

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-582	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/25/2022
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NAME OF PROVIDER OR SUPPLIER TRIANGLE RESIDENTIAL OPTIONS FOR SUBS	STREET ADDRESS, CITY, STATE, ZIP CODE 1820 JAMES STREET DURHAM, NC 27707
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on August 25, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .4300 Therapeutic Community.</p> <p>This facility is licensed for 275 beds and currently has a census of 220. The survey sample consisted of audits of 10 current clients.</p>	V 000		
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>	V 536		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 536	<p>Continued From page 1</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> <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>	V 536		

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V 536	<p>Continued From page 2</p> <p>(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, 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</p>	V 536		

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V 536	<p>Continued From page 3</p> <p>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> <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> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure three of four audited staff (staff #2, staff #3 and staff #4) had current training on the use of alternatives to restrictive interventions. The findings are:</p> <p> </p> <p>Review on 8/23/22 of the facility's personnel files revealed:</p>	V 536		

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V 536	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Staff #2 had a hire date of 12/1/03. -Staff #2 was hired as the Chief Development Officer. -Staff #2's Evidence Based Protective Interventions- Prevention (EBPI) training expired on 7/31/22. -There was no documentation of current EBPI training for staff #2. <p>Review on 8/23/22 of the facility's personnel files revealed:</p> <ul style="list-style-type: none"> -Staff #3 had a hired date of 7/28/08. -Staff #3 was hired as the Director of Clinical Services. -Staff #3's EBPI training expired on 7/31/22. -There was no documentation of current EBPI training for staff #3. <p>Review on 8/23/22 of the facility's personnel files revealed:</p> <ul style="list-style-type: none"> -Staff #4 had a hired date of 5/28/03. -Staff #4 was hired as the Senior House Manager. -Staff #4's EBPI training expired on 7/31/22. -There was no documentation of current EBPI training for staff #4. <p>Interview on 8/23/22 with the Compliance and Special Projects Administrator revealed:</p> <ul style="list-style-type: none"> -The campus had a major COVID breakout and resulted in all trainings being canceled. -The online refresher training had stopped and was no longer an option. -The HR staff had rescheduled trainings to occur within the next month. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 536		