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	MHL090-151	A. BUILDING: _____ B. WING _____	09/06/2022

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STEGALL HOME	7820 HIGHWAY 74 EAST MARSHVILLE, NC 28103

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V 000	INITIAL COMMENTS An annual and complaint survey was completed on 9-6-22. The complaints were substantiated (#NC00191254, #NC00190604, #NC00191297). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults Whose Primary Diagnosis is a Developmental Disability. This facility is licensed for six and currently has a census of six. The survey sample consisted of four 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 interviews and record reviews the facility failed to ensure that fire and disaster drills were completed quarterly for each shift. The	V 114		

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V 114	Continued From page 1 findings are: Review on 8-25-22 of fire and disaster drills documentation revealed: -No second shift fire drill for the first, third, or fourth quarter (6-2022- -8-2021). -No second shift disaster drills for the first, second, third, or fourth quarter (6-2022--8-2021). Interview on 8-18-22 with Client #1 revealed: -The facility does both fire and disaster drills. Interview on 8-18-22 with Client #2 revealed: -They do fire drills, but no disaster drills. Interview on 8-18-22 with Client #4 revealed: -They do both fire and hurricane drills. Interview on 8-25-22 with Staff #2 revealed: -She has been working at the facility since 9-22-21. -She has done one fire drill since she has been there. -She works seven days on and then seven days off. -Staff #1 takes care of the fire and disaster drills. Interview on 8-25-22 with the Qualified Professional revealed: -Staff #1 usually takes care of the fire and disaster drills and he is very conscientious about them. -Both Staff #1 and Staff #2 work seven days off and then seven days on shift. -She would make sure that both staff completed fire and disaster drills on their shifts quarterly.	V 114		

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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. This Rule is not met as evidenced by:	V 118		

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V 118	Continued From page 3 Based on record review and interview the facility failed to administer medications according to the written orders of a physician effecting one of four audited clients (Client #3). The findings are: Review on 8-30-22 of Client #3's physician's order dated 3-22-22 revealed: -"Psoriasis, stable. Continue current regime. TB Gold today. Folliculitis, controlled today. Shampoo crown of the the scalp with Panoxyl (Benzoyl peroxide wash) wash every evening. Leave on two minutes and rinse. Return to the office for new scalp lesions." -No documentation of a discontinue order from physician. Review on 8-30-22 of Client #3's MARs from May, June, and July 2022 revealed: -No documentation of Panoxyl (Benzoyl peroxide wash) ever being administered. Interview on 8-30-22 with Staff #1 revealed: -Staff #2 took Client #3 to that doctor's appointment. -From what he can remember, Client #3's father went also, and the prescription had "something to do with him." -"That's per [Staff #2] as I remember." -"I don't know what we did after that. I know it was later when we figured it out." -"It's never been filled, it's not on the MAR. -Client #3 has not had any issues with scalp break out since the doctor visit. Interview on 9-1-22 with Staff #2 revealed: -"That was a shampoo that the doctor suggested." -"She said it was just a suggestion and did not send anything to the pharmacy. She just told me."	V 118		

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V 118	Continued From page 4 -Client #3 likes to use his regular shampoo and currently has no problems with his scalp. Interview on 9-6-22 with the Qualified Professional revealed: -She was not working at the facility during that time. -She would make sure that both staff knew to bring any medication orders to her attention.	V 118		
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 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	V 536		

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V 536	Continued From page 5 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 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	V 536		

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V 536	Continued From page 6 (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 annually.	V 536		

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V 536	Continued From page 7 (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: Based on record review and interview the facility failed to ensure that one of two staff (Staff #1) had annual training in alternatives to restrictive interventions. The findings are: Review on 8-30-22 of Staff #1's record revealed: -Hire date of 9-1-11. -Last training for alternatives to restrictive interventions was 7-12-21.	V 536		

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V 536	Continued From page 8 Interview on 9-6-22 with the Qualified Professional revealed: -Staff #1 completed his training last week. -She didn't know how his training expired, but would make sure everyone had current training in the future.	V 536		