22 clients #1 and #2 were observed to require repeated verbal prompts to recall recent instructions for a disaster drill. Over the past 12 months the facility had only held 1 fire drill and 2 disaster drills to prepare staff and these clients with special needs to respond to unplanned, stressful, emergency situations. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients. If the violation is not corrected within 45 days an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.</p>	V 114		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) 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</p>	V 121		

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V 121	<p>Continued From page 8</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure the physicians were informed of drug regimen review results when medical intervention was indicated for 3 of 3 clients audited (client #1, #2, #3). The findings are:</p> <p>Finding #1: Review on 6/14/22 of client #1's record revealed: -30 year old male admitted 1/1/10. -Diagnoses included Autism Spectrum Disorder and Mild Intellectual Disability. -No documentation that client #1's physician had been informed of the 3/3/22 drug regimen review results or that any corrective actions had been implemented.</p> <p>Review on 6/14/22 of client #1's drug regimen review by the Pharmacist dated 3/3/22 revealed: -"BEHAVIOR MEDS: Ziprasidone 80 mg (milligram) BID (twice daily), Divalproex ER 500 mg BID, buspirone 5mg BID, Lorazepam 2mg TID (3 times daily), haloperidol 10 mg BID &amp; TID PRN (as needed) agitation, Alprazolam 1-2mg q (every) 6 h (hours) PRN. -"Pt (patient) has multiple medication that can be used as needed for anxiety and agitation. Please have a clear plan and educate staff on when to use each agent. Ask provider to help documents the plan in a note, such as follow crisis protocol,</p>	V 121		

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V 121	<p>Continued From page 9</p> <p>then if behavior persists &gt; (greater than) ___ minutes, if persist then use ___. Define when one, two, or three PRN medications may be used together. And, continue to document the result of each PRN medication."</p> <p>"Continue to monitor PRN use, labs, VS (vital signs), wt (weight), QT (interval between the heart contracting and relaxing) prolongation, movement disorders behaviors. Monitor for anticholinergic effects such as constipation, dry mouth and headache. Monitor for serotonin syndrome symptoms such as increase confusion &amp; agitation, fever/sweating, headache, twitching/rigidity, increased heart rate &amp; BP (blood pressure).</p> <p>Finding #2: Review on 6/14/22 of client #2's record revealed: -22 year old male admitted 7/19/21. -Diagnoses included Autistic Disorder, Intellectual Disability not otherwise specified, and Seizure Disorder. -No documentation that client #2's physician had been informed of the 3/3/22 drug regimen review results or that any corrective actions had been implemented.</p> <p>Review on 6/14/22 of client #2's drug regimen review by the Pharmacist dated 3/3/22 revealed: -"Behavior MEDS: clonazepam 1 mg TID, quetiapine 50 mg qAM &amp; 200 mg qhs (every night at bedtime), lamotrigine ER (extended release) BID, alprazolam 1mg qHS, melatonin 10mg qHS and risperidone 2mg qHS, diazepam 10 mg BID PRN anxiety/agitation, haloperidol 10mg 1/2 to 1 tab BID PRN anxiety/agitation." -"NOTES/RECOMMENDATIONS: Pt (patient) has multiple medication that can be used as needed for anxiety and agitation. Please have a clear plan and educate staff on when to use each</p>	V 121		

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V 121	<p>Continued From page 10</p> <p>agent. Monitor pt for over sedations, falls, confusion. Monitor PRN use and behaviors, anxiety, agitation, monitor for sedation, routine labs, keep routine PCP (primary care physician) exams, routine eye exams while on quetiapine."</p> <p>Finding #3: Review on 6/14/22 of client #3's record revealed: -20 year old male admitted 5/12/19. -Diagnoses included Autism Spectrum Disorder and Borderline Intellectual Functioning, and Anxiety. -No documentation that client #3's physician had been informed of the 3/4/22 drug regimen review results or that any corrective actions had been implemented.</p> <p>Review on 6/14/22 of client #3's drug regimen review by the Pharmacist dated 3/4/22 revealed: -"BEHAVIOR MEDS: fluoxetine 40 mg AM, guanfacine ER 3mg daily, aripiprazole 20mg daily, alprazolam 1mg qhs, benztropine 0.5mg BID, Oxtellar XR 600mg BID, trazodone 100mg HS, haloperidol 5mg TID, lorazepam 1mg QID (4 times daily) PRN anxiety, haloperidol 5mg BID PRN agitation." -"Continue to monitor VS, GI (gastrointestinal) complaints, anxiety, behaviors, movement disorders, and mood. Keep all MD appt (appointments) and obtain routine labs. Anticholinergic side effects of medications are additive. Monitor pt for anticholinergic effects of medications including increased heart rate, headache, dry mouth, constipation, rigidity and confusion. Do not crush Oxtellar XR (extended release). -"REC (recommendations): Patient has two as needed (PRN) orders for anxiety and agitation. Please be sure all caregivers give the PRN medication in a stepwise and consistent way.</p>	V 121		

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V 121	<p>Continued From page 11</p> <p>Please indication on order whether the medication should be given at the same time or if one med should be give first and then indicate how long to wait before deciding to give the second medication."</p> <p>Interview on 6/15/22 the Pharmacist stated: -She completed the drug regimen reviews for the facility clients. -She sent the results of the reviews to the facility for them to share with the physicians. -She saw a need for guidelines so that the clients would not be over medicated with PRNs by receiving them at the same time. -If she identified any issues that needed immediate attention she would call the MD, but this had not been needed.</p> <p>Interview on 6/14/22 the Programs Director stated: -The Pharmacist communicated results and recommendations of the drug regimen reviews to the physicians as needed. -Based on the situation, staff made decisions on the PRN dose to administer when the ordered dosage was a range order (i.e. give 1/2 - 1 tab...). -The facility did not send the drug regimen review results to the physicians. -There was no documentation in any of the records of any corrective actions taken as a result of drug regimen reviews.</p>	V 121		
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 (a) Facilities shall implement policies and</p>	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL071-034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/15/2022</b>
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V 536	<p>Continued From page 12</p> <p>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> <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> </ol>	V 536		

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V 536	<p>Continued From page 13</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 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</p>	V 536		

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V 536	<p>Continued From page 14</p> <p>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> <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>	V 536		

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V 536	<p>Continued From page 15</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (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 staff completed training on alternatives to restrictive interventions prior to providing services affecting 1 of 4 audited staff (Staff #2). The findings are:</p> <p>Review on 6/14/22 of Staff #2's personnel record revealed: -Hire date: 5/24/22. -Position: Direct Care Staff. -No documentation of training on alternatives to restrictive interventions.</p> <p>Interview on 6/10/22 Staff #2 stated: -He had been working at the facility about 3 weeks. -He had not had his restrictive intervention training "yet." -He had EDPI (Evidenced Based Protective Interventions) "about 2-1/2 years ago."</p> <p>Interview on 6/15/22 the Programs Director stated: -He was the EBPI instructor for the facility. -The facility curriculum, EBPI, included training on alternatives to restrictive interventions.</p>	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL071-034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/15/2022</b>
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V 536	Continued From page 16  -Staff #2 was a recent rehire and was "shadowing" other staff. -Today Staff #2 had been assigned to a client.  Interview on 6/15/22 the Executive Director stated: -Staff #2 was currently working 1:1 with client #3 on 6/15/22. -There were 2 other staff currently working on 6/15/22 with the other 2 clients. -At the time of the interview, client #2 was in the community with a staff and client #1 had gone to the grocery store with his staff.	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	V 537		

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V 537	<p>Continued From page 17</p> <p>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 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"> <li>(1) refresher information on alternatives to the use of restrictive interventions;</li> <li>(2) guidelines on when to intervene (understanding imminent danger to self and others);</li> <li>(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);</li> <li>(4) strategies for the safe implementation of restrictive interventions;</li> <li>(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;</li> <li>(6) prohibited procedures;</li> <li>(7) debriefing strategies, including their importance and purpose; and</li> <li>(8) documentation methods/procedures.</li> </ol> <p>(h) Service providers shall maintain</p>	V 537		

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V 537	<p>Continued From page 18</p> <p>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 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>	V 537		

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V 537	<p>Continued From page 19</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 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>	V 537		

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V 537	<p>Continued From page 20</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 3 audited staff (Staff #2) received training in seclusion, physical restraint and isolation time out. The findings are:</p> <p>Review on 6/14/22 of Staff #2's personnel record revealed: -Hire date: 5/24/22. -Position: Direct Care Staff. -No documentation of current EDPI (Evidenced Based Protective Interventions) training.</p> <p>Interview on 6/10/22 Staff #2 stated: -He had been working at the facility about 3 weeks. -He had not had his restrictive intervention training "yet." -He had EDPI (Evidenced Based Protective Interventions) "about 2-1/2 years ago."</p> <p>Interview on 6/15/22 the Programs Director stated: -He was the EBPI instructor for the facility. -The facility curriculum, EBPI, included training on restrictive interventions. -Staff #2 was a recent rehire and was "shadowing" other staff. -Today Staff #2 had been assigned to a client.</p> <p>Interview on 6/15/22 the Executive Director stated: -Staff #2 was currently working 1:1 with client #3 on 6/15/22. -There were 2 other staff currently working on 6/15/22 with the other 2 clients. -At the time of the interview, client #2 was in the</p>	V 537		

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V 537	Continued From page 21  community with a staff and client #1 had gone to the grocery store with his staff.	V 537		